CHILD COHORT NOVEMBER 2016



GROWING UP IN IRELAND



KEY FINDINGS: CHILD COHORT AT 17/18 YEARS

NO. 4

RISKY HEALTH BEHAVIOURS AND SEXUAL ACTIVITY

INTRODUCTION

This Key Finding reports on data from the third wave of interviews with *Growing Up in Ireland's* older Child Cohort, when the young people were 17/18 years of age. It presents summary information on their use of alcohol, tobacco and cannabis, as well as their sexual behaviour.

Adolescence is often characterised as a time of self-discovery, of new experiences, of forging new relationships. It is the time when many young people have their first experience of alcohol, tobacco and sometimes other drugs. Approximately 4% of the global burden of disease is now attributable to alcohol use. Furthermore, tobacco use, which is also often initiated in adolescence, is the leading preventable cause of death globally. Among the concerns raised about the use of cannabis is its potential for the development of enduring psychotic illness.

Sexual activity is another formative behaviour that is often initiated around this time. Although not an unhealthy behaviour, it can nonetheless bring with it potential health issues, both physical and psychological in nature.

Many of these behaviours can have important consequences in terms of health, education, occupation, and relationships, as well as interactions with the criminal justice and social welfare systems. Understanding their pattern of use in adolescence as well as their precursors and pathways to use is therefore crucial.



An Irish Government Funded Initiative



ALCOHOL USE AMONG 17/18-YEAR-OLDS

Most young people drank monthly or less though a small proportion drank 2-3 times a week

17/18-year-olds were asked a series of questions about their alcohol use – on frequency and quantity consumed. Quantity was measured in terms of number of units consumed.

- The vast majority of 17/18-year-olds (89%) consumed alcohol at some stage in their lives (Figure 1). The majority (80%) had their first drink between the ages of 15 and 17 (not in the chart).
- Figure 1 also shows *current* drinking patterns among those who had *ever* consumed alcohol (89%). 5% said they did not currently drink, 48% said they did so *monthly or less*, 40% drank 2-4 times per month, and 6% reported that they drank 2-3 times a week or more.

Figure 1: Percentage of 17/18-year-olds who have consumed alcohol and frequency of current drinking among those who have *ever* consumed alcohol



• Figure 2 indicates that 11% of 17/18-year-olds who drank were relatively light drinkers (1-2 units on a typical day when drinking). The chart shows, however, that substantial proportions drank considerably more than this, with the largest proportion (29%) drinking 5 or 6 units, 23% drinking between 7 and 9 units, and 14% consuming 10 or more units on a typical day when drinking.



Figure 2: 17/18-year-olds who currently consume alcohol classified by amount of alcohol consumed on a typical day when drinking

17/18-year-olds who currently drink (84%)

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- Figure 3 illustrates that, in general, males were significantly more likely than females to drink frequently 52% of males drank 2-4 times per month or more compared to 46% of females. It is notable however that there was no substantial difference in the percentage of males and females who were in the most frequent drinking category (2-3 times or more per week) 7%.
- However, as shown on the right hand side of Figure 3, when males did drink they were likely to drink more, more often consuming 7 or more units, compared to females who were more likely than males to drink 6 or less units.

Figure 3: Males and females who currently drink classified by frequency and number of units of alcohol consumed on a typical day when drinking



^{17/18-}year-olds who currently drink (84%)



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- Frequency of drinking and amount of alcohol consumed on a typical day when drinking did not vary statistically by social class (not shown).
- Figure 4 illustrates a clear relationship between frequency of drinking and the amount of alcohol consumed those who drank more often also tended

to drink more alcohol when they did drink. For example, 28% of those who drank 2-3 times or more per week reported consuming 10 or more units of alcohol on a typical day when drinking. This compared to 20% of those who drank 2-4 times a month and 7% of those who drank monthly or less.



Figure 4: Frequency of drinking alcohol classified by units of alcohol consumed when drinking

17/18-year-olds who currently drink





Starting to drink at an earlier age was associated with heavier drinking by 17/18 years

When they were interviewed at 13 years of age, respondents were asked if they had '... ever had an alcoholic drink (other than just a few sips)'.

- 16% of 13-year-olds reported having consumed alcohol.
- Figure 5 shows that this group who had consumed alcohol by 13 years of age (the blue columns in the chart) were more likely to drink more frequently

and also to consume more units of alcohol at 17/18 than those who had not had a drink by age 13. For example, of the 16% who had had a drink at 13 years of age 62% of these drank 2-4 times per month or more, compared with 47% who had not.

Figure 5: Frequency of drinking alcohol at age 17/18 and number of units consumed when drinking classified by whether or not the young person had had a drink by 13 years of age



17/18-year-olds who currently drink





SMOKING AT 17/18 YEARS OF AGE

A fifth of young people smoked occasionally or daily

17/18-year-olds were asked to record how frequently they smoked – from a set of five pre-coded categories from *never* to *daily*.

- Figure 6 shows that 51% of 17/18-year-olds recorded that they never smoked; 25% that they had only tried smoking once or twice; 4% used to smoke but not anymore; 12% smoked occasionally and a further 8% smoked daily.
- No significant gender differences were found for frequency of smoking (not shown).



Figure 6: Smoking behaviour among young people in *Growing Up in Ireland*

• Those from the most socially disadvantaged families² were more likely to be frequent (daily) smokers (17%), compared to 5% from the most advantaged homes (Figure 7).

Figure 7: Percentage of 17/18-year-olds who smoked daily within each family social class group



² Based on family social class when the young person was 13 years old



Smoking at an earlier age was associated with heavier smoking by 17/18 years

As with alcohol, when they were interviewed at 13 years of age, respondents were asked if they had ever smoked a cigarette.

- 8% of 13-year-olds said they had smoked a cigarette.
- Figure 8 shows that smoking at 17/18 years was related to smoking at 13 years. Those who had smoked a cigarette by 13 years were much more likely to be daily smokers by 17/18 years than those who had not (31% compared to 6%).

Figure 8: Smoking patterns at 17/18 years classified by whether or not the young person had smoked by 13



Just over a third of 17/18-year-olds had tried e-cigarettes

Substantial controversy surrounds the use of e-cigarettes (also known as "vaping") whose impact on health is as yet unknown.

- Figure 9 indicates that over a third of 17/18-year-olds had tried e-cigarettes, with significantly more males (40%) than females (28%) having *ever* used them.
- Young people in the most socially disadvantaged group ('Never worked') were significantly more likely to have used e-cigarettes (41%) than those in other social groups (32-34%)



Figure 9: Prevalence of e-smoking or "vaping" among 17/18-year-olds classified by gender and social class



- A majority (83%) of those who had smoked an e-cigarette had also smoked other cigarettes. This means that 17% of 17/18-year-olds who had smoked e-cigarettes had not previously smoked tobacco-based cigarettes (not shown here)
- A small proportion (8%) of all 17/18-year-olds thought that e-cigarettes were more harmful than other cigarettes, the rest were equally split between seeing e-cigarettes as equally harmful as cigarettes (31%), seeing them as less harmful (30%) or being unsure (31%).

DRUG USE AMONG 17/18-YEAR-OLDS

2% of 17/18-year-olds use cannabis more than once a week

17/18-year-olds were asked about cannabis use as well as whether they had "ever tried, taken or used any non-prescribed drugs, such as ecstasy, cocaine, heroin, etc."

• Figure 10 shows that 69% of 17/18-year-olds said that they had never used cannabis while 8% reported using it *occasionally*, and a small proportion (2%) reported using it *more than once a week*.



Figure 10: Prevalence of cannabis use among 17/18-year-olds

- Males were significantly more likely to use cannabis (12%) than females (7%) (not shown here).
- Around 9% of 17/18-year-olds said that they had ever used other illicit drugs. Prevalence was below 1% for most of the drugs included, with the highest prevalence rates reported for cocaine and ecstasy (both at 4%).



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SEXUAL BEHAVIOUR AMONG 17/18-YEARS-OLDS

17/18-year-olds were asked a series of questions about their romantic and sexual experiences. The questions referred to a hierarchy of ten romantic and sexual activities such as holding hands, kissing, touching, etc., culminating in questions on oral sex and sexual intercourse. This meant that because the activities were presented sequentially, there were several points at which this particular section of the interview could end, depending upon the young person's responses.

- 40% of 17/18-year-olds reported having had oral sex, while 33% reported having had sexual intercourse.
 42% reported at least one of these.
- Males were significantly more likely to report being sexually active (oral sex or sexual intercourse) than females (45% compared to 39%), as shown in Figure 11.
- 17/18-year-olds from the most socially disadvantaged group were somewhat more likely to report being sexually active (49%) than others (38-42%) (Figure 11).



Figure 11: Percentage of 17/18-year-olds who were sexually active (had oral sex or sexual intercourse), by gender and social class

Of the 33% of 17/18-year-olds who reported having had sexual intercourse, some further questions were asked about the number of sexual partners they had had.

• Figure 12 shows that about half of 17/18-year-olds had only one sexual partner, but males were less likely than females to report sexual intercourse with just one person (48% compared to 55%), and much more likely to report having 4 or more sexual partners (23% compared to 14%).

Figure 12: Number of sexual partners (among 17/18-year-olds who had sexual intercourse) by gender and family social class



Base=17/18-year-olds who reported having had sexual intercourse (33%)

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CONDOM AND CONTRACEPTIVE USE AMONG 17/18-YEAR-OLDS

- A majority (56%) of young people who reported having had sexual intercourse also reported that they *always* used a condom, but a sizeable minority (11%) reported that they *never* used one. Young people from the most socially advantaged backgrounds were significantly more likely to report that they *always* used a condom than those from more socially disadvantaged backgrounds (57% compared with 50%).
- 79% of 17/18-year-olds who had had sexual intercourse said that they or their partner *always* used some form of contraception, although 6% said that they *never/hardly* ever used any form of contraception. Both genders were equally likely to record that they *always* used contraception while young people from more socially disadvantaged backgrounds were less likely to record that they used contraception than those from more advantaged families (73% and 83% respectively).

PRESSURE TO HAVE SEX / FEAR OF LOSING A PARTNER THROUGH NOT HAVING SEX

Questions about the context of romantic and sexual encounters (including feeling pressure to have sex or fear of losing a partner through not having sex) were asked of all 17/18-year-olds.

Males felt more pressure to have sex than females, while females were more afraid of losing a partner through not having sex

• Although a substantial majority (83%) of 17/18-year-olds reported that they did not *feel any pressure to have sex*, Figure 13 indicates that around a fifth (17%) did feel *some pressure*. 6% also reported being *afraid of losing a partner through not having sex* with them.



Figure 13: Pressure to have sex and fear of losing a partner through not having sex among 17/18-yearolds

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• Figure 14 shows that males were significantly more likely to report *feeling pressure to have sex (a little or a lot)* than females (22% compared to 13%). Females, however, were more likely to report that they *feared losing a partner if they did not have sex* with them than males (8% compared with 3%).



Figure 14: Pressure to have sex and fear of losing a partner by gender and social class

SUMMARY

Levels of alcohol consumption, smoking and drug-taking are clearly a concern in terms of the current and future well-being of young people. The majority (89%) of 17/18-year-olds had consumed alcohol. About a fifth of this age group also smoked, at least occasionally, with 8% smoking daily. A small number of 17/18-year-olds had also experimented with other drugs. The findings showing higher consumption and greater frequency of use of both cigarettes and alcohol by those who had tried them at age 13 underline the importance of interventions being implemented at as early an age as possible.

In terms of sexual behaviour, 42% of 17/18-year-olds reported being sexually active and this was more likely among males than females. Males were also more likely to have multiple partners, as were those from more socially disadvantaged backgrounds, who were also less likely to use condoms or contraception frequently, compared to the most advantaged youth. Around one-fifth of 17/18-year-olds felt peer pressure to have sex (particularly males), whilst a small proportion reported that they were afraid of losing a partner through not having sex with them (particularly females).

The evidence of risky behaviours among some 17/18-year-olds outlined in this Key Finding highlights the need for a full understanding of the precursors of these behaviours as well as other associated factors (for example, mental and physical health, educational performance, family and peer relationships), in order to help frame effective interventions and preventative strategies. *Growing Up in Ireland* data will contribute to this important issue in the future.



Growing Up in Ireland

If you would like further information about *Growing Up in Ireland*:

Visit www.growingup.ie

Email growingup@esri.ie

Or freephone 1800 200 434

Growing Up in Ireland is the National Longitudinal Study of Children. It tracks the development of two nationally representative cohorts of children: an 'Infant Cohort', interviewed initially at 9 months and with subsequent data collection waves at 3, 5 and 7/8 years of age; and a 'Child Cohort', interviewed initially at 9 years of age, subsequently at 13 and, most recently, at 17/18 years. It is the 17/18-year-olds in the Child Cohort who are the subject of this Key Findings series.

The *Growing Up in Ireland* study is funded by the Department of Children and Youth Affairs (DCYA), with a contribution from The Atlantic Philanthropies for Phase 2. The project is overseen and managed by the DCYA in association with the Central Statistics Office (CSO) and an inter-departmental Project Team and Steering Group. The project is being implemented by a consortium of independent researchers led by the Economic and Social Research Institute (ESRI) and Trinity College Dublin (TCD).

The Child Cohort was recruited in 2007, when 8,568 9-year-olds, their families, teachers and school principals were interviewed. Just over 7,400 young people, their families (and school principals) were re-interviewed at 13 years of age (between August 2011 and February 2012) and just over 6,200 families from this cohort participated again at 17/18 years of age (between November 2015 and September 2016).

Methodology

The data were recorded using a range of administered and self-completed questionnaires. The figures discussed in these Key Findings were statistically adjusted (or 're-weighted') to account for design and inter-wave attrition using a number of standard socio-demographic controls such as family type, young person's gender, family income and social class. The data presented in this Key Finding were collected in home-based, face-to-face interviews with young people and their parents.

Access to Growing Up in Ireland data

An anonymised version of all quantitative and qualitative data collected in *Growing Up in Ireland* is being made available through the Irish Social Science Data Archive (ISSDA) (http://www.ucd.ie/issda/data/growingupinirelandgui/) and the Irish Qualitative Data Archive (IQDA) (https://www.maynoothuniversity.ie/ igda/collections).

Thank you to all participants. The success of *Growing Up in Ireland* is the result of contributions of time and effort from a large range of individuals, organisations and school staff. This landmark longitudinal research will benefit future generations of children. We are particularly grateful to the thousands of families from every part of the country who gave so generously of their time on three occasions to make this study possible. A very big 'thank you' to all these children, young people and their families.

(The figures presented in this Key Finding are purely descriptive. They do not control for potential interactions or confounding effects. All figures are preliminary and may be subject to change).





Trinity College Dublin Coláiste na Tríonóide, Baile Átha Cliath The University of Dublin



An Roinn Leanaí agus Gnóthaí Óige Department of Children and Youth Affairs