

GLOBAL SCHOOL BASED STUDENT HEALTH SURVEY 2003
UGANDA COUNTRY REPORT



THE REPUBLIC OF UGANDA



SCHOOL HEALTH SERVICES

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ACKNOWLEDGEMENTS:

The following individuals and institutions are acknowledged for their contributions and support given to this study:

- World Health Organization and Centre for Disease Control that enabled me plan, implement the survey and compile this report. Special thanks go to Laura Kann of CDC, Leanne Riley of WHO Geneva, and Mr. Benjamin Sensasi of WHO Uganda.
- The Professor F.G. Omaswa, Director General Health Services and the late Dr. R.R. Akankwasa, Director for Education, Ministry of education and Sports who allowed and supported this study to take place.
- The National Council for Science and Technology for clearing this research in time.
- The District Education Officers, and District Directors Health Services of the districts where the study took place for supporting its implementation at district level.
- The School administrations, staff and children who participated in the study.
- The Survey administrators who collected the data for the job well done.
- Mrs Susan Oketcho the then Desk officer in Ministry of Education & sports for supporting me in supervising this study.

ACRONYMS AND DEFINITIONS

AIDS	Acquired Immunodeficiency Syndrome
BMI	Body Mass Index
CDC	Centre for Disease Control
DDHS	Director District Health Services
DEO	District Education Officer
Grade	Level of education such as secondary one, secondary two etc
GSH	Global School Based Health Surveillance System
GSHS	Global School Based Health Survey
HIV	Human Immunodeficiency Virus
HSSP	Health Sector Strategic Plan, of Uganda government
MDGs	Millennium Development Goals
PEAP	Poverty Eradication Action Plan, of Uganda government.
School	A place where learning takes place
STI	Sexually Transmitted Diseases
SWAP	Sector Wide Approach
TV	Television
WHO	World Health Organization

EXECUTIVE SUMMARY:

The 2003 Uganda GSHS is a health behaviour study involving secondary school children aged 13-15 years. The study measured behaviours and protective factors related to causes of mortality and morbidity among youth and adults in Uganda. Its purpose was to provide data for planning, measuring trends, evaluation, making national and international comparisons of health behaviours of school children. The structure of the study included demographics, alcohol and other drug use, dietary behaviours, hygiene, Mental health, Physical activity, Protective factors, Sexual behaviours, tobacco use, violence and unintentional injury. The survey was conducted in July-August 2003.

A two-stage cluster sample design was used to produce a representative sample of students aged 13-15 years attending senior 1 -3 in government and private secondary schools in Uganda. The first-stage sampling frame consisted of all secondary schools (government and private schools containing any of S1, S2, S3 grades. A total of 50 schools were selected using software specially designed for school based surveys of health behaviours to participate in the Uganda GSHS 2003 survey. Of these schools 25 were urban and 25 rural. The second stage sampling frame consisted of all classrooms in each selected school. Intact classrooms were randomly selected using a random numbers provided for each school to participate by CDC. All classrooms in each selected school were included in the sampling frame. All students in the sampled classrooms were eligible to participate in the GSHS. A total of 1878 (880 boys and 963 girls) age 13-15 years participated in the survey using self coding anonymous questionnaires. A weighting factor was applied to each student record to adjust for non-response and for the varying probabilities of selection

The school response rate was 90%, the student response rate was 76%, and the overall response rate was 69%. The software that was used to compute prevalence estimates and 95% confidence intervals takes into consideration the complex nature of the sample design. Therefore, this GSHS data set is representative of all students attending S1, S2, S3 in Uganda.

In general for 13 to 15 year old students 44.2% of the school children are underweight (BMI <19), 5.3% are at risk of becoming overweight especially girls (BMI >25), only 17.4% ate animal proteins, 57.1% ate breakfast daily, 16.5% never or were rarely offered lunch at school in past 30 days; 8.1% rarely washed hands after toilet, 31.2% had no hand washing facility; 12.8% drink alcohol, 8.5% report ever used drugs such as marijuana; 18.8% students seriously considered attempting suicide in past 12 months with girls (22.8%) more likely to attempt suicide than boys (14.5%); only 15.3% were physically active all the previous 7 days for at least 60 minutes continuously, 27.5% spent three hours or more per day doing sitting activities such as watching TV/Video or playing computer games; 21% have ever had sex with boys 29.4% being more likely than girls 14% to ever had sex, 10.9% had first sex before 13 years, with boys (16.8%) more likely to have had sex before 13 years than girls (5.9%), and 8.6% had had sex in past 12 months, with boys (11.7%) more likely than girls (5.8%) to have had sex in last 12 months, 3.3% report ever had sex with same sex partner. A number of students who chose not to have sex did so because they want to wait till older (18.3%), wait till marriage (37.3%), or fear to contract HIV/AIDS (26%). About 4.3% smoked tobacco in past 30 days with boys (6.2%) more likely than girls (2.6%) to have smoked tobacco in past 30 days, 35.5% were involved in physical fight in past 12 months, 45.5% reported being bullied in last 30 days, 34.8% had been absent from school for one or more days in past 30 days, only 40.7% of the students reported that their parents check their home work or knew what they were doing with their free time.

In conclusion, in Uganda , 44.2% of school children aged 13-15 years are underweight, 5.3% have overweight tendency. Many school children lead dangerous lifestyles. There are several factors contributing to poor lifestyles including friends, adults and inadequate policies in schools. Therefore these results provide glaring evidence for the need to develop and implement effective Health Promoting School initiatives in Uganda.

INTRODUCTION:

In 2001, WHO, in collaboration with UNAIDS, UNESCO, and UNICEF, and with technical assistance from the US Centers for Disease Control and Prevention (CDC), initiated development of the Global School-based Health Surveillance System (GSH). The goal of GSH is to collect systematic information from pupils/students and school personnel to support School Health, youth programs and policies globally.

A major component of the GSH is the Global School based student Health survey (GSHS) which is aimed at enabling Ministries of Health and education to periodically monitor the prevalence of important health issues in school communities particularly risky behaviours and protective factors. Other components of GSH are School Personnel Survey, selected single issue survey, and other surveys. The resulting information will be used to focus and improve on School health programs.

Uganda is among the countries in the WHO/AFRO region which have been initiated into the GSH. With financial and technical support from WHO and CDC, Uganda conducted its first round of the GSHS between July - December 2003 among the 13-15 year olds in secondary schools nationally. This report describes results from the first GSHS survey.

The purpose of the GSHS is to provide accurate data on health behaviours and protective factors among students to:

- Help countries develop priorities, establish programs, and advocate for resources for school health and youth health programs and policies;
- Establish trends in the prevalence of health behaviours and protective factors by country for use in evaluation of school health and youth health promotion; and
- Allow countries, international agencies, and others to make comparisons across countries and within countries regarding the prevalence of health behaviours and protective factors.
- To monitor health and nutrition status of school children.

The GSHS was conducted primarily among students aged 13-15 years to measure behaviours and protective factors related to the leading causes of mortality and morbidity among youth and adults in Uganda. The structure of the study included the following:

- Demographics
- Alcohol and other drug use
- Dietary behaviours
- Hygiene
- Mental health
- Physical activity

- Protective factors
- Sexual behaviours that contribute to HIV infection, other STI, and unintended pregnancy
- Tobacco use
- Violence and unintentional injury

There are only a handful of similar behavioural studies that have previously been conducted in Uganda in recent times. One such study was the “Global Youth Tobacco Survey” which was conducted in July-August 2002 and focused on adolescents aged 13-15 years attending secondary school education in grades 1-3. The prevalence of ever smoked was high especially in northern region 33%, and low in central region districts around 12.6%, similarly current smokers prevalence was high in northern region 21.9% and lower in central region districts 4.7%. However, large scale school based studies on alcohol and drug use, dietary behaviours, hygiene, mental health, HIV/AIDS, physical activity, protective factors, violence and unintentional injury have been limited or scant. Therefore this GSHS data provides the first data on a number of these topics in Uganda.

The Uganda government is implementing Health interventions in schools based on the Health Policy, Health Sector Strategic Plan (HSSP), Poverty Eradication Action Plan (PEAP), the Millennium Development Goals (MDGs), Children's rights, and Education White Paper of 1993. All implementation is within the Sector Wide Approach (SWAP) and decentralization policy. A specific School Health policy and implementation guidelines have been drafted and are pending finalization. This study along with the School Health costing study which has also been concluded recently will serve to enrich the development of the policy and expedite its finalization.

METHODS:

Sampling.

The 2003 Uganda GSHS employed a two-stage cluster sample design to produce a representative sample of students aged 13-15 years attending Senior 1 -3 in government and private secondary schools in Uganda. The first-stage sampling frame consisted of all secondary schools (government and private schools containing any of S1, S2, S3 grades. The Ministry of Education and Sports provided an up to date list of all the secondary schools in Uganda including the enrollment. The electronic copy of this list of schools was sent to CDC where the schools were selected with probability proportional to school enrollment size. A total of 50 schools were selected using a software specially designed for school based surveys of health behaviours to participate in the Uganda GSHS 2003 survey. Of these schools 25 were urban and 25 rural.

Using the list of the selected 50 schools the selection proceeded to the second stage whose sampling frame consisted of all classrooms in each selected school. Intact classrooms were randomly selected using a random numbers provided for each school to participate by CDC. All classrooms in each selected school were included in the sampling frame.

All students in the sampled classrooms were eligible to participate in the GSHS. A total of 1878 (880 boys and 963 girls) age 13-15 years participated in the survey.

A weighting factor was applied to each student record to adjust for non-response and for the varying probabilities of selection.: $W = W1 * W2 * f1 * f2 * f3$ whereby:

- $W1$ = the inverse of the probability of selecting the school
- $W2$ = the inverse of the probability of selecting the school
- $F1$ = a school level non-response adjustment factor
- $F2$ = a student level non-response adjustment factor calculated by classroom.
- $F3$ = a post stratification adjustment factor calculated by sex within grade.

$W1$ and $W2$ constitute the base weight or probability for selecting the school and classroom, while $f1$ and $f2$ are cater for the non-response adjustment.

Each student completed a self administered questionnaire using a generic anonymous answer sheet. For the 2003 Uganda GSHS, a total of 3215 questionnaires were completed in 45 schools, of which 1878 were completed by students aged 13 to 15 years. The school response rate was 90%, the student response rate was 76%, and the overall response rate was 69%. The data set was cleaned and edited for inconsistencies. Missing data were not statistically imputed. Software that takes into consideration of the complex sample design was used to compute prevalence estimates and 95% confidence intervals. GSHS data are representative of all students attending S1, S2, S3 in Uganda.

Survey Administration.

Data was collected from school children from 30th July 2003 to 18th August 2003. To ensure quality and student participation survey procedures were standardized and designed to protect student privacy by allowing for anonymous and voluntary participation. The Ministry of Education and Sports, and the District Education Offices gave letters supporting the study, and head teachers consented for children to participate. Students completed the self-administered questionnaire during one classroom period and recorded their responses directly on a computer scannable answer sheet. Twenty (20) young survey administrators were specially trained to conduct the GSHS. The survey administrators were supervised by the survey coordinator(s).

GSHS Questionnaire.

The Uganda GSHS questionnaire contained 93 questions addressing the following topics:

- Demographics
- Alcohol and other drug use
- Dietary behaviours
- Hygiene
- Mental health
- Physical activity
- Protective factors
- Sexual behaviours that contribute to HIV infection, other STI, and unintended pregnancy
- Tobacco use
- Violence and unintentional injury

The questionnaire was developed by officials drawn from Ministry of Health, Ministry of Education, and WHO. The final questionnaire had 54 core questions provided by WHO/CDC, 36 questions selected from the expanded core questions, and 3 country specific questions. The process was done through meetings and consultation with WHO/CDC. The questionnaire and methodology were pre-tested in one of the districts. The core questions were developed by a team of experts drawn from WHO, CDC, UNICEF, UNESCO, UNAIDS and others. For national and international comparisons the core questions must be used as they are without modification. Core-expanded questions collect some more additional information on selected module topics. They are also used without modification. On the other hand each country is free to add questions about topics of unique interest and importance. The country specific questions should have characteristics consistent with the characteristics of the core questions namely: the question requests only one response, the question and response options match, the question must have no more than 8 response options, the question must be written as a question not as a statement, the question must have a specific time frame, response options within each question share consistent format and structure, the “0” or “most negative” response option is listed first, and the question must include an appropriate response option for every student.

Once the questionnaire of 93 questions had been assembled it was pilot tested in one of the districts. Meanings of some words and phrases which were found hard to understand were simplified without changing the original meaning of the question. Both questions and generic answer sheets were finally printed by CDC and shipped to the survey coordinator in Uganda. After collecting the data and verifying consistence of the answer sheets the response sheets were shipped back to CDC for analysis. Once analysis had been done, the data was sent back to the survey coordinator to further analyze, interpret the findings and write a report.

RESULTS

DEMOGRAPHICS CHARACTERISTICS OF THE SAMPLE:

The questions in this section measured the age, gender and grade of the respondents. These characteristics are related to the health risk behaviours and protective factors assessed by the GSHS survey. Data which describes variation of health risk behaviours and protective factors by demographic characteristics can help guide policy, program planning and implementation. Demographic characteristics of the sample are described in Tables 1 to 3.

Table1: Grade and sex of the 13-15 year olds in the sample

SEX	GRADE			TOTAL
	S1	S2	S3	
BOYS	563	559	465	880
GIRLS	456	563	466	963
TOTAL	1030	1144	945	1878

35 missed sex recording

Table2: Sex and rural-urban status of the 13-15 year olds in the sample.

SEX	RURAL-URBAN LOCATION OF SCHOOL		TOTAL
	RURAL	URBAN	
BOYS	408	472	880
GIRLS	418	545	963
TOTAL	826	1017	1843

45 missed rural-urban recording

Table3: Students aged 13-15 years by gender and type of residence while schooling.

RESIDENCE OF STUDENTS	SEX OF STUDENTS		
	BOYS	GIRLS	TOTAL
FULLY BOARDING	221	220	441
BOARDING AND DAY	467	556	1023
FULLY DAY	185	169	354
TOTAL	880	963	1818

70 missed rural-urban recording

ALCOHOL AND OTHER DRUG USE:

Worldwide, alcohol use causes 3% of deaths (1.8 million) annually, which is equal to 4% of the global disease burden. Besides the direct effects of intoxication and addiction, alcohol use causes about 20% to 30% of esophageal cancer, liver disease, homicide and other intentional injuries, epilepsy, and motor vehicle accidents worldwide (1). In most countries, alcohol-related mortality is highest among 45- to 54-year-olds, but the relationship between the age of initiation of alcohol use and the pattern of its use and abuse in adulthood makes the study of alcohol consumption among adolescents important (2).

While adverse health consequences from long-term chronic alcohol use may not cause death or disability until fairly late in life, acute consequences of alcohol use, including intentional and unintentional injuries, are far more common among youth and young adults. Unintentional injuries are the leading cause of death among 15- to 25-year-olds and many of these injuries are related to alcohol use (3). Young people who drink are more likely to use tobacco and other drugs and engage in risky sexual behaviour, than those who do not drink (4). Problems with alcohol can impair adolescents' psychological development and influence both the school environment and leisure time negatively (5).

Although scientific evidence on the efficacy of educational programs conducted in schools is limited,(6) such programs have been designed to help reduce risks associated with alcohol use among young people. School Health programs can help students acquire communication, critical thinking, refusal, and other life skills needed to avoid problems associated with alcohol and other drug use.

Table 4: Alcohol use and other drug use among students, by sex, in Uganda, 2003.

	Total % (CI)*	Sex	
		Male % (CI)	Female % (CI)
Drank at least one drink containing alcohol on one or more of the past 30 days	12.8 (10.2-15.4)	14.1 (10.6-17.7)	11.6 (8.4-14.8)
Drank one or more drinks per day on the days they drank alcohol during the past 30 days	9.0 (7.2-10.8)	9.5 (6.8-12.2)	8.3 (6.3-10.3)
Usually got the alcohol they drank by buying it in a store, shop, or from a street vendor during the past 30 days.	2.2 (1.2-3.2)	3.2 (1.7-4.6)	1.2 (0.5-1.9)
Drank so much alcohol they were really drunk one or more times during their life	15.2 (12.7-17.6)	16.6 (13.1-20.2)	13.9 (11.1-16.6)
Had a hang-over, felt sick, got into trouble, missed school, or got into fights one or more times as a result of drinking alcohol during their life	21.0 (18.4-23.6)	20.7 (17.3-24.1)	21.0 (17.6-24.4)
Used drugs such as marijuana, aviation fuel etc on one or more times during their life	8.5 (6.8-10.2)	9.4 (6.8-12.0)	7.5 (5.3-9.6)

*95% confidence interval.

In Uganda, the prevalence of current alcohol use among students (i.e., drinking at least one drink containing alcohol on one or more of the past 30 days) is 12.8%. Male and female students have similar levels of alcohol consumption 14.1% and 11.6% respectively. Overall, 9.0% of students drank one or more drinks per day on the days they drank alcohol during the past 30 days. Male students 9.5%) female students 8.3% reported drinking one or more drinks per day on the days they drink alcohol with no overall difference between either sex. Overall, 2.2% of students usually got the alcohol they drank by buying it in a store, shop, or from a street vendor during the past 30 days. Male students 3.2% female students 1.2 %) to usually get the alcohol they drink by buying it from a store, shop, or from a street vendor. During their life, 15.2% of students drank so much alcohol they were really drunk one or more times. Male students 16.6% female students 13.9% drunk so much alcohol they were really drunk one or more times. Overall, 21.0% of students ever had a hang-over, felt sick, got into trouble, missed school, or got into fights one or more times as a result of drinking alcohol during their life. Male students 20.7% female students 21.0% to have a hang-over, feel sick, get into trouble, miss school or get into fights as a results of drinking alcohol.

The prevalence of lifetime drug use in Uganda (using drugs, such as marijuana, sniffing petrol) one or more times during their life is 8.5%. There is a similar trend among male students 9.4% and female students 7.5%.

DIETARY BEHAVIOURS

Good nutritional habits and health diets that provide the body with everything it needs in rightful quantities are essential for growing children. Water, calories or energy giving food, protein/body building food, vitamins and minerals, fiber and fat foods are all necessary for the body but must be taken in the right quantities for each age and sex. Inadequate quantities result in under-nutrition type of malnutrition such as marasmus, kwashiorkor, and stunted growth in young children, while excessive intakes result in over-nutrition type of malnutrition such as overweight, obesity, hyperlipidemia etc. During adolescence, overweight is associated with hyperlipidemia, hypertension, abnormal glucose tolerance, and adverse psychological and social consequences. Overweight acquired during childhood or adolescence may persist into adulthood and increase risk later in life for coronary heart disease, diabetes, gallbladder disease, some types of cancer, and osteoarthritis of the weight-bearing joints. Nutritional deficiencies as a result of food insecurity (protein-energy malnutrition, iron, Vitamin A, and iodine deficiency) affect school participation and learning (6).

Fruits and vegetables are good sources of complex carbohydrates, vitamins, minerals, and other substances important for good health. Dietary patterns that include higher intakes of fruits and vegetables are associated with several health benefits, including a decreased risk for some types of cancer (7).

Table 5: BMI and dietary behaviours, by sex, in Uganda, 2003.

	Total % (CI)*	Sex	
		Male % (CI)	Female % (CI)
Underweight (BMI < 19)	44.2 (37.0-51.4)	56.7 (48.3-65.1)	31.2 (24.8-37.5)
At risk for becoming overweight	5.3 (3.1-7.5)	1.5 (0.7-2.2)	8.8 (5.3-12.2)
Overweight ²	0.3 (0.1-0.5)	0.2 (0.1-0.2)	0.4 (0.0-0.8)
Went hungry most of the time or always because there was not enough food in their home during the past 30 days	8.5 (5.9-11.1)	7.4 (4.1-10.7)	9.3 (6.6-12.0)
Usually ate fruit, such as ripe bananas, mangoes, guavas, avocados, pawpaw one or more times per day during the past 30 days	67.2 (63.0-71.4)	65.9 (61.4-70.4)	68.5 (62.9-74.1)
Usually ate vegetables, such as dodo, gobe, ntula, sukuma wiki, buga, nakati one or more times per day during the past 30 days	62.7 (58.0-67.5)	61.1 (56.3-65.8)	64.4 (58.3-70.4)
Ate fruits and vegetables five or more times per day during the past 30 days	19.8 (17.5-22.1)	17.3 (15.0-19.7)	22.2 (18.8-25.5)
Ate food containing animal protein such as milk, eggs, meat, fish or chicken daily in last 30 days	17.4 (14.5-20.3)	15.0 (11.8-18.3)	19.4 (15.7-23.1)
Ate breakfast most of the time or always in past 30 days	57.1 (51.4-62.9)	57.4 (49.2-65.5)	57.6 (51.4-63.8)
Were offered lunch at school most of the time or always in past 30 days	72.2 (64.9-79.4)	72.0 (63.8-80.2)	73.1 (64.4-81.7)

*95% confidence interval.

¹Students who were at or above the 85th percentile, but below the 95th percentile for body mass index by age and sex based on reference data from Cole, Bellizzi, Flegal, and Dietz, *BMJ*, May 2000.

²Students who were at or above the 95th percentile for body mass index by age and sex based on reference data from Cole, Bellizzi, Flegal, and Dietz, *BMJ*, May 2000.

In Uganda, 5.3% students were at risk for becoming overweight (i.e., at or above the 85th percentile, but below the 95th percentile for body mass index by age and sex) and 3% were overweight (i.e., at or above the 95th percentile for body mass index by age and sex). Male students 1.5% are significantly less likely than female students 8.8% to be at risk for becoming overweight or overweight. Overall, 8.5% of students went hungry most of the time or always because there was not enough food in their home during the past 30 days and 32.3% never or rarely ate lunch. There were no significant differences between Males students 7.4% and female students 9.3% to go hungry most of the time or always because there is not enough food in their home. Overall, 67.2% of students usually ate fruit, such as ripe bananas, mangoes, guavas, avocados, pawpaw, one or more times per day during the past 30 days. There were no significant differences between Male students 65.9% and female students 68.5% to eat fruit one or more times per day. Overall, 62.7% of students usually ate vegetables, such as dodo, gobe, ntula, sukuma wiki, buga, nakati, one or more times per day during the past 30 days with no significant differences between Male students 61.1% female students 64.4% to eat vegetables one or more times per day. Overall 17.4% ate food containing animal protein daily, 57.1% ate breakfast most of the time, and 16.5% never or rarely were offered lunch at school in the last 30 days with no significant gender and rural-urban differences. However urban school children 68.4% +7.3% were more likely than rural school children 44.5%+6.1% to eat breakfast most of the time or always in the past 30 days; but there no significant rural-urban differences for those who got lunch at school most of the time or always in the past 30 days.

HYGIENE RELATED BEHAVIOUR:

Good personal and environmental hygiene is next to Godliness. With clean environment and clean body: skin, hair, ears, eyes, mouth/teeth, nose, feet, shoes/socks and clothes the school child should feel good and happy among his/her peers and before his/her teachers and friends. Diseases arising out of poor personal and environmental hygiene are common among school children. Dental caries are one of the most common chronic childhood diseases (8). Dental caries and other oral disease can affect the ability to eat, appearance, communication, overall health status, and the ability to learn. In both developed and developing countries, many children do not have access to water fluoridation or professional dental care. Daily tooth cleaning or brushing can help prevent some dental disease.

Diarrhoeal diseases kill 2 to 3 million children in developing countries every year (9). Hand-washing with soap alone could cut deaths in half. Removing excreta and cleaning hands with soap after contact with faecal material prevents transmission of the bacteria, viruses, and protozoa that cause diarrhoeal diseases. All school children should have access to facilities and opportunities that support them to maintain good personal and environmental hygiene.

Table 6: Hygiene-related behaviours, by sex, in Uganda, 2003.

	Total % (CI)*	Sex	
		Male % (CI)	Female % (CI)
Did not clean or brush their teeth during the past 30 days	1.6 (1.1-2.2)	1.9 (1.0-2.8)	1.5 (0.6-2.3)
Never or rarely washed their hands before eating during the past 30 days	6.2 (4.7-7.7)	6.6 (4.2-8.9)	6.0 (4.4-7.7)
Never or rarely washed their hands after using the toilet or latrine	8.1 (5.9-10.3)	8.5 (5.4-11.5)	7.4 (4.7-10.1)
Never or rarely used soap when washing their hands	14.7 (12.0-17.3)	14.8 (10.9-18.7)	14.5 (11.4-17.6)
<i>Have a place to wash hands after using toilet</i>	31.2 (24.0-38.4)	33.4 (24.1-42.7)	28.8 (21.7-35.9)
<i>Think it is NOT fashionable or right to have long finger nails</i>	89.1 (87.3-90.9)	91.5 (89.5-93.6)	87.5 (84.9-90.2)

*95% confidence interval.

In Uganda, the percentage of students who did not clean or brush their teeth at all during the past 30 days was 1.6% overall, 6.2% of students never or rarely washed their hands before eating, 8.1% of students never or rarely washed their hands after using the toilet or latrine, however rural school children were more likely not to wash hands after using toilet (11.3%+-4%) than urban school children (5.2%+-1.4%), and 14.7% of students never or rarely used soap when washing their hands during the past 30 days, 31.2% of the students had no place to wash hands after using toilet, similarly rural school children were more likely not have a hand washing facility (50.3%+-13.6%), and 89.1% think it is not fashionable or right to have long finger nails. There were no significant gender differences in all the above hygiene characteristics.

MENTAL HEALTH:

Anxiety disorders, depression and other mood disorders, and behavioural and cognitive disorders are among the most common mental health problems among adolescents. Every country and culture has children and adolescents struggling with mental health problems. Most of these young people suffer needlessly, unable to access appropriate resources for recognition, support, and treatment. Ignored, these young people are at high risk for abuse and neglect, suicide, alcohol and other drug use, school failure, violent and criminal activities, mental illness in adulthood, and health-jeopardizing impulsive behaviours. Depression during adolescence and young adulthood is recognized increasingly as an important public health and social problem. Worldwide, about 4 million adolescents attempt suicide annually, resulting in at least 100,000 deaths (10-12). Data on mental health problems involving school children in Uganda is scanty apart from a few studies on street children, tobacco and alcohol use.

Table 7: Mental health issues among students, by sex, in Uganda, 2003.

	Total % (CI)*	Sex	
		Male % (CI)	Female % (CI)
Most of the time or always felt lonely during the past 12 months	10.6 (9.2-12.0)	10.1(7.8-12.3)	11.2 (9.4-12.9)
Most of the time or always felt so worried about something that they could not sleep at night during the past 12 months	9.4 (8.0-10.8)	8.1 (6.3-9.9)	11.0 (9.0-13.0)
Felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing their usual activities during the past 12 months	39.6 (36.3-42.9)	38.5 (33.5-43.5)	40.9 (37.1-44.6)
Seriously considered attempting suicide during the past 12 months	18.8 (16.0-21.6)	14.5 (11.9-17.1)	22.8 (18.7-26.9)
Made a plan about how they would attempt suicide during the past 12 months	20.8 (17.7-24.0)	17.1 (13.8-20.5)	24.3 (20.3-28.4)
Have no close friends	10.6 (8.8-12.5)	9.2 (6.8-11.6)	12.0 (9.9-14.1)
<i>Have had hard time most of the time or always to stay focused on their home work or things they were supposed to do.</i>	21.4 (18.9-24.0)	21.5 (18.3-24.7)	21.7 (18.9-24.5)

*95% confidence interval.

In Uganda, 10.6% of students most of the time or always felt lonely during the past 12 months. Male students with no overall significant differences between male and female students except urban male students (8.4%+-2.7%) were less likely to feel lonely most of the time in past 12 months than urban female students (13%+-2%). On the other hand, overall 9.4% of students most of the time or always felt so worried about something that they could not sleep at night during the past 12 months. Male students 8.1% are significantly less likely than female students 11% to most of the time or always feel so worried about something they can not sleep at night. Overall, 39.6% of students felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing their usual activities during the past 12 months but with no significant differences between male students 38.5% and female students 40.9%. Overall, 18.8% of students seriously considered attempting suicide during the past 12 months with female students 22.8% significantly more likely than male students 14.5% to seriously consider attempting suicide. Furthermore, overall, 20.8% of students made a plan about they would attempt suicide during the past 12 months and again female students 24.3% are significantly more likely than male students 17.1% to seriously consider attempting suicide. Overall, 10.6% of students have no close friends with no significant differences between male students 9.2% and female students 12.0%. Overall 21.4% of the students have hard time most of the time or always to stay focused on their home work or things they are supposed to do. There were no significant differences between boys and girls, 21.5% and 21.7% respectively.

PHYSICAL ACTIVITY:

Participating in adequate physical activity throughout the life span and maintaining normal weight are the most effective ways of preventing many chronic diseases, including cardiovascular disease and diabetes (13). The prevalence of type 2 diabetes is increasing globally and now is occurring during adolescence and childhood (14). Participating in adequate physical activity also helps build and maintain healthy bones and muscles, control weight, build lean muscle, reduce fat, reduce feelings of depression and anxiety, and promote psychological well-being (15). In the 1970s physical education in Uganda was compulsory like any other subject at school. But somewhere along the way this basic subject appears to have been dropped from the school curricular apart from preparing a few students for sports competitions.

Table 8: Physical activity among students, by sex, in Uganda, 2003.

	Total % (CI)*	Sex	
		Male % (CI)	Female % (CI)
Physically active all seven days for a total of at least 60 minutes per day during the past seven days	15.3 (13.0-17.6)	16.1 (12.3-19.9)	14.4 (11.7-17.0)
Physically active seven days for a total of at least 60 minutes per day during a typical or usual week	12.9 (10.2-15.7)	13.7 (9.1-18.3)	12.4 (9.5-15.3)
Participated in physical activity for less than 60 minutes per day on five or fewer days on average	82.3 (79.4-85.2)	81.3 (77.2-85.3)	83.1 (79.7-86.4)
Spent three or more hours per day doing sitting activities during a typical or usual day	27.5 (24.1-30.8)	26.7 (22.8-30.6)	27.7 (23.0-32.3)
Did not walk or bicycle to and from school during the past seven days	49.5 (42.3-56.8)	46.8 (36.7-56.9)	52.0 (43.3-60.7)
Usually took less than 30 minutes to get to and from school each day during the past seven days	69.4 (65.3-73.5)	68.6 (63.3-74.0)	69.7 (64.5-74.9)
Walked or bicycled to and from school for a total of 150 minutes or more during the past seven days	83.0 (79.4-86.7)	83.6 (78.5-88.6)	82.2 (77.9-86.6)
<i>Did exercises to strengthen or tone up their muscles such as press ups, sit ups, weight lifting for 3 or more days during the past 7 days.</i>	34.7 (31.0-38.4)	37.5 (32.5-42.5)	32.3 (27.7 -36.9)
<i>Feel refreshed and happy after physical activity</i>	40.7 (36.7-44.7)	44.2 (39.7-48.7)	37.5 (32.1-42.9)

*95% confidence interval.

In Uganda, overall 15.3% of students were physically active all 7 days during the past 7 days for a total of at least 60 minutes per day, 12.9% of students were physically active 7 days during a typical or usual week for a total of at least 60 minutes per day, 82.3% of students participated in insufficient physical activity (i.e., participated in physical activity for a total of at least 60 minutes per day on five or fewer days on average), Overall 27.5% of students spent three or more hours per day doing sitting activities during a typical or usual day with urban students (32.3%+-5%) being more likely than rural students(21.9%+-3.5%) to spend long hours on TV, 49.5% of students did not walk or bicycle to and from school during the past 7 days, 69.4% of students usually took less than 30 minutes to get to and from school each day during the past 7

days, 83% of students walked or bicycled to and from school for a total of 150 minutes or more during the past seven days, 34.7% of the students did exercises to strengthen or tone up their muscles such as press ups, weight lifting for 3 or more days during the past 7 days, and 40.7% felt refreshed after physical activity. In all the above physical activity characteristics there were no significant differences between male and female students.

SEXUAL BEHAVIOURS:

Since the pandemic began, more than 60 million people have been infected with HIV. More than half of those newly infected with HIV today are between 15 and 24 years old. Each day, nearly 6,000 become infected. An estimated 11.8 million young people aged 15 to 24 are living with HIV and AIDS (28). HIV infection and AIDS is by far the leading cause of death in sub-Saharan Africa and the 4th leading cause of death worldwide. In many countries, HIV infection and AIDS is reducing average life expectancy, threatening food security and nutrition, dissolving households, overloading the health care system, reducing economic growth and development, and reducing school enrollment and the availability of teachers (29).

Sexually transmitted infections (STI) are among the most common causes of illness in the world and have far-reaching health consequences (30). For example, untreated STI can lead to cervical cancer, pelvic inflammatory diseases, and ectopic pregnancies. Of the estimated 333 million new STI that occur worldwide each year, at least 111 million occur in young people under 25 years of age. Good sexual behaviours protect school children against acquiring HIV/AIDS, other STIs and getting unwanted pregnancy.

Table 9: Sexual behaviours of students, by sex, in Uganda, 2003.

	Total % (CI)*	Sex	
		Male % (CI)	Female % (CI)
Ever had sexual intercourse	21.0 (17.5-24.6)	29.4 (24.7-34.0)	14.0 (10.7-17.3)
Initiated sexual intercourse before age 13 years	10.9 (8.8-13.1)	16.8 (13.8-19.8)	5.9 (3.6-8.2)
Had sexual intercourse with two or more people during their life	10.7 (8.5-13.0)	16.1 (12.2-20.0)	6.2 (3.9-8.4)
Had sexual intercourse during the past 12 months	8.6 (6.7-10.5)	11.7 (8.3-15.1)	5.8 (4.1-7.6)
Among students who had sexual intercourse during the past 12 months, those who used a condom at last sexual intercourse	73.7 (64.3-83.1)	Small numbers	Small numbers
Had sexual intercourse with both female and male partners.	3.3 (1.9-4.7)	3.4 (1.2-5.6)	3.4 (1.9-4.8)

*95% confidence interval.

In Uganda 21% of students had had sexual intercourse during their life. Male students 29.4% are significantly more likely than female students 14% to have had sexual intercourse. Overall, 10.9% of students initiated sexual intercourse before age 13 years. Male students 16.8% are significantly more likely than female students 5.9% to have initiated sexual intercourse before age 13 years. Overall, 10.7% of students had sexual intercourse with multiple partners (i.e., two or more) during their life. Male students 16.1% are significantly more likely than female students 6.2% to have had multiple partners. Overall, 8.6% of students had sexual intercourse

during the past 12 months. Male students 11.7% are significantly more likely than female students 5.8% to have had sexual intercourse during the past 12 months. Overall 3.3% of the students report ever had sex with same sex partner, with no significant differences between male and female students, 3.4% and 3.4% respectively. Condom use overall was high. Although few students had had sex during the past 12 months (n = 325), but the condom use rate for this 13-15 age group is very high 73.7%. If this was correctly reported then this is a good sign for the Uganda AIDS control initiatives. Overall rural school children (18.4%+-6.6%) are more likely to be influenced to have sex for the first time by friends than urban school children (7.9%+-3.2%). Similarly rural school girls (0.7%+- 0.0-2.1) than urban school girls (3.7%+-0.6%-6.7) are more likely not to have used a condom every time they had sex in the past 12 months because they want or their partner wants to have a baby.

TOBACCO USE:

About one in three or 1.1 billion people worldwide smoke. Among these, about 80% live in low- and middle-income communities (33). Tobacco is one of the leading causes of preventable deaths in the world. By 2020, the tobacco epidemic is expected to kill more people than any other single disease. By 2020, tobacco use will cause about 18 percent of all deaths in developed countries and about eleven percent of all deaths in developing countries. Tobacco use is a known or probable cause of about 25 diseases including heart disease; cancer, stroke, and chronic obstructive pulmonary disease. Smokeless tobacco use causes oral cancer in the lip, tongue, mouth, and throat areas and digestive system cancers. Most people who use tobacco initiate use prior to age 18. Exposure to tobacco smoke in the environment can aggravate allergies and increase the severity of symptoms in children and adolescents with asthma and heart disease; it is also associated with lung cancer (34). Family members, film stars, and sports heroes who use tobacco influence whether children and adolescents choose to use tobacco (35).

Table 10: Tobacco use among students, by sex, in Uganda, 2003.

	Total % (CI)*	Sex	
		Male % (CI)	Female % (CI)
Smoked cigarettes on one or more days during the past 30 days	4.3 (3.0-5.6)	6.2 (4.4-8.1)	2.6 (0.8-4.3)
Among students who smoked cigarettes during the past 30 days, those who tried their first cigarette at age 9 or younger	Small numbers	Small numbers	Small numbers
Used any other form of tobacco, such as pipe smoking, or cigarette, on one or more days during the past 30 days	5.5 (4.2-6.9)	7.1 (4.9-9.3)	3.9 (2.0-5.8)
Among students who smoked cigarettes during the past 12 months, those who tried to stop smoking cigarettes	47.2 (36.2-58.7)	Small numbers	Small numbers
People smoked in their presence on one or more days during the past seven days	43.1 (37.2-48.9)	45.3 (36.8-53.7)	41.0 (34.2-47.9)
Have a parent or guardian who uses any form of tobacco	12.7 (10.1-15.4)	14.0 (10.1-17.9)	11.8 (8.7-14.9)

*95% confidence interval.

In Uganda, 4.3% of students smoked cigarettes on one or more days during the past 30 days. Male students 6.2% are significantly more likely than female students 2.6% to have smoked cigarettes on one or more days. Overall, 5.5% of students used any other form of tobacco on one

or more days during the past 30 days, and there were no significant differences between male and female students. Overall, 43.1% of students reported that people smoked in their presence on one or more days during the past seven days with no significant differences between male and female students. Overall, 12.7% of students had a parent or guardian who uses any form of tobacco but with no significant differences between male and female students.

VIOLENCE AND UNINTENTIONAL INJURY:

Injuries are a major cause of death and disability among young children (36-37). Each year, 750,000 children die from injuries. Another 400 million children are hurt seriously. In 2000, it is estimated there were 190,000 youth homicides (9.2 per 100,000 population) globally. For every youth homicide, approximately 20 to 40 victims of non-fatal youth violence receive hospital treatment. Many injuries lead to permanent disability and brain damage. Victims of bullying experience increased stress and have a reduced ability to concentrate, and they are at increased risk for substance abuse, aggressive behaviour, and suicide attempts (38). Violence in schools has both age and gender, and ethnic/cultural dimensions.

Table 11: Violence and unintentional injury among students, by sex, in Uganda, 2003.

	Total % (CI)*	Sex	
		Male % (CI)	Female % (CI)
Were in a physical fight one or more times during the past 12 months	35.5 (32.1-39.0)	39.3 (33.5-45.1)	32.2 (28.2-36.2)
Were seriously injured one or more times during the past 12 months	63.4 (58.6-68.2)	67.0 (61.8-72.1)	60.0 (53.7-66.3)
Among students who were seriously injured during the past 12 months, those whose most serious injury happened to them while they were playing or training for a sport	17.6 (15.3-20.0)	23.7 (19.3-28.1)	11.3 (7.5-15.1)
Among students who were seriously injured during the past 12 months, those whose most serious injury was the result of a fall	12.7 (9.0-16.3)	13.1 (9.2-17.0)	12.3 (7.6-16.9)
Among students who were seriously injured during the past 12 months, those who most serious injury was the result of them hurting themselves by accident	47.2 (41.4-53.0)	46.7 (39.4-53.9)	47.5 (40.3-54.7)
Among students who were seriously injured during the past 12 months, those who had a broken bone or dislocated joint as their most serious injury	28.6 (25.1-32.1)	32.8 (28.4-37.2)	23.5 (18.4-28.7)
Were bullied on one or more days during the past 30 days	45.5 (41.6-49.4)	50.0 (44.4-55.6)	41.1 (37.0-45.2)
Among students who were bullied during the past 30 days, those who were bullied most often by being hit, kicked, pushed, shoved around, or locked indoors	27.0 (24.6-29.3)	28.6 (25.0-32.3)	23.7 (19.2-28.2)

*95% confidence interval.

In Uganda, 35.5% of students were in a physical fight one or more times during the past 12 months with no significant differences between male students (39.3%) and female students (32.2%). Overall, 63.4% of students were seriously injured one or more times during the past 12 months with no significant differences between male students (67%) and female students (60%). Among students who were seriously injured during the past 12 months, 17.6% were playing or training for a sport when their most serious injury happened to them with male students 23.7% more likely than the female students (11.3%), 12.7% had their most serious injury caused by a fall, 47.2% had their most serious injury occur as a result of hurting themselves by accident, and 28.6% experienced a broken bone or dislocated joint as their most serious injury. Male students 32.8% are significantly more likely than female students 23.5% to get broken bone when playing Overall 45.5% of the students were bullied on one or more days during the past 30 days, with male students 50% significantly more likely than female students 41.1% to be bullied on one or more days. Among students who were bullied during the past 30 days, 27% were bullied most often by being hit, kicked, pushed, shoved around, or locked indoors. Male students 28.6% are significantly more likely than female students 23.7% to be bullied most often by being hit, kicked, pushed, shoved around, or locked indoors.

PROTECTIVE FACTORS:

For most adolescents, school is the most important setting outside of the family. School attendance is related to the prevalence of several health risk behaviors including violence and sexual risk behaviors (16-18). Students' perceptions of the school environment are associated significantly to their health and well-being (19-20). Perceived high-level support from fellow students is related to subjective health complaints, satisfaction with school, and increased physical activity (21-22).

One of the most reliable and powerful findings in research on adolescence and their families is the importance of adequate regulation of adolescents, measured in terms of supervision, monitoring, rule-setting, and other forms of behavioral control (23-25). Without adequate regulation and monitoring, children do not learn to self-regulate, tend to be impulsive, prone to risk taking, more susceptible to peer influences, and more likely to engage in various health risk behaviors including alcohol use and sexual risk behaviors (26). Parental bonding and connection is associated with lower levels of depression and suicidal ideation, alcohol use, sexual risk behaviors, and violence (27).

Table 12: Protective factors among students, by sex, in Uganda, 2003.

	Total % (CI)*	Sex	
		Male % (CI)	Female % (CI)
Missed classes or school without permission on one or more of the past 30 days	34.8 (31.0-38.7)	36.9 (31.0-42.8)	32.6 (28.2-36.9)
Most of the students in their school were kind and helpful most of the time or always during the past 30 days	41.6 (37.9-45.4)	41.0 (35.7-46.3)	42.7 (38.6-46.8)
Parents or guardians checked to see if their homework was done most of the time or always during the past 30 days	40.7 (37.1-44.3)	39.2 (34.8-43.5)	42.9 (39.4-46.4)
Parents or guardians understood their problems and worries most of the time or always during the past 30 days	41.7 (37.8-45.6)	40.7 (36.0-45.5)	42.8 (37.9-47.7)
Parents or guardians really knew what they were doing with their free time most of the time or always during the past 30 days	42.8 (39.7-45.9)	43.1 (39.7-46.5)	43.1 (38.9-47.3)
<i>Share their problems with parents or guardians</i>	57.7 (54.4-60.9)	54.7 (50.1-59.3)	60.2 (56.9-63.4)

*95% confidence interval.

In Uganda, 34.8% of students missed classes or school without permission on one or more of the past 30 days, rural school children (24.9%+-2.9%) are more likely than urban school children (14.9%+-4.8) to miss classes or school most often because they did not have school fees. 41.6% of students reported that most of the students in their school were kind and helpful most of the time or always during the past 30 days, however urban school children (47.2%+-3.5%) are more likely than rural school children (35.3%+-6.3%) to report that the students in their school were kind and helpful most of the time, 40.7% of students reported their parents or guardians checked to see if their homework was done most of the time or always during the past 30 days, 41.7% of students reported their parents or guardians understood their problems and worries most of the time or always during the past 30 days, 42.8% of students reported their parents or guardians really know what they were doing with their free time most of the time or always during the past 30 days, and 57.7% of the students share their problems with parents or guardians. In all the above protective factors there were no significant differences between male and female students.

CONCLUSIONS:

- In Uganda the levels of malnutrition, unhealthy behaviours, and poor lifestyle among students are alarmingly high and call for immediate concerted action by all stakeholders.
- This study found in Uganda, 44.2% of the school children aged 13-15 years were underweight (BMI <19), and 5.3% tending to obesity (BMI >25) especially among girls. These two extremes constitute nearly 50% of the whole student community. Many school children live on empty stomachs, and a good many receive inadequate protein, and vitamins. These macronutrient deficiencies may also serve as proxy for and micronutrient deficiencies among school children in Uganda.

- School children live dangerous lifestyles. Many students smoke tobacco, drink alcohol, and some take addictive drugs such as sniffing petrol and marijuana. High levels of inactivity with a tendency to get glued on TV/Video for long hours is reported. All these lifestyles are a danger to the health of these children.
- Among the factors that are fueling poor health behaviours and lifestyles include inadequate policies and facilities that promote and enhance health behaviours and good lifestyles in schools and homes. Many schools and homes lack latrines and hand washing facilities, adults including parents and teachers smoke and or drink alcohol in the presence of school children. The uncensored TV/Video programs that the children watch is another menace influencing sexuality and other lifestyles, and violence tendencies among school age children. Friends and adults also have their share of influence.
- The violence tendencies reported in schools such as bullying and fighting coupled with mental health signs and symptoms are a worrying phenomenon.
- School children engage in sexual intercourse, but condom use was high. Some children have sex with same sex partners.
- On a good note many school children aged 13-15 years chose not to engage in sex, and they do so because they want to wait till marriage, till older, and some due to fear of contracting HIV/AIDS/STIs. This should be maximized.
- School children in some schools lack facilities that promote personal and environmental hygiene such as hand washing facilities, facilities for collecting litter etc.
- Schools have mental health problems
- Many school children are physically inactive which may lead to development of non-communicable diseases in the future.
- Absenteeism rates are alarmingly high.
- Protective factors for school children are inadequately maximized by parents and school managements.

RECOMMENDATIONS

- Health education aimed at changing school children's health behaviour and lifestyles should be supported by health promoting policies directed at providing resources for improving the economic, social, cultural ,natural and technical school environment. For instance, talk about washing hands after toilet use and provide hand washing facilities, talk about good feeding for school children by providing relevant guidelines and adequate wholesome food to mention but a few examples.
- Parents and school managements should be guided about feeding school age children so as to minimize both under nutrition and over nutrition among school children.
- School managements and parents should be advised on the value of physical activity for children, and the negative effect of inactivity. More notably, physical education should be actively re-introduced on the school curricular.
- The ABC principle of preventing STIs among school children be given more prominence in schools.
- Health education should put emphasis on postponing sex till marriage and as a means to avoid contracting STIs and unwanted pregnancy.

- Adults particularly parents and teachers should avoid smoking and drinking in the presence of children.
- School managements should be guided on how to control drug abuse among school children.
- The education policy on violence in schools and its implementation be reviewed.
- Mental Health issues should be addressed in schools.
- Parents, School Managements should take interest in all activities of school children including their class work and free time.
- Factors causing excessive rates of school absenteeism should be addressed.
- Hygiene in schools should be positively supported with facilities that enhance adaptation of healthy attitudes, behaviours and practices.

APPENDIXES

Appendix A: SURVEY ADMINISTRATORS

1. Sserumaga M.S.B Intern at Ministry of Health, B.A (Mass Communication)
2. Nakasitta Cecilia Intern at Ministry of Health, B.A. (Adult and Continuing Education)
3. Gashishiri Sheira ,Intern at Ministry of Health, B.A. (Mass Communication)
4. Kapaata Stella, Intern at Ministry of Health, B.A. (Adult and Continuing Education).
5. Nakazzi Grace, Intern at Ministry of Health, B.A. (Adult and Continuing Education).
6. Karuhanga Jacqueline, Intern at Ministry of Health, B.A.(Social Work and Social Administration).
7. Nambalirwa Anita, Intern at Ministry of Health, B.A. (Social Work and Social Administration).
8. Namusoko Sarah, Intern at Ministry of Health, B.A. (Adult and Continuing Education).
9. Oketcho P, Intern at Ministry of Health, B.A. (Social Work and Social Administration).
10. Segamwenge Innocent, newly qualified medical doctor.
11. Muyambi Gilbert, Health Educator at Ministry of Health, Kampala
12. Obonyo Peter, newly qualified teacher
13. Otai Justin, Health Environmentalist, working at Ministry of Health

Appendix B: GSHS questionnaire
2003 UGANDA GLOBAL SCHOOL-BASED STUDENT HEALTH SURVEY

2003 UGANDA GLOBAL SCHOOL-BASED STUDENT HEALTH SURVEY

This survey is about your health and the things you do that may affect your health. Students like you all over your country are doing this survey. Students in many other countries around the world also are doing this survey. The information you give will be used to develop better health programs for young people like yourself.

DO NOT write your name on this survey or the answer sheet. The answers you give will be kept private. No one will know how you answer. Answer the questions based on what you really know or do.

Completing the survey is voluntary. Your grade or mark in this class will not be affected whether or not you answer the questions. If you do not want to answer a question, just leave it blank.

Make sure to read every question. Fill in the circles on your answer sheet that match your answer. Use only the pencil you are given. When you are done, do what the person who is giving you the survey tells you to do.

Here is an example of how to fill in the circles:

Fill in the circles like this



Not like this



or



Survey

1. Do fish live in water?
A. Yes
B. No

Answer sheet

1. (B) (C) (D) (E) (F) (G) (H)

Thank you very much for your help.

1. How old are you?
 - A. 11 years old or younger
 - B. 12 years old
 - C. 13 years old
 - D. 14 years old
 - E. 15 years old
 - F. 16 years old or older

2. What is your sex?
 - A. Male
 - B. Female

3. In what class are you?
 - A. S 1
 - B. S 2
 - C. S 3

4. Where do the students or pupils who attend your school live?
 - A. At school
 - B. At home or somewhere else
 - C. Both at school and at home or somewhere else

5. Who attends your school?
 - A. Boys only
 - B. Girls only
 - C. Both boys and girls

The next 3 questions ask about your height, weight, and going hungry.

6. How tall are you without your shoes on?
ON THE ANSWER SHEET, WRITE YOUR HEIGHT IN THE SHADED BOXES AT THE TOP OF THE GRID. THEN FILL IN THE OVAL BELOW EACH NUMBER.

Example

Height (cm)		
1	5	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	I do not know	

7. How much do you weigh without your shoes on?
ON THE ANSWER SHEET, WRITE YOUR WEIGHT IN THE SHADED BOXES AT THE TOP OF THE GRID. THEN FILL IN THE OVAL BELOW EACH NUMBER.

Example

Weight (kg)		
0	5	2
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	I do not know	

8. During the past 30 days, how often did you go hungry because there was not enough food in your home?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always

The next 3 questions ask about foods you might eat.

9. During the past 30 days, how many times per day did you **usually** eat fruit, such as ripe bananas, mangoes, oranges, guavas, avocado, or pawpaw?
- I did not eat fruit during the past 30 days
 - Less than one time per day
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 times per day
 - 5 or more times per day
10. During the past 30 days, how many times per day did you **usually** eat vegetables, such as dodo, gobe, ntula, sekuma wiki, buga, or nakati?
- I did not eat vegetables during the past 30 days
 - Less than one time per day
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 times per day
 - 5 or more times per day
11. During the past 30 days, how many times per day did you **usually** eat food containing animal protein, such as milk, eggs, meat, fish, or chicken?
- I did not eat food containing animal protein during the past 30 days
 - Less than 1 time per day
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 times per day
 - 5 or more times per day

The next 3 questions ask about meals you might have eaten.

12. During the past 30 days, how often did you eat breakfast?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
13. During the past 30 days, how often was breakfast offered to you at school?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
14. During the past 30 days, how often was lunch offered to you at school?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

The next 6 questions ask about cleaning your teeth and washing your hands.

15. During the past 30 days, how many times per day did you **usually** clean or brush your teeth?
- A. I did not clean or brush my teeth during the past 30 days
 - B. 1 time per day
 - C. 2 times per day
 - D. 3 times per day
 - E. 4 or more times per day

16. During the past 30 days, how often did you wash your hands before eating?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
17. During the past 30 days, how often did you wash your hands after using the toilet or latrine?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
18. During the past 30 days, how often did you use soap when washing your hands?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
19. Is there a place for you to wash your hands after using the toilet or latrine at school?
- A. Yes
 - B. No
20. Is it fashionable and right to have long finger nails?
- A. Yes
 - B. No
 - C. I do not know

The next question asks about physical attacks. A physical attack occurs when one or more people hit or strike someone, or when one or more people hurt another person with a weapon (such as a stick, knife, or gun). It is not a physical attack when two pupils or students of about the same strength or power choose to fight each other.

21. During the past 12 months, how many times were you physically attacked?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times

The next question asks about physical fights. A physical fight occurs when two or more students of about the same strength or power choose to fight each other.

22. During the past 12 months, how many times were you in a physical fight?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times

The next 5 questions ask about the most serious injury that happened to you during the past 12 months. An injury is serious when it makes you miss at least one full day of usual activities (such as school, sports, or a job) or requires treatment by a doctor or nurse.

23. During the past 12 months, how many times were you seriously injured?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or 7 times
- F. 8 or 9 times
- G. 10 or 11 times
- H. 12 or more times

24. During the past 12 months, **what were you doing** when the most serious injury happened to you?

- A. I was not seriously injured during the past 12 months
- B. Playing or training for a sport
- C. Walking or running, but not as part of playing or training for a sport
- D. Riding a bicycle or scooter
- E. Riding or driving in a car or other motor vehicle
- F. Doing any paid or unpaid work, including housework, yard work, or cooking
- G. Nothing
- H. Something else

25. During the past 12 months, **what was the major cause** of the most serious injury that happened to you?

- A. I was not seriously injured during the past 12 months
- B. I was in a motor vehicle accident or hit by a motor vehicle
- C. I fell
- D. Something fell on me or hit me
- E. I was fighting with someone
- F. I was attacked, assaulted, or abused by someone
- G. I was in a fire or too near a flame or something hot
- H. Something else caused my injury

26. During the past 12 months, **how** did the most serious injury happen to you?
- A. I was not seriously injured during the past 12 months
 - B. I hurt myself by accident
 - C. Someone else hurt me by accident
 - D. I hurt myself on purpose
 - E. Someone else hurt me on purpose
27. During the past 12 months, **what was** the most serious injury that happened to you?
- A. I was not seriously injured during the past 12 months
 - B. I had a broken bone or a dislocated joint
 - C. I had a cut, puncture, or stab wound
 - D. I had a concussion or other head or neck injury, was knocked out, or could not breathe
 - E. I had a gunshot wound
 - F. I had a bad burn
 - G. I lost all or part of a foot, leg, hand, or arm
 - H. Something else happened to me

The next 2 questions ask about bullying. Bullying occurs when a student or group of students say or do bad and unpleasant things to another student. It is also bullying when a student is teased a lot in an unpleasant way or when a student is left out of things on purpose. It is not bullying when two students of about the same strength or power argue or fight or when teasing is done in a friendly and fun way.

28. During the past 30 days, on how many days were you bullied?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

29. During the past 30 days, how were you bullied **most often**?
- A. I was not bullied during the past 30 days
 - B. I was hit, kicked, pushed, shoved around, or locked indoors
 - C. I was made fun of because of my race or color
 - D. I was made fun of because of my religion
 - E. I was made fun of with sexual jokes, comments, or gestures
 - F. I was left out of activities on purpose or completely ignored
 - G. I was made fun of because of how my body or face looks
 - H. I was bullied in some other way

The next 2 questions ask about other violence-related topics.

30. Have you ever been physically forced to have sexual intercourse when you did not want to?
- A. Yes
 - B. No
31. During the past 12 months, have you been physically forced to have sexual intercourse when you did not want to?
- A. Yes
 - B. No

The next 8 questions ask about your feelings and friendships.

32. During the past 12 months, how often have you felt lonely?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always

33. During the past 12 months, how often have you been so worried about something that you could not sleep at night?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

34. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing your usual activities?

- A. Yes
- B. No

35. During the past 12 months, did you ever seriously consider attempting suicide?

- A. Yes
- B. No

36. During the past 12 months, did you make a plan about how you would attempt suicide?

- A. Yes
- B. No

37. How many close friends do you have?

- A. 0
- B. 1
- C. 2
- D. 3 or more

38. During the past 12 months, how often have you been so worried about something that you wanted to use alcohol or drugs to feel better?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

39. During the past 12 months, how often have you had a hard time staying focused on your homework or other things you had to do?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

The next 11 questions ask about cigarette and other tobacco use.

40. How old were you when you first tried a cigarette?

- A. I have never smoked cigarettes
- B. 7 years old or younger
- C. 8 or 9 years old
- D. 10 or 11 years old
- E. 12 or 13 years old
- F. 14 or 15 years old
- G. 16 years old or older

41. During the past 30 days, on how many days did you smoke cigarettes?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

42. During the past 30 days, on how many days did you use any other form of tobacco, such as pipe smoking or cigar smoking?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

43. During the past 30 days, on the days you smoked, how many cigarettes did you **usually** smoke?
- A. I did not smoke cigarettes during the past 30 days
 - B. Less than 1 cigarette per day
 - C. 1 cigarette per day
 - D. 2 to 5 cigarettes per day
 - E. 6 to 10 cigarettes per day
 - F. 11 to 20 cigarettes per day
 - G. More than 20 cigarettes per day
44. During the past 30 days, how did you **usually** get your own cigarettes? **SELECT ONLY ONE RESPONSE.**
- A. I did not smoke cigarettes during the past 30 days
 - B. I bought them in a store, shop, or from a street vendor
 - C. I bought them from a vending machine
 - D. I gave someone else money to buy them for me
 - E. I borrowed them from someone else
 - F. I stole them
 - G. An older person gave them to me
 - H. I got them some other way
45. Where do you **usually** smoke? **SELECT ONLY ONE RESPONSE.**
- A. I have never smoked cigarettes
 - B. At home
 - C. At school
 - D. At work
 - E. At friends' houses
 - F. At social events
 - G. In public spaces, such as parks, shopping centres, and street corners
 - H. Other

46. Do you ever have a cigarette or feel like having a cigarette first thing in the morning?
- A. I have never smoked cigarettes
 - B. I no longer smoke cigarettes
 - C. No, I do not have or feel like having a cigarette first thing in the morning
 - D. Yes, I sometimes have or feel like having a cigarette first thing in the morning
 - E. Yes, I always have or feel like having a cigarette first thing in the morning
47. In a usual month, how much pocket money do you get?
- A. I do not receive any pocket money
 - B. Less than 2000/=
 - C. 2001/= to 10,000/=
 - D. 10,001/= to 20,000/=
 - E. 20,001/= to 40,000/=
 - F. 40,001/= to 60,000/=
 - G. More than 60,000/=
48. During the past 12 months, have you ever tried to stop smoking cigarettes?
- A. I have never smoked cigarettes
 - B. I did not smoke cigarettes during the past 12 months
 - C. Yes
 - D. No
49. During the past 7 days, on how many days have people smoked in your presence?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 4 days
 - D. 5 to 6 days
 - E. All 7 days

50. Which of your parents or guardians use any form of tobacco?

- A. Neither
- B. My father or male guardian
- C. My mother or female guardian
- D. Both
- E. I do not know

The next 11 questions ask about drinking alcohol. This includes drinking Tonto, Mwenge, crude, Waragi, Kasese, Lira lira, Uganda Waragi, Whisky, Bond 7, Tyson, Malwa, Kwete, Komek, Bell Beer, Special, Pilsener, Club, Chairman (ESB), Eagle, and Citizen. Drinking alcohol does not include drinking a few sips of church wine for religious purposes.

51. How old were you when you had your first drink of alcohol other than a few sips?

- A. I have never had a drink of alcohol other than a few sips
- B. 7 years old or younger
- C. 8 or 9 years old
- D. 10 or 11 years old
- E. 12 or 13 years old
- F. 14 or 15 years old
- G. 16 years old or older

52. During the past 30 days, on how many days did you have at least one drink containing alcohol?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

53. During the past 30 days, on the days you drank alcohol, how many drinks did you **usually** drink per day?

- A. I did not drink alcohol during the past 30 days
- B. Less than one drink
- C. 1 drink
- D. 2 drinks
- E. 3 drinks
- F. 4 drinks
- G. 5 or more drinks

54. During the past 30 days, how did you **usually** get the alcohol you drank? **SELECT ONLY ONE RESPONSE.**

- A. I did not drink alcohol during the past 30 days
- B. I bought it in a store, shop, or from a street vendor
- C. I gave someone else money to buy it for me
- D. I got it from my friends
- E. I got it from home
- F. I stole it
- G. I made it myself
- H. I got it some other way

55. Where were you the **last time** you had a drink of alcohol?

- A. I have never had a drink of alcohol
- B. At home
- C. At someone else's home
- D. At school
- E. Out on the street, in a park, or in some other open area
- F. At a bar, pub, or disco
- G. In a restaurant
- H. Some other place

56. What type of alcohol do you **usually** drink?
SELECT ONLY ONE RESPONSE.
- A. I do not drink alcohol
 - B. Beer, lager, or stout
 - C. Wine
 - D. Local spirits such as Kasese or Lira lira
 - E. Distilled spirits such as Whisky or Uganda Waragi
 - F. Local brews such as Tonto, Malwa, or Kwete
 - G. Some other type
57. During your life, how many times did you drink so much alcohol that you were really drunk?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 or more times
58. During your life, how many times have you ever had a hang-over, felt sick, got into trouble with your family or friends, missed school, or got into fights, as a result of drinking alcohol?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 or more times
59. Do your parents or guardians know that you drink alcohol?
- A. I do not drink alcohol
 - B. Yes
 - C. No
 - D. I do not know
60. Which of your parents or guardians drink alcohol?
- A. Neither
 - B. My father or male guardian
 - C. My mother or female guardian
 - D. Both
 - E. I do not know

61. How many of your friends drink alcohol?
- A. None
 - B. A few
 - C. Some
 - D. Most
 - E. All

The next question asks about drugs.

62. During your life, how many times have you used drugs, such as marijuana (njaga or bangi) or opium (njaye) or sniffed aviation fuel?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 or more times

The next 17 questions ask about sexual intercourse.

63. Have you ever had sexual intercourse?
- A. Yes
 - B. No
64. How old were you when you had sexual intercourse for the first time?
- A. I have never had sexual intercourse
 - B. 11 years old or younger
 - C. 12 years old
 - D. 13 years old
 - E. 14 years old
 - F. 15 years old
 - G. 16 years old or older

65. Who or what influenced you to have sex for the first time?

- A. I have never had sexual intercourse
- B. Friends
- C. Brothers or sisters
- D. Aunts or uncles
- E. A video or television
- F. Someone or something else

66. During your life, with how many people have you had sexual intercourse?

- A. I have never had sexual intercourse
- B. 1 person
- C. 2 people
- D. 3 people
- E. 4 people
- F. 5 people
- G. 6 or more people

67. With whom have you had sexual intercourse?

- A. I have never had sexual intercourse
- B. Females only
- C. Males only
- D. Both females and males

68. What is the **main** reason you have not had sexual intercourse?

- A. I have had sexual intercourse
- B. I want to wait until I am older
- C. I want to wait until I am married
- D. I do not want to risk getting pregnant
- E. I do not want to risk getting a sexually transmitted infection such as HIV or AIDS
- F. I have not had a chance to have sex or met anyone I wanted to have sex with
- G. It is against my religious values
- H. Some other reason

69. During the past 12 months, have you had sexual intercourse?

- A. Yes
- B. No

70. During the past 12 months, with how many people have you had sexual intercourse?

- A. I have never had sexual intercourse
- B. I have had sexual intercourse, but not during the past 12 months
- C. 1 person
- D. 2 people
- E. 3 people
- F. 4 people
- G. 5 people
- H. 6 or more people

71. During the past 12 months, how many times did you have sexual intercourse?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 to 9 times
- E. 10 to 29 times
- F. 30 or more times

72. During the past 12 months, how often did you or your partner use any method of birth control?

- A. I have never had sexual intercourse
- B. I have had sexual intercourse, but not during the past 12 months
- C. Never
- D. Rarely
- E. Sometimes
- F. Most of the time
- G. Always

73. During the past 12 months, what **one** method did you or your partner use most often to prevent pregnancy? SELECT ONLY ONE RESPONSE.

- A. I have never had sexual intercourse
- B. I have had sexual intercourse, but not during the past 12 months
- C. Traditional and or natural methods such as douches, coitus interruptus, coitus interfemora, Calendar or rhythm, cervical mucus, or basal body temperature
- D. Vaginal barriers such as diaphragms, cervical caps, contraceptive sponges, or spermicides
- E. Injectable contraceptives
- F. Oral birth control pills
- G. Condoms
- H. Some other method

74. During the past 12 months, what was the **main** reason you did not use birth control every time you had sexual intercourse?

- A. I have never had sexual intercourse
- B. I have had sexual intercourse, but not during the past 12 months
- C. I always use birth control when I have sexual intercourse
- D. I want or my partner wants to have a baby
- E. Having sex is unexpected, there is no time to prepare
- F. My partner does not want to use birth control
- G. I thought it was bad or wrong to use birth control
- H. Some other reason

75. During the past 12 months, how often did you or your partner use a condom when you had sexual intercourse?

- A. I have never had sexual intercourse
- B. I have had sexual intercourse, but not during the past 12 months
- C. Never
- D. Rarely
- E. Sometimes
- F. Most of the time
- G. Always

76. During the past 12 months, what was the **main** reason you did not use a condom every time you had sexual intercourse?

- A. I have never had sexual intercourse
- B. I have had sexual intercourse, but not during the past 12 months
- C. I always use a condom when I have sexual intercourse
- D. I want or my partner wants to have a baby
- E. Having sex is unexpected, there is no time to prepare
- F. My partner does not want to use a condom
- G. I thought it was bad or wrong to use condoms
- H. Some other reason

77. If you wanted to get a condom, how would you most likely get it?

- A. I would get it in a store or shop or from a street vendor
- B. I would get it from a pharmacy, clinic, or hospital
- C. I would give some one else money to buy it for me
- D. I would get it from school staff
- E. I would get it some other way
- F. I do not know

78. The **last time** you had sexual intercourse, did you or your partner use a condom?

- A. I have never had sexual intercourse
- B. Yes
- C. No

79. Did you drink alcohol or use other drugs before you had sexual intercourse the **last time**?

- A. I have never had sexual intercourse
- B. Yes
- C. No

The next 2 questions ask about physical activity. Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, playing with friends, or walking to school. Some examples of physical activity are running, fast walking, biking, dancing, football, volley ball, cricket, and swimming.

ADD UP ALL THE TIME YOU SPEND IN PHYSICAL ACTIVITY EACH DAY. DO NOT INCLUDE YOUR PHYSICAL EDUCATION OR GYM CLASS.

80. During the past **7 days**, on how many days were you physically active for a total of at least 60 minutes per day?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

81. During a **typical or usual** week, on how many days are you physically active for a total of at least 60 minutes per day?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

The next question asks about the time you spend mostly sitting when you are not in school or doing homework.

82. How much time do you spend during a **typical or usual** day sitting and watching television, playing computer games, talking with friends, or doing other sitting activities, such as playing cards or mweso or reading novels?

- A. Less than 1 hour per day
- B. 1 to 2 hours per day
- C. 3 to 4 hours per day
- D. 5 to 6 hours per day
- E. 7 to 8 hours per day
- F. More than 8 hours per day

The next 2 questions ask about going to and coming home from school.

83. During the past 7 days, on how many days did you walk or ride a bicycle to and from school?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

84. During the past 7 days, how long did it **usually** take for you to get to and from school each day?
ADD UP THE TIME YOU SPEND GOING TO
AND COMING HOME FROM SCHOOL.

- A. Less than 10 minutes per day
- B. 10 to 19 minutes per day
- C. 20 to 29 minutes per day
- D. 30 to 39 minutes per day
- E. 40 to 49 minutes per day
- F. 50 to 59 minutes per day
- G. 60 or more minutes per day

The next 2 questions ask about other physical activity related topics.

85. During the past 7 days, on how many days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

86. How do you feel after physical activity?

- A. I do not do any physical activity
- B. Tired
- C. Refreshed and happy
- D. Some other feeling

The next 7 questions ask about your experiences at school and at home.

87. During the past 30 days, on how many days did you miss classes or school without permission?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 or more days

88. During the past 30 days, what **one** reason caused you to miss classes or school without permission most often?

- A. I did not miss classes or school during the past 30 days
- B. I did not have fees for school
- C. I had to stay at home
- D. I had to go to work at a job
- E. I was sick
- F. I had family problems, such as a lost relative
- G. Some other reason

89. During the past 30 days, how often were most of the students in your school kind and helpful?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

90. During the past 30 days, how often did your parents or guardians check to see if your homework was done?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

91. During the past 30 days, how often did your parents or guardians understand your problems and worries?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

92. During the past 30 days, how often did your parents or guardians **really** know what you were doing with your free time?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

93. When you have problem, who do you share your problems with?

- A. No one
- B. My parents or guardians
- C. My brothers or sisters
- D. My friends
- E. Other relatives
- F. Someone else

THIS IS THE END OF QUESTIONAIRE.

THANK YOU

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