

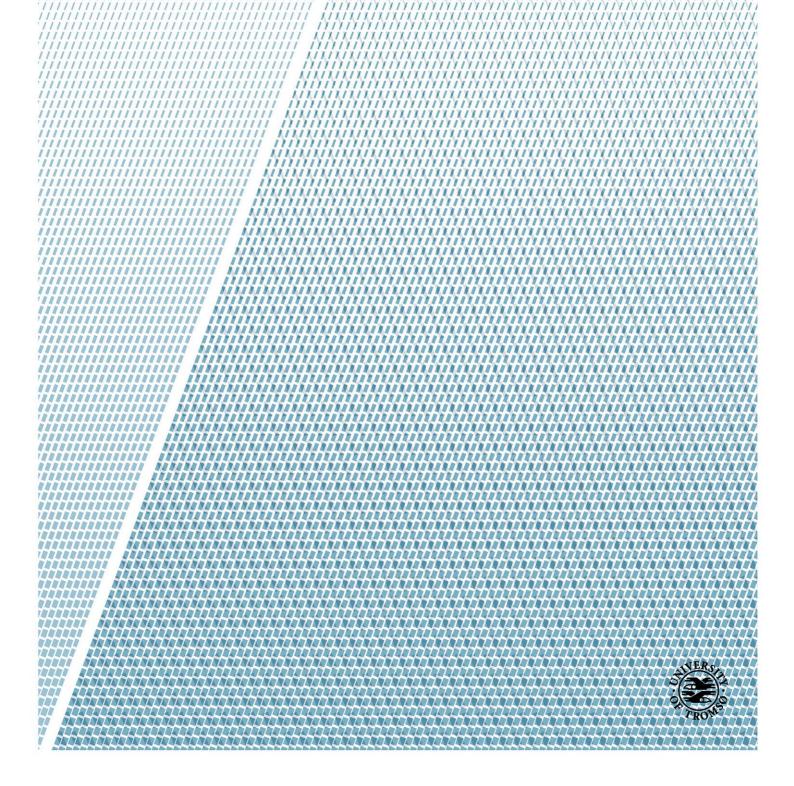
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Predictors of early sexual debut among adolescents in North Norway

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HEL- 3950 Master's thesis in Public Health May 2014

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Acknowledgements

I would like to express my deepest gratitude to my supervisor Professor Siv Kvernmo first for availing me the data that I analysed in my thesis. That gave me the opportunity to work on a subject that I liked. And secondly for the comprehensive supervision from which I learned a lot. You invested a lot of time to read and comment on my work even during your holidays for which I am very grateful.

My appreciation also goes to the administration of the Master in Public Health especially the study coordinator, Mr. Tor Gisle Lorentzen for being prompt in attending to students' inquiries and concerns.

Last but not least, I would like to thank my husband, Dr. Peter Kyomuhendo and children, Philip, Perez, Patrick and Petronilla for giving me a conducive atmosphere in which to realize my studies. Peter, thank you for encouraging me and offering me any help that I asked of you in the course of preparing my thesis.

Abstract

Objectives: The study thought to examine if early sexual debut among adolescents in North Norway differs by ethnicity that is between Sami and non-Sami. Further, it was examined if factors like: gender; family connectedness; peer relations; parental involvement; alcohol; smoking; socio-economic status of parents, educational aspirations and family structure, already found to affect adolescents age of sexual debut elsewhere, also apply to adolescents in North Norway.

Methods: The study used data from the *Norwegian Arctic Adolescent Health Study (NAAHS)* that was conducted among 10th graders (15–16 years old) in junior high school from 2003 to 2005 in the three northernmost counties in Norway: Finnmark, Troms and Nordland. NAAHS was a cross-sectional study and data was collected from a total of 294 schools using questionnaires administered in classroom settings. Students who were not present at school completed the questionnaire at a later session. 4881students completed the questionnaire of which 9% (450) were Sami and the rest non-Sami. Data was analysed in spss version 19 using chi-square, independent t-test and cox regression.

Results: 33% of the respondents reported an age of sexual debut of 10+ years and their median age of sexual debut was 14. There were more girls (60%) than boys (40%%) who had experienced their first intercourse. Bivariate analysis using chi-square/independent t-test showed that smoking, socio-economic status, family connectedness and parental involvement were significant predictors of early sexual debut. Multivariate analysis found smoking, and alcohol consumption to be significant predictors of early sexual debut for both boys and girls.

Additionally, among boys, peer relations and parental involvement were significantly associated

with early sexual debut while among girls the additional predictors were educational aspirations

and family structure.

Surprisingly and contrary to expectation, age of sexual debut was, in the multivariate analysis,

neither significantly associated with ethnicity and nor with socio-economic status and family

connectedness. Also, contrary to expectation, peer relations increased the age of sexual debut

while parental involvement decreased the age of sexual debut.

Conclusions: The present study agreed with other Norwegian studies which reported more girls

experiencing intercourse earlier than boys. The median age of sexual debut was lower than that

reported in similar studies in Norway and that could be due to effect of location (North vs South

Norway) and the current data being younger. Variations in sexual behavior were found to be

gender specific and associated with smoking frequency, alcohol frequency, family structure, peer

relationships and parental involvement.

Key words: Sexual debut, adolescence, connectedness, family structure, educational aspirations

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1 Introduction

1.1 General overview on sexual debut

Adolescent sexuality continues to be an important subject of social concern because of its connection to negative outcomes like adolescent pregnancy and sexually transmitted diseases. The timing of an adolescent's first sexual intercourse is thus a key variable affecting those negative outcomes. Research has shown that adolescents who initiate sex at younger ages, for example, may be at increased risk for unintended pregnancy because they are less likely to practice effective contraception [1, 2]. Moreover, early sexual debut is associated with an increased risk of sexually transmitted infections (STI) [2-4] for example chlamydia [5]. The likelihood of giving birth as a teenage or of contracting STI is three times higher for those who had their sexual debut before age 16 compared to those who did not [2, 6]. Previous studies attribute variations in adolescent sexual risk behaviors to factors such as cultural, religious influences and migration [7]. Moreover, adolescent sexual risk behaviors have been attributed to social class, future aspiration, academic and social self-perception, depressed moods, family connection, gender, alcohol, drug abuse and ethnicity [2, 3, 6-13]. In particular, high scores of parental monitoring, future aspirations, academic self-concept and low scores of depressed moods were found to be protective factors against early sexual debut [13]. Whereas smoking behavior, alcohol consumption, peer affiliation and frequency of visiting a discotheque were found to be significantly associated with early sexual debut [3, 13]. This shows that age at onset of intercourse is a strong indicator of the lifestyle of an individual [3].

When it comes to the influence of ethnicity on early sexual debut, a number of studies have been done especially in the United States of America and the United Kingdom but also in Norway, in

which comparisons were made between migrant minority groups (for example, Africans, Asians and South Americans) and the local majority population [7, 8, 13, 14]. Earlier onset of intercourse was for example consistently found among black youth in USA [8]. In the United Kingdom, black Caribbean, black African, white other and mixed ethnicity young men were more likely to report sexual debut at the age ≤ 13 [7]. In Norway, it was found that the proportion of minority girls with early sexual debut was lower than the corresponding figures for ethnic Norwegian girls [13].

1.2 Sexual debut in Norway

In Norway, there have been fewer studies on sexual debut compared to other developed countries. Moreover, the author did not find any studies on sexual debut that look into ethnic differences in particularly comparing Sami with the rest of the population. On the other hand, it is possible to map out the evolution of sexual debut age in Norway over the years. Generally, women today start their sexual life earlier than a few decades ago and this is a development that is also reported in other western countries [15]. The sexual debut age among Norwegian women is generally lower than that of a selected number of Economic Commission of Europe (ECE) countries [15]. Likewise, locally, studies have shown that sexual debut has been happening steadily earlier up until the last half of 1970s [16]. Four cross-sectional studies on sexual behavior carried out in Norway in 1987, 1992, 1997 and 2002 by the national public health institute (Nasjonalt folkehelseinstitutt) to map the populations' sexual behaviours showed a substantial change in age of debut in cohorts born 1927 – 1984, with a drop of 1 year for men and 2,3 years for women [17]. Moreover, women in the oldest cohorts reported their debut 0,8 years later and in the youngest cohorts 0,5 years earlier than did men. Taking age group 18 to 22, the median age of sexual debut for men was relatively stable in the time period 1987 to 1997 (about 18,3 years) but it went down to 17,5 years in 2002 [18]. For women, the sexual debut age was lower in 1987 and 2002 (17,2 years) than in 1992 and 1997 (17,5 years) [18]. The cumulative distribution of sexual debut age showed among other things that only a minority number of young people had sexual debut before 15 years even though the proportion that had their first sexual intercourse earlier than average had increased slightly [18]. An earlier study on sexual behavior found some regional differences in sexual debut age, where women from North-Norway have earlier debut than those from Southern- and Western-Norway [19].

The introduction of effective and comfortable contraceptive methods and legal abortion within twelve weeks of pregnancy have made pregnancy a choice for women. So where as there is lowering of sexual debut age, it is not simultaneously followed by early motherhood. A more liberal attitude towards sex outside marriage, openness about sexual questions and the media influence (reality shows on sexual relationships etc) are possible explanations for the early sexual debut in Norway compared to many other European countries [15].

The factors which influence early sexual debut among adolescents in Norway have been studied both at the national level [3, 10] and at the regional level — Oslo [12, 13]. However, the composition of the population in North Norway is somewhat different from that in the other regions of the country. The majority (about 85%) of Norwegian Sami live in North Norway although they are the minority in most areas except in inland Finnmark. Therefore, it would be interesting to find out whether early sexual debut among adolescents in North Norway is influenced by ethnicity and the same factors as have been found in similar studies at national and regional (Oslo) levels. It is worth noting however, that some studies (from North Norway) on other adolescent risky behaviours like cigarette smoking and drinking have revealed no significant differences between Sami and non-Sami [20, 21]. On the other hand looking at sexual debut among other arctic indigenous people like the Inuit in Greenland, a study in 1992 involving

students in 10th grade and those in vocational training found that a large fraction (83%) had had their sexual debut of which 54% reported sexual debut before the age of 15 [22].

1.3 Objectives and hypothesis

The objectives of this study are:

- To examine if ethnicity (Sami and non-Sami) is a predictor of early sexual debut.
- To examine if factors like: gender; family connectedness; peer relations; parental control; alcohol; smoking; socio-economic status of parents, educational aspirations and family structure, already found to influence adolescents age of sexual debut elsewhere, also apply to adolescents in North Norway.

Hypothesis: It is expected that ethnicity will be associated with early sexual debut whereby Sami will be at a higher risk of early sexual debut compared to non-Sami. Moreover, as observed in previous studies, the age of sexual debut will vary by gender with girls being more at risk of early debut than boys. And higher scores of parental involvement, family connectedness, educational aspirations, higher socio-economic status and stable family structure are assumed to be protective against early sexual debut whereas, smoking, alcohol consumption and peer relations are assumed to be significantly associated with early sexual debut.

2 Material and Methods

2.1 Data source

The results presented in the current article are based on data from the *Norwegian Arctic Adolescent Health Study (NAAHS)*. The NAAHS was conducted among 10th graders (15–16 years old) in junior high school from 2003 to 2005 in the three northernmost counties in Norway: Finnmark, Troms and Nordland. In total 294 schools were involved. It was a cross-sectional study and data was collected using questionnaires administered in classroom settings. Students who were not present at school completed the questionnaire at a later session. The data collection was conducted and funded by the Centre for Sami Health Research at the University of Tromsø in collaboration with the Norwegian Institute of Public Health. The students and their parents were given written information about the study, and they gave their written consent. The study obtained approval and consent from the Regional Medical Ethical Committee, the Norwegian Data Inspectorate and the school authorities. In total 5877 students were invited and 4881 completed the questionnaire and thus constitute the data set for the current study. 9% (450) of the respondents were Sami and the rest were non-sami. The response rate per county of residence was: Finnmark - 71%, Troms - 82% and Nordland - 88%.

2.2 Measures

Dependent variable: The question used to collect information about the experience of intercourse was phrased in the same way as in previous Norwegian studies: Have you ever had sexual intercourse? (Yes or no). That was followed by: If yes, how old were you the first time? I was years.

Independent variables

Ten independent variables were used in the present study:

Gender: "Male =0" and "Female =1"

Cigarette Smoking: Cigarette smoking was investigated in a similar way as in previous studies.

Respondents classified their smoking habits based on the question "do you smoke or have you

ever smoked?" into four categories: "No never"; "yes but I have stopped"; "yes from time to

time"; and "yes everyday" For the present analysis, three dummies were created "no never" = 0,

"yes but I have stopped" and "yes from time to time" = 1; and "yes everyday" = 2".

Alcohol: Alcohol consumption was investigated by using the question: "How often did you drink

alcohol during the last year?" There were 8 possible responses: "I have never drank alcohol";

"not drunk alcohol during last year"; "some few times during last year"; "Approximately once a

month"; "2 - 3 times a month"; "approximately once a week,"; "2 - 3 times a week" and "4 - 7

times in a week". For the present analysis, these were recorded into "rarely/never drinks = 0"; "1 -

3 times per month = 1" and "1 - 7 times a week = 2".

Ethnicity: Ethnicity was categorized using the language competence of parents and grandparents

as described by Kvernmo and Heyerdahl [23, 24]. Participants reported parents' ethnicity

separately for mothers, fathers and themselves by selecting from a list of ethnic groups including

five choices "Sami", "Norwegian", "Finnish", "Kven" and "Other". The participants were

allowed to select more than one option from the list. The participants were also given a list of

languages and reported the language competence of grandparents, parents and of themselves.

Sami: If grandparents' or parents' language was reported as Sami, or ethnicity of parents' or their

own was reported as Sami, the ethnicity of the respondents was classified as Sami. Respondents

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were also classified as Sami if they selected multiple ethnic groups, "Sami" being one of them. Not all individuals who were classified as having Sami ethnicity reported subjective Sami self-identification. Sami self-identification was classified according to the statement "i perceive myself as Sami", measured on a four-point scale from (1) "I strongly agree", (2) "I agree", (3) "I disagree" to (4) "I strongly disagree. Respondents who strongly agreed or agreed perceiving themselves as Sami were categorized as having Sami self-identification.

Non-Sami: The non-Sami group was composed of all participants who reported a non-Sami affiliation, identity and language and included: mono-ethnic Norwegians, multiethnic Norwegian (but not Sami) or adolescents who had ethnicities other than Sami and Norwegian.

Ethnicity was coded as "1" for Sami and "0" for non-Sami, in the present study.

Index of family connectedness: family connectedness was measured by the following five statements that yielded an acceptable Cronbach's alpha (α) of 0.88. "I feel attached to my family," "my family takes me seriously," "my family values my opinions," "I mean a lot to my family" and "I can count on my family when I need help." Responses were on a four point likert scale ranging from (1) completely agree to (4) completely disagree.

Index of peer relationships: Peer support was measured by the following four statements that yielded an acceptable Cronbach's alpha (α) of 0.84: "I feel closely attached to my friends," "my friends value my opinions," "I can help/support my friends," and "I can count on my friends when I need help." Responses were on a four point likert scale ranging from (1) completely agree to (4) completely disagree.

Index of parental involvement: Parental involvement was measured by a 4-item version of the Parental Involvement Scale that yielded an acceptable Cronbach's alpha (α) of 0.78. Based on

the questions: "My parents know where I am and what I do in the weekend," "My parents know where I am and what I do on weekdays," "My parents know who I spend my leisure time with" and "My parents like the friends I spend time with." Responses were on a four point likert scale ranging from (1) completely agree to (4) completely disagree.

Socio-economic status: Respondents were asked about both their mother's and father's occupations. The information was classified according to the international standard classification of occupations ISCO-88, which is also the basis for the Norwegian occupational standard. The nine categories were reclassified into five categories, based on the parent with the highest classified occupation: (1) senior official/managers; (2) Professionals/technicians; (3) Lower functionaries; (4) Primary industry (agriculture, fishery and reindeer herding) and (5) manual workers. In the analysis, SES was dummy coded into high SES = 0 (the two highest rated occupations) and low SES = 1 (the other occupations).

Educational aspirations: Respondents were asked "what is the highest education you hope to attain? There were 7 options from which to choose raging from "higher university degree" to "one year at high school" as well as "other" and "not yet decided". The seven categories were reclassified into 3 groups "high" "medium" and "low" as used by Kraft [3] where: "High(0)" = "University/college higher degree" and "University/college intermediate" "Medium (1)" = "high school academic" and "high school vocational study"; and

Family structure: Respondents were asked "who do you live with now?" Seven choices were provided: (1) mother and father; (2) only mother, (3) only Father (4) about the same time at my mothers and fathers places, (5) mother or father and their new partner or spouse (6) foster-

"Low (2)" = "one year at high school", "Other" and "Not yet decided".

parents; (7) other. The seven categories were coded into 4: mother and father = 0, only mother = 1, only father = 2 and other = 3.

Table 1: Summary of categorical variable codings

Variable name	Categories	Codes ^x
Gender	Male	0
	Female	1
Ethnicity	Non-Sami	0
	Sami	1
Smoking	Never	0
	Occasionally	1
	Daily	2
Education aspirations	University	0
	High school academic/vocational	1
	Lower and not yet decided	2
Socio-economic status (ses)	High	0
	Low	1
Alcohol	Never/rarely drinks	0
	1-3 times per month	1
	1-7 times a week	2
Family structure	Mother and father	0
	Only mother	1
	Only father	2
	Other	3

^x The category with generally the lowest risk was used as the reference category and is coded 0

2.3 Statistical analysis

The data was analysed using spss version 19 and the analysis was in three stages. First, we tested for multicollinearity among the independent variables. Then bivariate analysis was done to determine the relationship between the timing of first intercourse and each of the hypothesized independent variables. Chi-square and independent t-test were used to do the bivariate analysis. Preference would have been to do the bivariate analysis with kaplan-meier survival analysis so as to include the whole sample (both those who had sexual debut and those who had not) but that was not possible because some of the independent variables are continuous. Thus, using chisquare and independent t-test meant that bivariate analysis was done using only the data of those who reported sexual debut. The third stage of the analysis was multivariate analysis, which was done using cox regression. The majority (67%) of the respondents did not report sexual debut age. That is a common occurrence in population based studies on experience of intercourse and particularly for adolescent populations like in the current study, because of the fact that some respondents have not yet experienced sexual intercourse at the time of the study [3, 25]. Technically, such data are known as censored data and in this particular case censored to the right (not yet debuted). The statistical procedure suitable to analyze these data is survival analysis under which cox regression falls. A binary event variable was created and those who reported their age of sexual debut were assigned 1 meaning experienced event. Those who did not report age of sexual debut were assigned 0 and treated as right censored cases of their chronological age [3]. All the independent variables were included in the multivariate analysis whether or not there was significant bivariate effect. That was done because examining the multivariate effects were central in our study. Moreover and in fact more importantly, in the multivariate analysis we used an approach that allowed us to utilize the whole sample and so it was interesting look at the behavior of all the independent variables.

0.05 significance level was used where by p-values \leq = 0.05 represented significance and p-values > 0.05 represented non-significance.

1634 (33,5%) respondents answered the question regarding the age at which they had their sexual debut. Of those, there were 20 cases of sexual debut below 10 years and it was decided to leave them out of the analysis. The reason being that in similar earlier studies, sexual debut in adolescents was reported from 10 years and above and not below [3, 12, 26]. Moreover, it was preferred to apply the WHO definition of adolescents as young people between ages 10 and 19 years. So that left 1614 (33%) respondents who reported sexual debut age of 10+ years.

3 Results

3.1 Testing for Multicollinearity

Test for multicollinearity was done for the independent variables and no significant correlations were found among the variables, as shown by variance inflation factors (VIF) of 1, see Table 2 as example.

Table 2: An example of a multicollinearity test output for the independent variables with gender as the dependent variable

	Collinearity Statistics					
Model	Tolerance	VIF				
Ethnicity	,994	1,006				
Family connectedness	,747	1,338				
Peer relations	,928	1,078				
Parental involvement	,745	1,342				
Smoking	,829	1,206				
Socio-economic status	,973	1,027				
Educational aspiration	,981	1,019				
Family stracture	,970	1,031				
Alcohol consumption	,876	1,141				

3.2 Bivariate analysis

Of the 1614 respondents who reported age of sexual debut of 10+ years, the median age of sexual debut for both genders was 14. There were more girls (975) than boys (639) who had experienced their first intercourse. Bivariate analysis using chi-square/independent t-test (Table 3) showed that smoking, socio-economic status, family connectedness and parental involvement

were significant predictors of early sexual debut while ethnicity, gender, alcohol consumption, educational aspirations and family structure were not.

Table 3: Bivariate differences in proportions between those who had sexual debut at <16 and at >=16 estimated by chi-square (for categorical variables) and independent T-test (for continuous variables)

Variables	Total (N) Sexual debut age				P	
						(chi-square/t-
						test)
		<16 (1	0 to 15)	>=	<u>=16</u>	
		#	%	#	%	
Gender	1614					0,5
Male	639	608	39,4	31	43,1	
Female	975	934	60,6	41	56,9	
Ethnicity	1465					0,22
Non-Sami		1250	89,2	54	84,4	
Sami		151	10,8	10	15,6	
Alcohol consumption	1545					0,31
Never/rarely drinks		79	5,3	3	4,4	
1-3 times per month		1073	72,6	55	80,9	
1–7 times a week		325	22	10	14,6	
Smoking	1606					0,008
Never		528	34,4	34	47,2	
Occasionally		487	31,7	26	36,1	
Daily		519	33,8	12	16,7	
Socio-economic status	1614					0,03
High		700	45,4	23	31,9	
Low SES		842	54,6	49	68,1	

Educational aspirations	1586					0,67
University		536	35,4	26	36,6	
High school		670	44,2	28	39,4	
academic/vocation						
Lower/not yet		309	20,4	17	23,9	
decided						
Family structure	1614					0,96
Mother and father		819	53,1	36	50	
Only mother		261	16,9	13	18,1	
Only father		68	4,4	3	4,2	
Other		394	25,6	20	27,8	
		Mean	<u>SD</u>	Mean	<u>SD</u>	
Family connectedness	1607	1,6	0,6	1,4	0,5	0,007
Peer relations	1606	1,7	0,6	1,6	0,6	0,17
Parental involvement	1607	1,8	0,6	1,6	0,5	0,035

3.3 Multivariate analysis

Table 4 shows the out-put when all the 10 independent variables were included in the model. Gender, parental involvement, education, smoking and alcohol consumption, were significant predictors of early sexual debut. The risk of reporting early sexual debut was 1,3 times higher for girls than for boys. Parental involvement increased the risk of early sexual debut and so did smoking. Both occasional smokers and daily smokers had a higher risk of reporting earlier sexual debut than non-smokers. In particular the risk of daily smokers reporting early sexual debut was threefold that of non-smokers. The trend was the same for alcohol consumers compared to non-consumers whereby for example those who consumed alcohol 1 to 7 times a week had two times higher risk of reporting early sexual debut. Aspiring for high school education was associated with early sexual debut compared to aspiring for university education.

Table 4: Multivariate analysis of early sexual debut by possible predictors (done by cox regression)

•	-	-	-		-	95,0%	CI for
Variable						Exp	(B)
	В	SE	df	Sig.	Exp(B)	Lower	Upper
Gender	,286	,097	1	,003	1,331	1,101	1,609
Ethnicity	,199	,135	1	,140	1,220	,937	1,590
Family connectedness	,012	,051	1	,816	1,012	,915	1,119
Peer relations	-,092	,049	1	,057	,912	,829	1,003
Parental involvement	,135	,054	1	,012	1,145	1,031	1,272
Smoking							
Never			2	,000			
Occational	,687	,069	1	,000	1,987	1,737	2,273
Daily	1,212	,074	1	,000	3,361	2,905	3,889
Socio.economic status	-,074	,090	1	,407	,928	,779	1,107
Educational aspiration							
University			2	,024			
High school	,145	,065	1	,025	1,156	1,019	1,312
Lower and not	-,028	,075	1	,712	,973	,839	1,127
yet decided							
Family structure							
Mother and father			3	,177			
Only mother	,201	,123	1	,103	1,223	,960	1,558
Only father	,238	,194	1	,220	1,269	,867	1,855
Other	,186	,111	1	,093	1,204	,969	1,496
Alcohol consumption							
Never/rarely			2	,000			
1-3 times per	,458	,124	1	,000	1,581	1,239	2,016
month							
1-7 times per	,725	,138	1	,000	2,064	1,574	2,706
week							

Gender*ethnicity	-,174	,178	1	,329	,840	,592	1,192
Gender*socio-economic	,105	,113	1	,350	1,111	,891	1,386
status							

Fig 1 shows that the highest number of events (sexual debut) took place around 14 - 15 years.

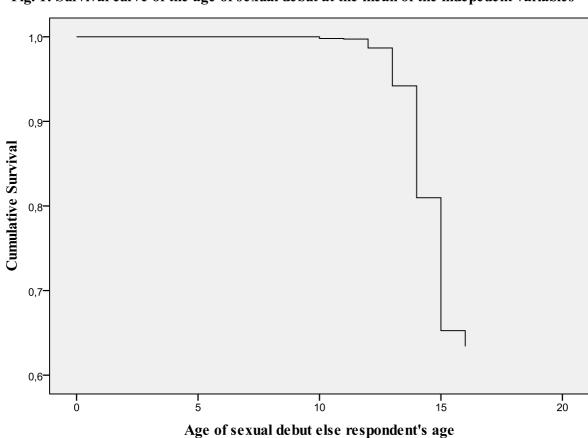


Fig. 1: Survival curve of the age of sexual debut at the mean of the indepedent variables

Fig. 2 shows that from around 11 years on, the male curve moves outward to the right. This means that boys survive longer than girls or in other words, at almost any given point in the age range 11 to 16, there are more girls experiencing sexual debut than boys.

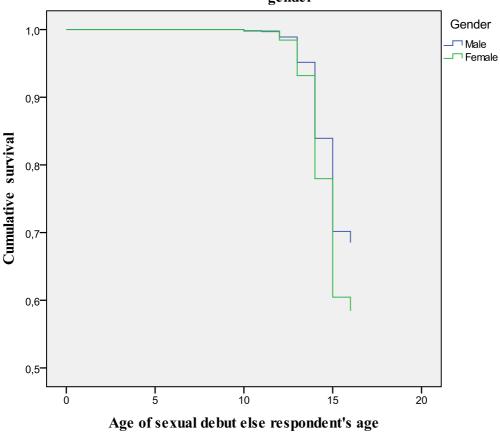


Fig. 2: Survival curve of age of sexual debut at the mean of the independent variables by gender

Gender was found to be a significant predictor of age of sexual debut even when adjusted for the other variables. Multivariate analysis was therefore done separately for each gender for the current data for comparison purposes and the results are shown in tables 5 and 6.

For boys (table 5), adjusted for the effects of the other independent variables included in the model, the age of sexual debut decreased significantly with increasing: parental involvement frequency of smoking, and increasing frequency of alcohol consumption. For example it can be seen from the table that daily smokers had three times higher risk of reporting early sexual debut than non-smokers. The risk of the heaviest alcohol drinkers (1 to 7 times per week) reporting early sexual debut was about two times that of non-drinkers. On the other hand, the risk of

reporting early sexual debut decreased with increasing peer relations. Ethnicity, family connectedness, socio-economic status, educational aspiration and family structure were not significant predictors of early sexual debut in boys.

Table 5: Early sexual debut among boys by the predictor variables

-			-	<u>=</u>	<u> </u>	95,0	% CI for
Variable							Exp(B)
	В	SE	df	Sig.	Exp(B)	Lower	Upper
Ethnicity	,011	,217	1	,961	1,011	,660	1,546
Family connectedness	-,070	,092	1	,442	,932	,779	1,115
Peer relations	-,223	,076	1	,003	,800	,690	,928
Parental involvement	,210	,079	1	,008	1,233	1,055	1,441
Smoking							
Never			2	,000			
Occational	,692	,110	1	,000	1,998	1,610	2,481
Daily	1,229	,119	1	,000	3,419	2,705	4,320
Socio-economic status	-,111	,097	1	,250	,895	,741	1,081
Educational aspiration							
University			2	,358			
High school	,141	,110	1	,199	1,152	,928	1,429
Lower and not	,159	,129	1	,216	1,173	,911	1,510
yet decided)							
Family structure							
Mother and father			3	,155			
Only mother	,211	,125	1	,092	1,235	,966	1,578
Only father	,273	,196	1	,163	1,314	,895	1,930
Other	,184	,112	1	,099	1,202	,966	1,496
Alcohol consumption							
Never/rarely			2	,003			
1-3 times per month	,332	,175	1	,059	1,393	,988	1,965
1-7 times per week	,630	,199	1	,002	1,879	1,272	2,774

For girls (table 6), early sexual debut was significantly associated with frequency of smoking, frequency of alcohol intake, educational aspiration and family structure. Both occasional smokers and daily smokers had respectively twofold and threefold increased risk of early sexual debut compared to non-smokers. The same applies to both moderate drinkers and heavy drinkers with about two times increased risk of early sexual debut compared to the non-drinkers. Those aspiring for high school education had an increased risk of early sexual debut compared to the ones aspiring for university education. Compared to girls under the care of both biological parents, those under the care of only mother and those under the care of other adults had a higher risk of early sexual debut. Ethnicity, family connectedness, peer relations, parental involvement and socio-economic status were not significant predictors of early sexual debut.

To sum it up, with respect to the multivariate model, among both boys and girls, smoking, and alcohol intake were significant predictors of early sexual debut. Additionally, among boys, peer relations and parental involvement were significantly associated with early sexual debut while among girls the additional factors were educational aspiration and family structure.

Table 6: Early sexual debut among girls by the predictor variables

			-	-	-	95,0%	CI for
Variable						Exp(B)	
	В	SE	df	Sig.	Exp(B)	Lower	Upper
Ethnicity	,025	,118	1	,834	1,025	,814	1,291
Family connectedness	,055	,063	1	,384	1,056	,934	1,195
Peer relations	,025	,062	1	,690	1,025	,907	1,158
Parental involvement	,078	,073	1	,286	1,081	,937	1,246
Smoking							
Never			2	,000			
Occational	,682	,088	1	,000	1,977	1,665	2,348
Daily	1,193	,096	1	,000	3,295	2,732	3,974
Socio-economic status	,028	,071	1	,698	1,028	,894	1,181
Educational aspiration							
University			2	,006			
High school	,160	,080,	1	,047	1,173	1,002	1,374
Lower and not yet	-,142	,094	1	,131	,868	,722	1,043
decided							
Family structure							
Mother and father			3	,000			
Only mother	,204	,098	1	,036	1,227	1,013	1,486
Only father	-,067	,203	1	,741	,935	,628	1,392
Other	,391	,082	1	,000	1,479	1,258	1,738
Alcohol consumption							
Never/rarely			2	,000			
1-3times per month	,571	,177	1	,001	1,769	1,252	2,501
1-7 times per week	,814	,194	1	,000	2,257	1,544	3,302

4. Discussion

4.1 General

In total, 33% of the respondents reported sexual debut, of which 60% were girls and 40% were boys. The proportion of girls were more than what was reported by Valle et al. in 2005 and 2009 for 16 year olds in Oslo. In the two studies, the percentages of girls that reported sexual debut were 50.2% and 50.6% and boys 49.8% and 49.4 respectively [12, 13]. The present study confirms other Norwegian studies which have reported more girls experiencing intercourse earlier than boys [3, 12, 13, 27]. The median age of sexual debut for both boys and girls that had had their sexual debut was found to be 14 years. That was less than what was found in other Norwegian studies on sexual debut. For example in a nation-wide study of adolescents in Norway aged between 17 – 19 years, the median age of sexual debut was 17,3 for girls and 18 for boys [3]. In the study by Sundet et al. the median age of sexual debut was 18 for women and 18,4 for men [27]. The lower age of sexual debut among adolescents in North-Norway may be a further confirmation of what was reported in earlier studies that coital debut is lowest in the three northern most counties in Norway [17, 19]. Moreover, the lower age of sexual debut can also be explained by the fact that the data for the current study is younger than that in the studies referred to. So the data being more recent might signify a decline in the age of sexual debut with time as has been reported to happen [15, 17, 27]. Thus the reported median age of sexual debut could be closer to the prevailing situation especially in North Norway.

4.2 Early Sexual debut and possible determinants

The purpose of this study was to identify personal and family characteristics associated with early sexual debut among adolescents in North Norway. Notably, the study examined 10 characteristics representing constructs hypothesized to influence the timing of the first intercourse: ethnicity, gender, educational aspirations, parental involvement, alcohol, smoking, socio-economic status of parents, family connectedness, peer relations and family structure. The expectation was that the age of sexual debut would be influenced by ethnicity whereby Sami will be at a higher risk of early sexual debut compared to non-Sami. The results however refuted that and showed that the age of sexual debut did not vary by ethnicity. Further, it was expected that, as observed in previous studies, the age of sexual debut will vary by gender with girls being more at risk of early debut than boys. And higher scores of parental involvement, family connectedness, educational aspirations, higher socio-economic status and stable family structure will be protective against early sexual debut whereas, smoking, alcohol consumption and peer relations, will be significantly associated with early sexual debut.

Consistent with expectation and previous studies [3, 4, 13, 28], the timing of sexual debut followed gender specific patterns and varied according to educational plans, smoking frequency, alcohol frequency, peer relationships, parental involvement and family structure. That girls have a higher risk of early sexual debut than boys was also observed in a recent study in Finnmark where more girls than boys reported earlier sexual debut, particularly, sexual debut at ≤14 years was reported by 41% of girls and 34% of boys [5]

The marked difference however between the current and previous findings [3] was that peer relations (among boys) were protective that is increasing peer relations increased age of sexual

debut. One possible explanation is that in the current study, the boys who had not experienced sexual debut (74%) were more than those who had done so (26%). Therefore, chances are higher that one's' peer relations have not had sexual debut and thus will not be influencing them to have sex but rather, if anything, there would be a positive influence that is not to have sex. That explanation is supported in literature for example in a national longitudinal study on friends' influence on adolescents' first sexual intercourse, it was found that the higher the proportion of a youth's friends who were sexually experienced, the greater the odds of sexual debut and also that the odds were elevated among youth who believed that they would gain their friends' respect by having sex [29].

It was also interesting that compared to earlier studies [11, 13], parental involvement was not protective with respect to early sexual debut for boys only. For girls, parental involvement was not significantly associated with early sexual debut. Parental involvement was measured just like in similar studies by assessing the parent's knowledge of the adolescent whereabouts and with whom he or she spends free time. In the current study where parental involvement has been associated with risk (of early sexual debut), a possible explanation is that, as long as the adolescents (boys) made their parents aware of what they were up to (increasing parental involvement), the parents were satisfied with that and did not exercise stricter rules on for example dating. Moreover, a study by de Looze et al. showed that concrete parental rule setting is more strongly related to lower levels of risk behaviors (like early sexual debut) in adolescents compared to the more general parenting practices like support and control [30]. That parents are less restricting to boys is something common.

Risk behaviors, particularly smoking and alcohol consumption received support as determinants of the timing of early sexual debut for both boys and girls. The age of sexual debut was found to

decrease with increasing frequency of smoking and of alcohol consumption. This confirms previous findings which have shown age of sexual debut to decrease with increasing smoking and consumption of alcohol [3, 28]. However, one shortcoming in all these studies including the current one is that the information on risk behavior has been reported in terms of current behavior or behavior performed during the last month/year (for example "do you smoke or have you ever smoked?" and "about how often in the course of last year did you drink alcohol?"). That is a shortcoming because the event of sexual debut might have occurred months or years prior to the problem behavior and to the study such that the inter-relationships observed are purely correlational in nature and no conclusions in terms of causal inferences can be made. Nevertheless, as Kraft put it, the inter-relationships confirm that age of sexual debut comprises an important lifestyle indicator [3].

Among girls, family structure was predictive of the timing of sexual debut but not among boys. Particularly, living in a single mother household or "other family structure" situations (foster parents, one parent and new partner..) was associated with early sexual debut compared to living in an intact family (with both biological parents). A common view in children upbringing is that compared to fathers, mothers are softer, more understanding and accommodative and children know how to exploit that. That can be the reason why we did not find the same association in "father only" family structure. It is reasonable to assume that "other family structure" just like single parent households also represents a compromised/weakened atmosphere with respect to children upbringing, compared to an intact family. That can lead to a number of negative effects for example early sexual debut to the concerned children. Moreover, it is possible that the adolescents, girls in this case, compensate for the lacks in family functioning by seeking alternative access to intimacy. In previous studies, the prevalence of early sexual debut was higher for both boys and girls living in non intact families [2, 8, 28]. Such family circumstances

were viewed as providing exposure to permissive sexual norms and possibly reduced parental monitoring [28]. The above interpretation is also applicable to the current study even though in this case it was only the girls (and not boys) living in "mother only" and "other family structure" whose sexual debut was significantly influenced by family structure.

The influence of educational aspirations on early sexual debut has been documented [2, 4, 13, 27]. In the current study, girls aspiring for high school education were at a higher risk of early sexual debut compared to those aspiring for university education. The former are thought to seek fulfillment in other than academic goals for example indulging in sexual relations early [4].

Contrary to expectation, early sexual debut was neither significantly associated with ethnicity and nor with socio-economic status (SES) and family connectedness.

A possible explanation for the lack of support for ethnicity as a predictor of early of sexual debut both in the bivariate and multivariate analyses may be the composition of the ethnic groups. In the study by Valle et al. [13] which found ethnic differences in age of sexual debut, the comparison was between ethnic Norwegians and ethnic minorities (youth with both parents born in non-western countries). Those two groups (ethnic Norwegians and ethnic minorities) are distinctly different, physically, culturally, belief-wise etc. and their sexual conduct is also assumed to be different. Also studies in the UK and USA in which the age of sexual debut of ethnic youth was compared with that of ethnic minorities youth, ethnicity was found to be an important predictor [7, 8, 14]. On the other hand, in the current study, the comparison is between indigenous Sami and all other ethnicities (the majority of whom are ethnic Norwegians). Several studies have not shown more problems in mental health, smoking behavior and alcohol use among the Sami adolescents compared to their Norwegian counterparts [20, 21, 31]. It therefore,

may not be a surprise that there is no difference in the age of sexual debut of the youth from the two ethnic groups.

The lack of support for the SES model is surprising because a relationship between SES and adolescent sexual activity has been observed in similar previous research in Norway [12, 13] and elsewhere [2, 8]. Given that our measure of SES was based on adolescents' reports of parents' occupation, measurement unreliability cannot be ruled out. Moreover, we only considered the parent with the highest classified occupation and so could have lost some important data. However, unreliability may not be the full explanation because even Valle et.al [13] used the same approach to measure SES and yet found it to be associated with age of sexual debut. In their later paper [12], parental income was obtained from the Personal Register of Statistics Norway, and the results also showed that SES was associated with age of sexual debut. On the other hand, the lack of association between SES and the age of sexual debut in the current study may be a function of local community context [28]. North Norway has few inhabitants and the people live in heterogeneous neighborhoods. Most importantly, socio-class differences between people (of all ages) are not obvious. Therefore, under such circumstances, socio-class differences in the timing of sexual debut may have been weakened (or eliminated). That contrasts the situation in Southern Norway (Oslo) where socio-economic status was an important predictor of early sexual debut [12, 13]. Southern Norway has more inhabitants than the north and the socio-class differences between people are very obvious right from where they live, which schools they go to, what education they attain etc. It follows therefore, that in such a case, the timing of sexual debut is influenced by SES.

In a study by Markham et al. [11] in which they reviewed research examining the influence of "connectedness" on adolescent sexual and reproductive health, they found two longitudinal

studies indicating a protective association between family connectedness and early sexual debut, while three longitudinal studies indicated no association between the two. Similarly, they found that family connectedness was found to be protective of ever having sex in two longitudinal studies and no association in eleven longitudinal studies. What was notable was that studies reporting "no association" used measures referring to "parents" in general rather than to specific parent. Studies reporting protective association used measures referencing specific parent (e.g. mothers vs. fathers). Likewise our measures for family connectedness referenced "family" in general as opposed to specific members of the family and so that could explain why no association was found between family connectedness and early sexual debut.

5 Conclusions

The present study agreed with other Norwegian studies which reported more girls experiencing intercourse earlier than boys. The median age of sexual debut was lower than that reported in similar studies in Norway. Variations in sexual behavior were found to be gender specific and associated with smoking frequency, alcohol frequency, family structure, peer relationships and parental involvement. What was rather surprising was the lack of support for ethnicity, SES and family connectedness as predictors of early sexual debut. Also surprising and contrary to common logic was that peer relations increased the age of sexual debut and parental involvement decreased the age of sexual debut.

Often, public health strategies geared towards addressing adolescent health risk factors like early sexual debut tend to focus on ethnic and SES differences as in the USA, UK and Australia. Even in Norway, there is a lot of talk about the plight of minority children. The current study has indicated that for North Norway, ethnic and SES differences are not important considerations with respect to strategies to combat early sexual debut among adolescents. However, the finding should be regarded with caution because: being a cross-sectional study design means that we cannot draw cause-effect conclusions. Also the data is susceptible to bias associated with recall and accuracy since it is based on self-reported behavior. However, a longitudinal study about consistency of self-reports of sexual activity among young adolescents in Jamaica showed that the vast majority of respondents (95-100%) reported their sexual experience status consistently within a given survey round [32]. Also, studies have shown that inconsistent reporting of age at initiation of sexual activity does not appear to affect the direction or magnitude of most of the predictor variables[33]. Again, being a cross-sectional study, it may not be possible to determine how truthfully questions are answered. However, adolescents have been reported to be quite open

about their sexual behavior [34]. A number of studies on sexual lifestyle have been performed on small non-representative samples, which among other things makes comparison between studies difficult. But the current study used a large sample (4881), which should mean that the results are more reliable. The majority of the respondents had not yet had sexual debut and so we had right censored data. That did not present a problem because to analyse the data, an approach (cox regression) which allows for use of all the data was chosen for the multivariate analysis.

All in all, the findings point to areas that are important to understand in order to formulate effective strategies for promoting adolescent sexual health. One can for example consider campaigns in schools and homes against alcoholism and smoking among the adolescents. Open communication about sexual matters and good relations between adolescents and their parents can be a plus in postponing initiation of sexual intercourse.

As future research, the current study can be expanded to take on more independent variables for example mental health, sexual abuse and academic performance. In addition, one could investigate sexual debut in a large and older sample of adolescents from North Norway to get more valid and comparable debut with other studies.

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Appendices

Main questionnaire

Entien								U		Hels ders	5e- økelsen
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	eshemmin syn			-			3.3	Driver du med l (Individuell eller p		seidrett?	
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	lignende? (Sett bare ett kryss)		Cola/brus «light»
	Nei, aldri Ja, men jeg har sluttet Ja, av og til Ja, hver dag		Fruktjuice
	1234		Saft
4.4	Røyker noen av de du bor sammen med? (Sett ett eller flere kryss)		Vann
	Ja, mor Ja, far Ja, søsken Ja, andre Nei	5.3	Hva slags fett bruker du oftest på brødet? (Sett bare ett kryss) Smør/hard Myk/lett margarin mårgarin
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			cola/brus og gatekjøkkenmat? (Sett bare ett kryss) 0-25 kr 26-50 kr 51-100 kr 101-150 kr 151-200 kr over 200 kr
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	iuka iuka iuka pr. måned		Vitamin- og/eller mineraltilskudd?
		5.7	Har du noen gang prøvd å slanke deg? (Sett bare ett kryss)
	Omtrent 1 gang Noen få ganger Har ikke drukket Har aldri i måneden siste år alkohol siste år drukket alkoho	ol	Nei, aldri Ja, tidligere Ja, nå Ja, hele tiden
	5 6 7 8	_	1 2 3 4 Hvis du svarte «NEI, ALDRI»; hopp til pkt. 5.9:
4.8	Har du noen gang prøvd dopingmidler? (Sett bare ett kryss)	5.8	Hva har du gjort for å slanke deg?
	Nei, Ja, en Ja, flere Ja, jeg bruker		(Sett ett kryss for hver linje) Aldri Sjelden Ofte Alltid
	aldri gang ganger det regelmessig		Jeg spiser mindre
	1 2 3 4		Jeg faster
U5.	MAT, DRIKKE OG SPISEVANER		Jeg trener mer
00.	MAI, BITIKIE OG SI ISEVANETI		Jeg kaster opp
5.1	Hvor ofte spiser du vanligvis disse matvarene? (Sett ett kryss for hver linje)		Jeg bruker avføringspiller eller vanndrivende midler
	Sjelden 1-3 g. 1-3 g. 4-6 g. 1-2 g. 3 g. /aldri pr.mnd pr.uke pr.uke pr.dag pr.d		Jeg tar mettende eller sult-dempende piller
	Frukt, bær		
	Ost (alle typer)	5.9	Hva veide du sist du veide deg? hele kg
	Poteter		Hvor høy var du sist du målte deg? hele cm
	Kelda grannakar	5.11	Hva synes du om vekta di? (Sett bare ett kryss)
	Kokte grønnsaker	_	Vekta er Veier litt Veier alt Veier litt Veier alt OK for mye for mye for lite for lite
	Rå grønnsaker/salat		1 2 3 4 5
	Feit fisk (f.eks. laks, orret, makrell, sild)	5.12	2 Jeg bryr meg mye om vekta mi. (Sett bare ett kryss) Enig Litt enig lkke enig
	Sjokolade/smågodt	5.13	B Hvilken vekt ville du vært tilfreds med nå (din «trivselsvekt»)? hele kg
	Chips, potetgull	5.14	Har du noen gang vært til behandling for spiseforstyrrelser?
	1 2 3 4 5 6	_	Nei Nei, men jeg burde vært Ja

1	Under finner du en liste over ulike plage	r. Har	du or	plevd		7.1	Har du de siste 12 mnd. selv brukt?: Ingen 1-3	4 gang
	noe av dette den siste uken (til og med i	dag)	?	Ganske	Valdia		migori 10	eller m
	p	laget	plaget	mye	mye		Skolehelsetjenesten	
	Plutselig frykt uten grunn						Helsestasjon for ungdom	
	Føler deg redd eller engstelig						Vanlig lege (Allmennpraktiserende lege)	Щ
	Matthet eller svimmelhet						PP-tjenesten	Ц
	Føler deg anspent eller oppjaget						Psykolog eller psykiater	Ш
	Lett for å klandre deg selv			П	П		Familierådgivning	П
	Søvnproblemer	П	П		П		Annen spesialist (privat eller på poliklinikk)	П
	Nedtrykt, tungsindig (trist)		П				Legevakt (privat eller offentlig)	
	The state of the s						Sykehusinnleggelse	
	Følelse av å være unyttig, lite verd	=					Sosialtjenesten i kommunen	
	Følelse av at alt er et slit						Fysioterapeut	
	Følelse av håpløshet mht. framtida	Ц	2	3			Tannlege/skoletannlege	
2	Under finner du noen påstander.	1	2	3	4		Alternativ behandler	
	(Sett ett kryss for hver linje)			Nokså	Helt	U8.	LITDANNING OG LITDANNINGSPLAN	(IED
	Jeg klarer alltid å løse vanskelige problemer hvis jeg prøver hardt nok	galt	galt	riktig	riktig	-	UTDANNING OG UTDANNINGSPLAN Hva er den <u>høyeste utdanning</u> du har tenkt å ta? (Sett bare ett kryss)	NER
	Hvis noen motarbeider meg, så kan jeg finne måter og veier for å få det som jeg vil						Universitet eller høyskoleutdanning av høyere grad (F.eks. lektor, advokat, sivilingeniør, tannlege, lege,	🗆
	Hvis jeg har et problem og står helt fast, så finner jeg vanligvis en vei ut						psykolog, siviløkonom) Universitet eller høyskoleutdanning på mellomnivå(F.eks. cand.mag., lærer, sosionom, sykepleier, politi,	🗆
	Jeg føler meg trygg på at jeg ville kunne takle uventede hendelser på en effektiv måte						ingeniør, journalist) Videregående allmennfaglig/økonomisk administrative fag	
	Jeg beholder roen når jeg møter vanskeligheter, fordi jeg stoler på mine						Yrkesfaglig utdanning på videregående skole	
	evner til å mestre/få til ting	1	2	3	4		Ett år på videregående skole	
	Har du i løpet av de <u>siste 12 mnd</u> selv opplevd noe av følgende? (Sett ett kryss for hver linje)						Annet:	
	Foreldre (foresatte) har blitt arbeidsløse eller uføretrygdet		JA	NEI		8.2	Hvor mye egne penger brukte du siste uke?kr	T
	Alvorlig sykdom eller skade hos deg selv		. П				(Småinnkjøp pluss større gjenstander som f.eks. musikkanlegg o.l.)	NEI
	Alvorlig sykdom eller skade hos noen som står deg nær					8.3	Har du lønnet arbeid i løpet av skoleåret? Hvis du svarte «JA»:	
	Dødsfall hos noen som sto deg nær		_				Hvor mange timer i uka arbeider du? ca. nele time	er
	Seksuelle overgrep (f.eks. blotting, beføling, ufrivillig samleie m.m.)		. П	П			Hvor mye tjener du i gjennomsnitt <u>pr. måned</u> på dette arbeidet? kr	
	Har du opplevd noe av følgende? (Sett ett kryss for hver linje)		Nei	Ja, av	Ja,	8.4	Hvilken karakter fikk du siste gangen i karakterboken? (Sett bare inn hele tallkarakterer)	
	Stort arbeidspress på skolen			og til	ofte		Matte Norsk skriftlig Engelsk Samfunnsfag	
	Stort press fra andre for å lykkes/ gjøre det bra på skolen					U9.	OPPVEKST OG TILHØRIGHET	
	Store vansker med å konsentrere deg i time						Hvor lenge har du bodd i Norge?	
	Store vansker med å forstå læreren når hun/han underviser						Hvor lenge har du bodd der du bor nå?	r
	Har fagpersonell sagt at du har eller har						Har du flyttet i løpet av de siste 5 årene? (Sett bare ett k Nei Ja, en gang Ja, 2-4 ganger Ja, 5 ganger eller	ryss)
	hatt lese- og skrivevansker. (Sett bare ett k Ja, store Ja, middels Ja, lette Nei			Т		9.4	1 2 3 4 Mine foreIdre er: (Sett bare ett kryss)	
	1 2 3						Gift/samboere Ugift Skilt/separert En eller begge er døde	Ar
	Har du i løpet av de siste 12 mnd. opplevd problemer med mobbing på skolen/skolev (Sett bare ett kryss)	eien?				9.5	Hvor er dine foreldre født?	- [
		re gar i uka	ger				Norge Annet land Hvilket land: Far: Far: Far: Far: Far: Far: Far: Far:	
	gung runa	und					A CONTRACT OF THE PROPERTY OF	

-	Oppvekst og tilhørighet (fortsettelse)	U11	. SEKSUELL ADF	ERD	OG F	PREVE	ENSJC	N
٥.	Jeg tror vår familie, sett i forhold til andre i Norge, har:		Harris and the land white to		Ja, m	ned J	a, med	Nei
	(Sett bare ett kryss)	11.1	Har du noen gang hatt sam	leie?	en par	mer nere	partnere	
	Dårlig råd Middels råd God råd Svært god råd		Hvis du svarte «NEI»; hopp ti				-	-
1	Er far og/eller mor i arbeid nå?	11.9	Alder første gang?			Jeg va		år
	Ja, Ja, Arbeidsløs/ Hjemme- Går på skole/ Død		Brukte du/dere prevensjon			1000000	- Instantion	cal
Far	heltid deltid trygdet værende studerer r: 1 2 3 4 5 6	11.5	Nei Ja, kondom Ja, p-pil				Vet ikke	
			1 2	3		4	5	
	or: 1 2 3 4 5 6		Handings on the Control	4/	-11		JA NE	I Vet i
H	vis far og/eller mor er i arbeid, hvilket yrke har de?	11.4	Har du noen gang blitt gravie	avgjort	ei jente	gravid'	· 🗆 🗀	L
	Far:		Hvis du svarte «JA»;				T	7
5	škriv kort hva han gjør på jobben:		Hvor gammel var du da de	tte skj	edde?	Jeg va	r	år
110	and the state of the suppliers and the suppliers are suppliers are suppliers are suppliers are suppliers and the suppliers are suppliers are suppliers and the suppliers are suppliers are suppliers are suppliers and the suppliers are suppliers						JA NE	l Vet
	or: triv kort hva hun gjør på jobben:		Ble det utført abort?					
	ASST THE PROPERTY OF THE PARTY	U12	. BRUK AV MEDIS	INEF	R M.N			38
1	FAMILIE OG VENNER		Hvor ofte har du i løpet av		State of the last		kt	
-	Ivem bor du sammen med nå? (Sett bare ett kryss)		følgende medisiner? (Sett	ett krys	ss for h	ver linje)		
(Ta	a ikke med søsken og halvsøsken.)		Med medisiner mener vi her Kosttilskudd og vitaminer red				otek.	
M	or og far Bare mor Bare far Omtrent like mye hos mor og far		The state of the s	,		Hver uke, men ikke	Sjeldner enn hve	
. 4	1 2 3 4			Aldri	Daglig	daglig	uke	4 uke
IVI	or el. far og ny samboer el. ektefelle Fosterforeldre Andre		Smertestillende uten resept				Ш	. L
	can destructive the property of the property of the last of the property of the last of th		Smertestillende på resept					
	vor mange søsken eller halvsøsken or du sammen med? Antall søsken		Allergi-medisin					Γ
	lvor mange av disse er like gamle	T,	The state of the s					Г
	er eldre enn deg? Antall søsken	7/1	Astma-medisin					L
Nå	r du tenker på familien din, vil du si at:		Sovemedisin					L
	ett ett kryss for hver linje) Helt Delvis Delvis Helt		Beroligende medisin					
lar	enig enig uenig uenig		Medisin mot depresjon					Γ
	g føler meg knyttet til familien min							Г
-	g blir tatt på alvor i familien min		Annen medisin på resept	1	2	3	4	_
	ilien legger vekt på mine meninger	12.2	Skriv navnet på medisinen					
Jeg t	betyr mye for familien min		ovenfor, og hva grunnen va (sykdom eller symptom):	ar til a	t du tol	k medisi	inene	
	eg kan regne med familien min når g trenger hjelp		(Kryss av for hvor lenge du h	har bru	kt medi	isinen)	Hvor len brukt me	ge har
	1 2 3 4		Navn på medisinen:		unn til b		Inntil	Ett
	Hvilket forhold har du til dine foreldre? Stemmer Stemmer Stemmer Stemmer	er	(ett navn pr. linje):	av	medisin	ien:	1 år	eller r
	(Sett ett kryss for hver linje) meget ganske ikke særlig ikke i de	et						
	ForeIdrene mine vet hvor jeg				*61		П	П
	er og nva jeg gjør i nelgene							
(_	
F	oreldrene mine vet hvor jeg er		and the second		(Ludenia	عاد العاد		
Fo	oreldrene mine vet hvor jeg er g hva jeg gjør på hverdagene		Dersom det ikke er nok plass her, k	an du fo	rtsette på	å eget ark	som du leg	ger vec
e Fo F	Foreldrene mine vet hvor jeg er gg hva jeg gjør på hverdagene		•	-		å eget ark	som du leg	ger vec
e Fo Fe	Foreldrene mine vet hvor jeg er gg hva jeg gjør på hverdagene Foreldrene mine vet hvem jeg er sammen med i fritida		Dersom det ikke er nok plass her, ke SPØRSMÅL TIL JEN	-		å eget ark		1
e Fo Fe F	Foreldrene mine vet hvor jeg er g hva jeg gjør på hverdagene Foreldrene mine vet hvem jeg er sammen med i fritida	12.3	SPØRSMÅLTIL JEN	NTEN	IE .		JA 1	1
For er:	reldrene mine vet hvor jeg er hva jeg gjør på hverdagene		SPØRSMÅL TIL JEN	NTEN «mens	IE .		JA 1	1
Foog Foog Foog Foog Nå	preldrene mine vet hvor jeg er g hva jeg gjør på hverdagene	lt	SPØRSMÅLTIL JEN	NTEN «mens	IE .		JA 1	100
er For Fig. N. vi	oreldrene mine vet hvor jeg er g hva jeg gjør på hverdagene	lt ig	SPØRSMÅL TIL JEN	wmens	NE en»)?		JA 1	NEI
FOF	Foreldrene mine vet hvor jeg er og hva jeg gjør på hverdagene Foreldrene mine vet hvem jeg er sammen med i fritida	lt ig	SPØRSMÅL TIL JEN Har du fått menstruasjon (« Hvis du svarte «NEI»; hopp t Hvor gammel var du da du	wmens	NE en»)?		JA 1	NEI
	Når du tenker på vennene dine, vil du si at: (Sett ett kryss for hver linje) Jeg føler meg nært knyttet til vennene mine. Vennene mine legger vekt på mine meninger.	lt ig	SPØRSMÅL TIL JEN Har du fått menstruasjon (« Hvis du svarte «NEI»; hopp t	wmens	NE en»)?		JA 1	NEI
	Foreldrene mine vet hvor jeg er og hva jeg gjør på hverdagene Foreldrene mine vet hvem jeg er sammen med i fritida	lt ig] 12.4]	SPØRSMÅL TIL JEN Har du fått menstruasjon (d Hvis du svarte «NEI»; hopp t Hvor gammel var du da du Jeg var år Bruker du, eller har du brul	wmens iil 12.5 fikk di	NE en»)?		JA 1	NEI
	Foreldrene mine vet hvor jeg er og hva jeg gjør på hverdagene Foreldrene mine vet hvem jeg er sammen med i fritida	lt ig] 12.4]	SPØRSMÅL TIL JEN Har du fått menstruasjon (« Hvis du svarte «NEI»; hopp t Hvor gammel var du da du Jeg var år	wmens iil 12.5 fikk di	NE en»)?	e mensi	JA 1	NEI
	Foreldrene mine vet hvor jeg er og hva jeg gjør på hverdagene	lt ig] 12.4]	SPØRSMÅL TIL JEN Har du fått menstruasjon (d Hvis du svarte «NEI»; hopp t Hvor gammel var du da du Jeg var år Bruker du, eller har du brul	wmens iil 12.5 fikk di	NE sen»)?	e mensi	JA N	NEI
	Foreldrene mine vet hvor jeg er og hva jeg gjør på hverdagene	lt ig] 12.4]	SPØRSMÅL TIL JEN Har du fått menstruasjon (« Hvis du svarte «NEI»; hopp t Hvor gammel var du da du Jeg var år Bruker du, eller har du brul (Sett ett kryss for hver linje) P-pille/minipille/ p-sprøyte	wmens iil 12.5 flikk di kt:	sen»)?	e mensi	JA N	NEI
	Foreldrene mine vet hvor jeg er og hva jeg gjør på hverdagene Foreldrene mine vet hvem jeg er sammen med i fritida	lt ig] 12.4]	SPØRSMÅL TIL JEN Har du fått menstruasjon (« Hvis du svarte «NEI»; hopp t Hvor gammel var du da du Jeg var år Bruker du, eller har du brul (Sett ett kryss for hver linje) P-pille/minipille/ p-sprøyte Annen prevensjon	wmens iil 12.5 flikk di kt:	sen»)?	e mensi	JA N	NEI
	Foreldrene mine vet hvor jeg er og hva jeg gjør på hverdagene	lt ig] 12.4]	SPØRSMÅL TIL JEN Har du fått menstruasjon (« Hvis du svarte «NEI»; hopp t Hvor gammel var du da du Jeg var år Bruker du, eller har du brul (Sett ett kryss for hver linje) P-pille/minipille/ p-sprøyte	wmens iil 12.5 flikk di kt:	sen»)?	e mensi	JA N	NEI
	Foreldrene mine vet hvor jeg er og hva jeg gjør på hverdagene Foreldrene mine vet hvem jeg er sammen med i fritida	lt (ig) 12.4	SPØRSMÅL TIL JEN Har du fått menstruasjon (d Hvis du svarte «NEI»; hopp t Hvor gammel var du da du Jeg var år Bruker du, eller har du brul (Sett ett kryss for hver linje) P-pille/minipille/ p-sprøyte Annen prevensjon	«mens iil 12.5 fikk di	NE sen»)? Nå . .	e mensi	JA N	NEI
	Foreldrene mine vet hvor jeg er og hva jeg gjør på hverdagene	lt (ig) 12.4	SPØRSMÅL TIL JEN Har du fått menstruasjon (« Hvis du svarte «NEI»; hopp t Hvor gammel var du da du Jeg var år Bruker du, eller har du brul (Sett ett kryss for hver linje) P-pille/minipille/ p-sprøyte Annen prevensjon	wmens wmens iil 12.5 flikk di	NE sen»)? Nå . .	e mensi	JA N	NEI
	Foreldrene mine vet hvor jeg er og hva jeg gjør på hverdagene	lt (ig) 12.4	Har du fått menstruasjon (« Hvis du svarte «NEI»; hopp t Hvor gammel var du da du Jeg var år Bruker du, eller har du brul (Sett ett kryss for hver linje) P-pille/minipille/ p-sprøyte Annen prevensjon Hvilken type prevensjon?:	wmens wmens iil 12.5 flikk di	NE sen»)? Nå . .	e mensi	JA N	NEI

Additional questionnaire

U/T1. DINE STERKE OG SVAKE S	IDER			U/T	
1.1 Svar på grunnlag av slik du har hatt det	de siste 6	månedene.		3,1	
(Sett ett kryss for hver linje)	Stemmer ikke	Stemmer delvis	Stemmer helt		
Jeg prøver å være hyggelig mot andre. Jeg bryr meg om hva de føler					
Jeg er rastløs. Jeg kan ikke være lenge i ro					
Jeg har ofte hodepine, vondt i magen eller kvalme				Er vanskene en belastning for de rundt deg (familie, venner, lærere Ikke i det hele tatt Bare litt En god del Mye	osv.)?
Jeg deler gjerne med andre (mat, spill, andre ting)					
Jeg blir ofte sint og har kort lunte				U/T2. BEKYMRINGER OG PROBLEMER	
Jeg er ofte for meg selv.					
Jeg gjør som regel ting alene Jeg gjør som regel det jeg får beskjed om		H	H	Har du i løpet av de siste 12 månedene hatt noen av disse probleme (Sett ett kryss for hver linje)	ene?
Jeg bekymrer meg mye		日	H	Nei, Ja, av Flere S aldri og til ganger	Svært ofte
Jeg stiller opp hvis noen er såret,				Krangler, eller konflikter	
lei seg eller føler seg dårlig	10.00			med foreldrene dine	Ш
Jeg er stadig urolig eller i bevegelse			님	Bekymringer i forhold til seksualitet	
Jeg har en eller flere gode venner				Psykiske problemer hos	
Jeg slåss mye. Jeg kan få andre til å gjøre det jeg vil		П	П	foreIdre/ foresatte	
Jeg er ofte lei meg, nedfor eller på gråten				Problemer i forhold til venner	
Jeg blir som regel likt av andre på min alder	*** F			Økonomiske problemer hos foreldre/foresatte	П
Jeg blir lett distrahert, jeg synes det er vanskelig å konsentrere meg				Rusproblemer hos foreldre/ foresatte	4
Jeg blir nervøs i nye situasjoner. Jeg blir lett usikker				U/T3. LITT OM RØYK, RUSMIDLER OG HOLDNING	CER
Jeg er snill mot de som er yngre enn meg	000 0			. Helt Delvis Delvis He	
Jeg blir ofte beskyldt for å lyve eller jukse				⊥ enig enig uenig uer	
Andre barn eller unge plager eller mobber n Jeg tilbyr meg ofte å hjelpe andre	neg 🗌			Det er lett for ungdom å få tak i sigaretter/tobakk]
(foreldre, lærere, andre barn/unge)				Det er lett for ungdom å få tak i øl	
Jeg tenker meg om før jeg handler (gjør noe)				Det er lett for ungdom å få tak i vin/brennevin	1
Jeg tar ting som ikke er mine hjemme, på skolen eller andre steder				Det er lett for ungdom å få tak i hasj	- 7
Jeg kommer bedre overens med voksne enn de på min egen alder				Det er lett for ungdom å få tak i	
Jeg er redd for mye, jeg blir lett skremt		Ħ	Ħ	«partydop»,(ecstasy, amfetamin,	ī
Jeg fullfører oppgaver. Jeg er god til å konsentrere meg			П	GHB, kokain osv)	_
Ü	Ť	2	3	testosteron osv)	
1.2 Samlet, synes du at du har vansker på e områder: med følelser, konsentrasjon, oppfø				Det er OK for ungdom på min alder å røyke	
overens med andre mennesker?				Det er OK for ungdom på min alder å drikke alkohol på fest	7
Nei Ja, små vansker Ja, tydeli	ge vansker] 3	Ja, alvorlig	e vansker 4	Det er OK for ungdom på min alder å røyke hasj	-]
Hvis du har svart JA, vennligst svar på følger	nde spørsm	ål:		Det burde være lovlig å	
Hvor lenge har disse vanskene vært tilstede	2?			bruke hasj	
Mindre enn en måned 1-5 måneder 6-12 r	nåneder] 3	Mer enr	ett år 4	U/T4. HVEM KAN DU SNAKKE MED	
Forstyrrer eller plager vanskene deg?			T	4.1 Hvis du har personlige problemer, hvem føler du at du kan snak	kke med
Ikke i det hele tatt Bare litt En g	od del	Му	e	om dette? (Kryss av ett alternativ i hver linje)	ldo
1 2	3		4	Ja Nei Veti Ingen	кке
Virker vanskene inn på livet ditt på noen av				Venn/venninne(r)	Í
lkke i det hele tatt	Bare litt 1	n god del	Mye	Kamerater/gjengen	
Hjemme/ i familien			1 1	Søsken	
Forhold til venner	H	Ħ	Ħ		₹
Forhold til venner				Foreldre	

	Ja	Nei	Vet ikke	U/T7. KULTUR OG KONTAKT				
Egen lege Andre slektninger Andre voksne	. 🗆			Du kan føle deg som medlem av ulike etniske samisk, finsk, kvensk, russisk, tamilsk osv, og e en del av et større samfunn som for eksempel	du kan	samtid		
				7.1 Her følger noen utsagn om kontakt mello	m etni	ske gru _l	pper.	
U/T5. SKOLESITUASJONEN DIN						Delvis enig	Delvis uenig	Helt ueniş
5.1 Hvordan har du det på skolen? (Sett ett kr	yss for hv	er linje)	Jeg liker meg like godt blant nordmenn	ıng	eing	ueing	uem
Helt enig	Delvis enig	Delvis uenig	Helt uenig	som blant folk fra andre etniske grupper og kulturer				
Jeg trives på skolen				Jeg foretrekker å være sammen med folk fra samme etniske gruppe som meg selv				
andre i klassen				Jeg synes at folk fra andre etniske grupper				
Jeg føler meg knyttet til klassen	Ш	Ш	Ш	og kulturer burde tilpasse seg norske kultur- tradisjoner og <u>ikke</u> holde på sine egne				
til å snakke mitt morsmål med mine medelever på skolen				Jeg har like godt forhold til nordmenn som til folk fra min egen kultur				
Jeg føler at jeg har et språkproblem (fordi jeg har et annet morsmål enn norsk)	П			Siden jeg bor i Norge, er det best jeg lever helt som norsk				
Klassen legger vekt på mine meninger		\Box	Ä	Jeg synes at folk med en annen kulturell bakgrunn skal leve som de gjør i sin				
Lærerne legger vekt på								
meningene mine				Jeg synes det er vanskelig å velge om jeg				
Lærerne mine setter pris på meg Lærerne hjelper meg med	Ш	Ш	Ш	skal leve som norsk, eller i tråd med min egen etniske gruppe/kultur				
fagene når jeg trenger det				Jeg føler meg like trygg sammen med	-			
Lærerne hjelper meg med personlige problemer hvis				nordmenn som folk fra min egen gruppe/ kultur	1			
jeg trenger det	2	3	4	7.2 Hvordan ser du på deg selv? (Sett ett kryss	c for h	vor linio	.)	
5.2 Hvor lett er det for deg å få nye venner p	å skolen?					Delvis	Delvis	Helt
(Sett ett kryss for hver linje) Alltid	Som rege	l Som	regel Alltid	Jeg oppfatter meg selv som:	nig	enig	uenig	uenig
Blant ungdom med samme lett kulturelle bakgrunn som meg	lett	vansk		Norsk Samisk				
Blant ungdom med en annen bakgrunn enn meg	П	П	П	Kvensk	_			
	Uvis «ia». h	vor fra?	(Spesifiser)	Finsk				Н
F 1 1 1 1 2			·	Annet (hva)	4	3	2	1
5.3 Ønsker du å bosette deg på hjemstedet di utdanningen din?	tt når du	er ferd	ig med	Jeg har brukt tid til å prøve å finne ut mer om min etniske gruppe, slik som historie, tradisjoner og skikker	7			П
1 Ja, svært gjerne 2 Ja, dersom de	t faller seg	şslik		Jeg deltar aktivt i organisasjoner eller sosiale	_			Щ.
3 Usikker 4 Nei, jeg ønske	er å bosett	e meg	et annet sted	sammenhenger som hovedsakelig har medlemmer fra min egen etniske gruppe				
U/T6. FORHOLDET TIL FAMILIEN	DIN			Jeg har en klar oppfatning av min etniske bakgrunn og hva den betyr for meg	7	П	П	П
6.1 Hvor viktig er det for deg: (Sett ett kryss fo		tion.		Jeg tenker mye på hvordan min etniske	_			
viktig	ianske viktig v	Litt /iktig	Ikke viktig i det hele tatt	tilhørighet vil påvirke livet mitt		Ш	ш	Ш
Å tilfredsstille behovene til familien din, selv om dine egne behov er				jeg tilhører				
forskjellige fra deres				Jeg har en sterk følelse av å tilhøre min etniske gruppe				
medlemmer av familien				Jeg har en ganske god forståelse av hva min etniske tilhørighet betyr for meg				П
A sette familiens behov foran dine egne	П		П	For å lære mer om min bakgrunn, har jeg	_			
Å dele tingene (eiendelene)	_	_	_	ofte snakket med andre om min etniske tilhørighet	7	П	П	П
å dele pengene	Ц	Ш	Ц	Jeg er veldig stolt over min etniske gruppe				
A dele pengene dine med familien din				Jeg deltar i kulturelle aktiviteter og tradi-	_	-		
Å leve opp til forventningene fra familien din				sjoner innen min etniske gruppe slik som f.eks tradisjonell matlaging, musikk eller andre skikker				
Å ha kontakt med besteforeldre, tanter/onkler, gudforeldre osv · · · · · ·				Jeg føler en sterk tilknytning til min egen	_			
	2	2	4	etniske gruppe		\Box	\Box	

	Helt enig	Delvis enig	Delvis uenig	Helt uenig	U/T9. MAGE-/TARM SYMPTOMER
Jeg er fornøyd med min etniske eller kulturelle bakgrunn					9.1 Har du noen gang hatt smerter eller «verk» i magen som har vart i minst 3 måneder?
Jeg er glad for å være norsk Jeg føler at jeg er en del av den norske kulturen					9.2 Hvis Ja, hvor i magen sitter smertene? Øvre del Nedre del Hele magen
Min etnisitet er (skriv ett eller flere av tallen 1=Norsk, 2=Samisk, 3=Kvensk, 4=Finsk, 5= (skriv hvilken):	Annet			enten e	9.3. Er smerten eller «verken» jevnt over tilstede: 1
Fars etnisitet er (bruk tallene ovenfor):				55550 6	5 Etter måltider? 6 Om natten?
Mors etnisitet er (bruk tallene ovenfor):	i erren en	na pawa p		257075.21	9.4 Er du ofte plaget av oppblåsthet, rumling i magen eller rikelig luftavgang?
7.3 Hvilket språk snakker du og familien di (Sett ett eller flere kryss)	n?			\top	
Norsk Sami: Hjemme har jeg lært	sk Kv∘	ensk/finsl	Anne språ	et k	9.5 Er avføringen din vanligvis: 1 Normal 2 Vekslende hard og løs 3 Løs 4 Hard og perlete 5 Illeluktende 6 Fettaktig og glinsende 9.6 Har du i perioder 3 eller flere avføringer daglig: Ja Nei 9.7 Har du hatt plager i mage/tarm etter inntak av melk: Ja Nei
Mormor snakker(t)		H			
7.4 Har du, dine foreldre /foresatte og bes spesielt trossamfunn?					9.8 Er det andre i familien som har de samme mage symptomene: Mor Far Søsken Ingen Vet ikke
(Kryss av det som passer for deg, dine foreld	Mor	Far E	esteforel	dre	Magesmerter i lengre tid (> 3 mndr)?
Hvor ofte spiser du disse matvarene? (Sett l	g. 1-2	g. 2-	4 g. 5	-7 g.pr. pr. uke	10.6 Har du i løpet av de siste 12 månedene tenkt på a ta livet ditt? 10.7 Har du i løpet av de siste 12 månedene tenkt på a ta livet ditt? DERSOM DU ALDRI HAR FORSØKT Å TA DITT EGET LIV, HOPP TIL SPØRSMÅL 10.13. 10.8 På hvilken måte forsøkte du å ta ditt eget liv? 1 Henging 2 Ved hjelp av piller/medikamenter 3 Skarp gjenstand 4 Skytevåpen 5 Annet 10.8.1 Var du beruset/rusa da du forsøkte å ta ditt eget liv? 10.9 Hvor gammel var du første gang du forsøkte å ta ditt eget liv? 10.10 Hvor mange ganger har du forsøkt å ta ditt eget liv? Antall ganger

10.11 Fortalte du til noen andre om selvmordsforsøket? Ja Nei	U/T14. PUBERTETSUTVIKLING
10.12 Har du vært i kontakt med helsepersonell, lege, helsesøster og /eller politi i forbindelse med selvmordsforsøket/ene?	Når man er tenåring er det perioder da man vokser raskt.
	14.1 Har du merket at kroppen din har vokst fort (blitt høyere)?
10.12.1 Hva var årsaken til at du forsøkte å ta ditt eget liv?	1 Har ikke begynt
	2 Har så vidt begynt å vokse raskt
	3 Har helt tydelig begynt å vokse rask
10.13 Har du i løpet av de siste 12 månedene Ja Nei skadet deg selv med vilje?	4 Det virker som om jeg er ferdig å vokse raskt
10.14 På hvilken måte skadet du deg selv?	14.2 Og hva med hår på kroppen (under armene og i skrittet?) Vil du si at hår på kroppen din har:
Brenning 2 Kutting, skjæring, risping med skarp gjenstand	1 Ikke begynt å vokse enda 2 Har så vidt begynt
3 Slag mot kroppsdeler, hodedunking 4 Annet	Helt tydelig begynt å vokse 4 Det virker som om håret på kroppen er utvokst
U/T11. RISIKOATFERD	14.3 Har du begynt å få uren hud, f.eks kviser?
	1 Ikke merket noe enda 2 Har så vidt begynt
11.1 Har det i løpet av de siste 12 månedene hendt at du i forbindelse med din egen bruk av alkohol (Sett ett kryss for hver linje)	3 Har helt tydelig begynt 4 Har hatt uren hud en god stund
Nei Ja, 1-2 Ja, flere	
ganger ganger/alltid – Har følt deg mer ovenpå (hatt større selvtillit)	BARE FOR JENTER:
- Har hatt ubeskyttet samleie (ikke brukt kondom)	14.4 Har du begynt å få bryster?
mens du har vært påvirket?	1 Har ikke begynt ennå 2 Har så vidt begynt
– Har havnet i bråk eller slagsmål?	3 Har helt tydelig begynt 4 Det virker som om brystene er
– Har følt at din alkoholbruk går utover din fysiske helse?	fullt utviklet
– Har følt at din alkoholbruk går utover din	BARE FOR GUTTER:
psykiske helse?	14.5 Har du begynt å komme i stemmeskiftet?
1 2 3	1 Har ikke begynt ennå 2 Har så vidt begynt
11.2 Har du noensinne vært passasjer i kjøretøy der sjåføren har vært i alkoholpåvirket tilstand? (Sett ett eller flere kryss)	3 Har helt tydelig begynt 4 Det virker som om stemme- skiftet er helt ferdig
1 Nei, aldri 2 Ja, motorsykkel 3 Ja, snøscooter 4 Ja, bil	
	14.6 Har du begynt å få bart eller skjegg?
U/T12. FORELSKELSE OG SEKSUALITET	Har ikke begynt ennå 2 Har så vidt begynt
12.1 Har du fast kjæreste?	That helt tydeng begynt
	U/T 15. HVORDAN ER DU?
1 Ja, har kjæreste nå, han/hun er ar	o, i io i i i o no, i i di o o i
2 Nei, men jeg har hatt kjæreste tidligere	Nedenfor er en liste over egenskaper folk kan ha. Vennligst kryss for det
3 Nei, jeg har aldri hatt fast kjæreste	som stemmer eller ikke stemmer for deg.
12.2. Har du noen gang vært forelsket Nei Ja Usikker	Stemmer Stemmer Stemmer Stemmer Stemmer ikke'i det nokså omtrent nokså helt hele tatt dårlig godt
i en jente?	
I en gutt?	Forsvarer mine meninger
	Tar hensyn til andre
12.3. Har du hatt noen form for seksuelt omgang med personer av samme kjønn som deg selv (klining, beføling, samleie og lignende)?	Sterk personlighet
☐ Ja ☐ Nei	Har lederegenskaper
12.4. Hva regner du som din seksuelle legning/orientering?	Villig til å ta sjanser
1 Heterofil 2 Lesbisk/homofil 3 Biseksuell/bifil 4 Usikker	Varm
U/T13. OM VENNER	Sier hva jeg mener
13.1 Omtrent hvor mange nære venner har du? (Ta ikke med søsken) Ingen 1 2-3 4 eller flere 1 2 3 4 eller flere	Vennlig 1 2 3 4 5
13.2 Omtrent hvor mange ganger Færre 1 1 eller 2 3 eller flere i uka er du sammen med dem gang ganger ganger	TIL SLUTT VIL VI SPØRRE DEG OM DITT SAMTYKKE TIL Å KONTAKTE DEG IGJEN FOR EVT. VIDERE UNDERSØKELSER: \(\begin{array}{c}\) JA \(\begin{array}{c}\) NEI
utenom skolen?	
utenom skolen?	Т
utenom skolen?	Т