

MELROSE MIDDLE SCHOOL YRBS 2007 EXECUTIVE SUMMARY

INTRODUCTION

The Youth Risk Behavior Survey (YRBS) monitors the behaviors of high school and middle school youth that are related to the leading causes of morbidity and mortality among youth and young adults. The 2007 Melrose Middle School Youth Risk Behavior Survey (YRBS) was conducted in April of 2007 and administered to a total of 442 youth out of 525 7th and 8th graders, for an 82% response rate. The survey was adapted from the Melrose 2005 Middle School YRBS with questions added on bullying and attitudes and perceptions about alcohol and other drugs. Previous surveys were also conducted in 1999, 2001, 2003 and 2005.

RESULTS

Tobacco Use

- Lifetime cigarette use is down for Melrose Middle School youth, 13% in 2007 compared to 20% in 2005. There has been a steady decline since 1999 (33%).
- Seven percent (7%) reported current cigarette use, down from 2003 (11%).
- Six percent (6%) of Melrose Middle School youth reported smoking their first whole cigarette before age 13, a steady decline from 20% in 1999.

Alcohol Use

- Lifetime alcohol use among Melrose Middle School youth in 2007 (26%) decreased from 31% in 2005 and 59% in 1999.
- The age of first alcohol use prior to age 13 in 2007 was 14%. This has decreased among Melrose Middle School youth from 50% in 1999, 42% in 2001, 23% in 2003, and 18% in 2005.

Marijuana Use

- Lifetime marijuana use has decreased among Melrose Middle School youth from 14% in 2003 to 12% in 2005 to 10% in 2007.
- Early initiation (use prior to age 13) of marijuana use decreased among Melrose Middle School youth from 11% in 2003 to 6% in 2005 to 4% in 2007.

Violence-Related Behaviors and Experiences

- Nearly half (46%) of Melrose Middle School youth reported ever being in a physical fight. This rate has held relatively steady since 2001 (50%). Twice as many males (65%) reported ever being in a physical fight than females (25%).
- Half (53%) of Melrose Middle School youth reported being bullied at school one or more times in the 12 months prior to the survey. Females (57%) were more likely to have reported being bullied than males (48%), a pattern that continues from 2005.
- Melrose Middle School females and males reported being harassed equally (35%). The most reported type of harassment was about weight, acne, clothes or physical appearance followed by unwanted sexual comments.

Suicidal Thinking and Behavior

- Melrose Middle School 2007 rates of suicidal thinking (15%), planning (10%), and attempts (6%) decreased from 2003 (25%, 15% and 11%, respectively).

Behaviors Related to Unintentional Injuries

- Seven percent (7%) of Melrose Middle School youth reported rarely or never wearing a seat belt in 2007 compared to 11% in 2005.
- Twenty percent (20%) of Melrose Middle School youth reported ever riding in a car with a driver who had been drinking alcohol, a decrease from 26% in 2005.

Sexual Behaviors and HIV/AIDS Prevention

- Fifteen percent (15%) of Melrose Middle School youth reported having sexual intercourse in their lifetime, down from 21% in 2005.
- Of the youth who reported ever having sexual intercourse, 55% reported using a condom the last time they had sexual intercourse, a considerable decrease from the 2005 rate of 64%.

Weight Control and Physical Activity

- Even though at the time of the survey only 2% of females were overweight according to their body mass index (BMI), 52% reported trying to lose weight.
- Eighty-three percent (83%) of Melrose Middle School youth reported participating in regular vigorous activity on 3 of the past 7 days prior to the survey, up from 76% in 2005.

Protective Factors

- A majority of Melrose Middle School youth reported having family support (85%) fewer reported having teacher support (65%).
- Seventh graders (72%) were much more likely to have reported having a teacher or other adult in school that they could talk to than 8th graders (57%).

MIDDLE SCHOOL EXECUTIVE SUMMARY RECOMMENDATIONS

The Youth Risk Behavior Survey is a useful tool when used to address issues that affect youth on a community-level basis. It is important to stress that these issues, while measured in the school setting, are community issues and are best addressed through collaborative community efforts. Regardless of the program or curricula the community selects to address some of these issues, they should be proven, evaluated models or programs. The Northeast Center for Healthy Communities is funded to work with communities in choosing and implementing appropriate programs.

The following are some options that could be considered:

- Continue efforts already in place in the community and in the school that address youth smoking (e.g. enforcement of local policies including regular compliance checks, review and enforcement of school policy).

- Improvements have been made in the area of age of first use of alcohol; continue to support strong community norms around underage drinking and risk taking behaviors to clearly communicate attitudes among adults when it comes to underage drinking.

- Consider implementing a survey with adults (parents and teachers) to learn more about community norms around risk-taking behaviors among youth and strategies for prevention.

- There is anecdotal evidence that gambling among youth is increasing. Consider adding questions to the 2007 survey about gambling behaviors.

- Review school policies and enforcement regarding harassment and bullying on school property. A bullying prevention curriculum and/or sexual harassment training may be appropriate for both youth and staff.

- Continue to promote available resources for teen suicide prevention issues; partner with state or local programs.

- Compare data to 2007 Massachusetts YRBS if available in future years.

