This report was prepared for the Men’s Health Initiative of BC by members and affiliates of the Stigma and Resilience Among Vulnerable Youth Centre (SARAVYC) of the University of British Columbia School of Nursing.

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Executive Summary

This report brings together population-level data, where it exists, about the health indicators for boys (12 to 18 years) and young men (19 to 25 years) in British Columbia. Some of the data offers comparisons to girls and young women, while other data examines trends in health issues over time, or highlights different groups of young men who experience unequal risks and opportunities for health. Some of these are specific health conditions or illnesses, while others are environmental or risk behaviours that are strongly linked to illness, disability, or even death for boys and young men. They may affect boys’ and young men’s health while they are young, or set patterns that can lead to poor health or early mortality among older men. Together these data provide a picture of the key factors that contribute to the health status of boys and young men in Western Canada, and can serve as a source of information to help guide priority setting for health promotion and policy.

Key issues include:

Violence victimization, whether in the form of physical and sexual abuse, or bullying, or physical assaults and fighting, is an important contributor to a variety of the health issues identified in this report.

- Young men 18-24 have the highest police-reported rates of violence, and of hospital visits or admissions for violence exposure
- Half (49.7%) of boys in school in BC report experiencing at least one type of physical or sexual violence
- Aboriginal youth, as well as gay and bisexual boys, are more likely to experience physical and sexual violence, and the rates appear to be increasing for these groups

Mental Health issues have mixed evidence among boys and young men.

- Boys and young men are less likely to report or be diagnosed with depression than girls and young women; however,
- Suicide is the second leading cause of death among boys and young men in BC, and 75% of suicides in this age group are among males.
- Gay and bisexual boys in BC are 7 times more likely to report suicide attempts than heterosexual boys (28% vs. 4%), and this is linked to violence victimization.

Binge Drinking is strongly linked to mental health issues, traffic accidents, injuries and death among boys and young men in BC.

- Although rates for ever having tried alcohol have declined among boys in school, rates of binge drinking have remained stable, with 44% of boys who have ever tried alcohol reporting they drank 5 or more drinks in a row at least once in the past month.
- Among young men 18 to 24, nearly half of them (47%) report binge drinking at least 12 times in the past year, compared to 29% of young women.
Traffic Accidents are the leading cause of death among boys and young men worldwide, and BC is no exception.

- Injuries leading to death are relatively low among boys under 15, but peak among young men ages 20 to 24. Young men dramatically outnumber young women in traffic-related injuries.
- More than 2000 boys and young men in BC are injured in traffic accidents each year.

Work-Related Injuries affect young men under the age of 25 in BC more than any other age group or gender, in part because of the types of employment they are engaged in.

- 3 out of every 4 workplace claims from young workers are from young men.
- 65% of the deaths among BC workers in forestry, mining and the commercial transport sectors are young men ages 25 and under.

Sexually-Transmitted Infections are one outcome of risky sexual behaviours; in the sexual health evidence for boys and young men, there are both hopeful and concerning trends.

- On average, boys in school are delaying first sexual intercourse until they are older, but 1 in 3 sexually active boys still reported using alcohol or drugs the last time they had sex.
- Rates of chlamydia and gonorrhea appear to be rising among both boys and young men, although they are still far less likely than girls and young women to access STI testing.

Overweight and Obesity are health issues that can have longer-term health effects, and are a growing concern among young people in Canada.

- Up to 1 in 3 boys and nearly half of young men are overweight or obese, higher rates than for girls and young women their same age.

Sports Involvement and Physical Activity offer more positive news. Boys and young men are more likely to engage in regular physical activity or sports, but some have less access to sporting activities.

- New Canadians are less likely to exercise or play sports than those born in Canada. However, the longer they have lived in Canada, the more their involvement increases.

Tobacco Use remains a health concern because, although boys and girls are equally likely to start smoking cigarettes, boys and young men are more likely to use other tobacco products as well.

Recommendations

During the creation of this report it became clear that we lack key provincial and national data about some groups, and that we need ways to gather reliable data from these groups:

- Young people 19 to 24 years
- Boys and young men from diverse ethno-cultural groups, including young Aboriginal men
- Gay, bisexual, transgender and gender-variant youth
- Homeless, street-involved or other marginalized groups
Introduction

In his book *Guyland*, Kimmel (2008) argues the need to better understand the critical years between 16 and 26, and how they can profoundly influence young men's lives and health outcomes. He warns that young men's connections to masculine ideals that normalize and justify violence, binge drinking, drug use, and unprotected sex will, sooner or later, bring dishonour, disability or premature death to many men. As we reviewed the epidemiological data from Canada and from BC boys and young men for this report, some of Kimmel's assertions about young men in North America seem to be confirmed. BC boys and young men are more likely than girls and young women to be in the wrong place at the wrong time, to engage in risky employment and recreational behaviours, and to be missing from health care services.

Focusing solely on young men's behaviours, however, does not offer a complete picture of what contributes to their poor health outcomes. Taking a closer look at certain groups of young men who experience greater health risks and even poorer access to health services offers some clues to how health is influenced by where young men live, work, and play, their social status, and their social supports. Although boy’s and young men’s health issues can be considered within the same framework of biology, behaviour, and environmental influences as older men, the interplay of these influences is different, as the majority of young deaths occur from acute injuries, such as road traffic accidents and suicide, while for older men, chronic conditions are leading causes of death.

By collecting the data about the health of boys and young men in BC from a variety of different sources, this report attempts to place their health issues in context. The data offered here highlight the impact of local determinants of men's health, and pay attention to the health inequalities that exist among different groups of boys and young men in BC. Documenting the state of boys’ and young men’s health in BC is a first step toward developing priorities in health policy and programs to advance the health and wellbeing of all young men.

A word about our approach and sources of data

In order to prepare this report, we drew on a wide array of national and provincial data sources. Some data are limited to the national view without provincial level data, and other data are only available for particular groups—such as for boys in school ages 12 to 18, or young men 19 to 24. Wherever possible, we focused on BC-specific data collected in a rigorous, population-based approach by the provincial government, local university or community sources, or from the provincial subsets of national population surveys. In several national reports that did not separate the data into particular age groups (for example, they included all men up to age 29, or all children aged 1 to 19) but where the primary data were available, we extracted the desired information for our specific age groups. Most of the data are from available published documents, and are referenced at the end of this report.

Data from many of the national surveys can be limited, because data collection and sampling methods have not kept up with changing technology. For example, the Canadian Community Health Survey, the Canadian Alcohol and Drug Use Monitoring Survey (CADUMS) and Canadian Tobacco Monitoring Survey (CTUMS) all use random digit telephone dialling to contact participants\(^1\)\(^-\)\(^3\). Most such surveys call home phones or landlines, but 50% of 18 to 35 year old Canadians exclusively use mobile phones\(^4\) and may not participate in surveys when they have to pay for the minutes. (It is estimated that there are 25.1 million current registered cellular phone users\(^5\) in a national population of 35 million\(^6\) and in BC, approximately 82% of households have at least one cell phone\(^7\)). Thus, these
national surveys sampled older adults and far fewer youth aged 12 to 25, and raise questions as to whether the young people who did respond accurately represent the majority of their peers.

One reliable provincial data source for adolescents is the BC Adolescent Health Survey (BCAHS), which is conducted by the McCreary Centre Society every five years in grades 7 to 12 across the province. However after high school, there are few sources of reliable data about young men aged 19 to 25. Our knowledge about this group is limited until they contact health care or social systems out of need, for example, when they need care for workplace or other injuries, sexually transmitted infection testing or detox services, when they access employment insurance, or if they come in contact with the criminal justice system. More information is available on young women in this age group, as they more often access the health care system for reproductive health.

Another group for which there are no data in BC, whether school age or young adult, are transgender or gender-variant youth. The large scale school-based surveys have not been able to include a reliable sampling plan or measures to accurately identify this minority population and most transgender population research has focused on adults, with only a small number of transgender youth. This is a clear limitation in the available data, and more effort is needed to capture the health issues of this special subpopulation of youth.

In sections of this report where we only had data for adolescents and not older youth, we identified these as information gaps that need to be filled. We focused as much as possible on the factors that contribute most significantly, both from a quantitative and qualitative point of view, to the health problems and early mortality among adolescents and young adults. We also addressed the health behaviours and positive assets that could potentially reduce the likelihood of health risks and be the basis for positive change in health promotion and health policies.

**Gender and other social determinants of health**

Data in this report largely compares indicators of boys’ and young men’s health with those of girls’ and young women’s. While gender-based comparisons can serve to highlight the important influences of biologic sex and social roles of gender on health, not all young men’s opportunities for wellbeing are equal. It is important to consider the ways in which other socioeconomic situations, along with gender and culture, can influence health. The Public Health Agency of Canada identifies a number of social and economic factors, as well as physical environments and individual behaviours, that interact to influence health - called the **determinants of health**. Boys and young men can experience wide differences in health based on these determinants, and some groups are more vulnerable to multiple challenges. Where available, we will also report the health indicators for subgroups of young men, including street-involved and homeless youth, gay and bisexual teens, immigrants, and Aboriginal youth.
### Determinants of Health for Boys and Young Men

<table>
<thead>
<tr>
<th>Determinant</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income and Social Status</td>
<td>(including safety and job stability)</td>
</tr>
<tr>
<td>Employment &amp; Working Conditions</td>
<td>(including school completion)</td>
</tr>
<tr>
<td>Gender &amp; Sexual Orientation</td>
<td></td>
</tr>
<tr>
<td>Culture</td>
<td>(both dominant culture &amp; ethnic cultural influence for immigrant &amp; Aboriginal youth)</td>
</tr>
<tr>
<td>Social Support Networks</td>
<td>(including family, school, &amp; peer relationships, adult mentors)</td>
</tr>
<tr>
<td>Social Environments</td>
<td>(including values and norms, community cohesion, crime exposure)</td>
</tr>
<tr>
<td>Physical Environments</td>
<td>(including housing, clean water, food security, contaminants exposure)</td>
</tr>
<tr>
<td>Personal Health Practices &amp; Coping Skills</td>
<td>(immunizations, helmet use, risk-taking behaviours)</td>
</tr>
<tr>
<td>Healthy Child Development</td>
<td>(early childhood--birth to age 6--environments)</td>
</tr>
<tr>
<td>Biology &amp; Genetic Endowment</td>
<td>(including sex-linked risks for certain conditions)</td>
</tr>
<tr>
<td>Health Services</td>
<td>(including access to care, structure &amp; availability of men-friendly services)</td>
</tr>
</tbody>
</table>
Education and Employment

Boys’ and Young Men’s Education in Canada and BC

The vast majority (91%) of adolescent boys in grades 7 to 12 in BC attend public schools. In 2010, there were 139,290 boys enrolled in public school vs. 12,679 in independent schools. Boys were slightly less likely to complete high school than girls: 79% of boys enrolled in grade 12 completed high school in 2010, 31% with honours, while 81% of girls completed high school, 45% with honours.

This difference in education becomes greater between young men and women after high school. In 2006, fewer 18- to 24-year-old Canadian young men attended university than women of the same age (21% vs. 28%). In BC, as shown in Chart 1, young women age 20 to 24 are more likely to have a Bachelor’s degree, while young men are more likely to lack a high school diploma, to have graduated from high school, or to be certified in a trade.

Chart 1.

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Young Men</th>
<th>Young Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Diploma</td>
<td>12%</td>
<td>9%</td>
</tr>
<tr>
<td>Grad High School</td>
<td>53%</td>
<td>48%</td>
</tr>
<tr>
<td>Trades</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>College</td>
<td>13%</td>
<td>16%</td>
</tr>
<tr>
<td>University</td>
<td>15%</td>
<td>22%</td>
</tr>
</tbody>
</table>


School Drop-Out Rate is Improving

Although education achievement lags for boys and young men compared to girls and young women, the news is not all bad. In 2000, Canadian young men had a higher dropout rate than young women (14% vs. 9%), but the rate of young men leaving school before graduation has declined steadily over the past decade: in 2010, the dropout rate was 10% for young men, 7% for young women. For the past 3 years, BC has had the lowest dropout rate in Canada (6.3%).

Post-Secondary Aspirations and School Connectedness: Indicators of Health

Not everyone chooses to go to a trade school, technical college, or university after high school, but research has indicated that boys who plan to continue their education beyond high school report better overall health and engage in fewer risky behaviours than their peers who intend to finish their education at high school graduation or even sooner. Even when their aspirations are sometimes
unrealistic, the intention itself appears to be a useful indicator of health. The majority of boys in school in BC intend to continue their education beyond high school: in the 2008 BC AHS, 60% planned to go to university, even graduate school, and 18% planned to attend technical institutes or trades schools\textsuperscript{13}.

School connectedness is an important protective factor for all adolescent boys, including those who would be considered vulnerable because of housing instability, poverty, disabilities or chronic conditions, a history of abuse, or because they are gay or bisexual, Aboriginal, or immigrants\textsuperscript{12,14}. In the 2008 BC AHS, boys who felt they were good at school skills such as math or reading reported higher self-esteem, good or excellent health and had aspirations to continue on to post-secondary education. They also had lower rates of self-harm, suicide and extreme despair\textsuperscript{15}.

**Employment**

In the 2008 BC AHS, 41% of boys reported working for pay, and were more likely than girls their age to work 20 or more hours a week (18% vs. 14%) although most worked 5 to 19 hours (54% boys vs. 59% girls)\textsuperscript{13}. According to Statistics Canada, among adolescent boys age 15 to 19 in BC who are employed, more than half are in sales and services, 22% are in trades. Young men aged 20 to 24 have a wider range of employment (see below)\textsuperscript{15}. Young men in BC enter the work force earlier due to the availability of jobs in resource extraction of oil and gas, mining, and forestry, rather than jobs that require post-secondary education\textsuperscript{10}.

**Chart 2.**

<table>
<thead>
<tr>
<th>Occupations BC Males Ages 20 to 24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arts &amp; Sports</td>
</tr>
<tr>
<td>Business/Clerical</td>
</tr>
<tr>
<td>Education, Govt.</td>
</tr>
<tr>
<td>Health</td>
</tr>
<tr>
<td>Engineering</td>
</tr>
<tr>
<td>Farming, Forestry</td>
</tr>
<tr>
<td>Mining</td>
</tr>
<tr>
<td>Management</td>
</tr>
<tr>
<td>Manufacturing</td>
</tr>
<tr>
<td>Sales &amp; Services</td>
</tr>
<tr>
<td>Trades &amp; Transport</td>
</tr>
<tr>
<td>Census 2006</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3%</th>
<th>9%</th>
<th>4%</th>
<th>7%</th>
<th>6%</th>
<th>4%</th>
<th>7%</th>
<th>30%</th>
<th>29%</th>
</tr>
</thead>
</table>

The State of Boys’ and Young Men’s Health in British Columbia
Unemployment is a significant social determinant of health and, in general, boys and young men experience higher unemployment rates than older men, and higher rates of unemployment than young women their age. In the economic downturn of 2009, at least half of the jobs lost were among young people, and their unemployment rate remains higher. In BC, gender differences in unemployment because of the economic downturn have been most pronounced for young people. In 2007, for example, young women and young men aged 15 to 24 had similar unemployment rates, at 7.7% and 7.6% respectively. Both genders saw their unemployment rates rise in BC, but for young women, this increase was about a third by 2010, from 7% to 10%, while young men’s unemployment rate in 2010 had more than doubled, to 17.6%. Rates of unemployment can vary widely across BC and young men with less education are also less likely to be employed, as are street-involved and homeless youth.
Perceived Health and Accessing Health Care

Although they are more likely to be injured or hospitalized than girls and young women, boys and young men consistently rate their overall health better. To explain this, we must keep in mind how socially dominant notions of masculinity can strongly influence health. Aligning with masculine ideals, young men may be socialized to engage in health-compromising behaviours (e.g., risky driving, aggression), and health promotion and self-care can be viewed as feminine actions\textsuperscript{17}. When boys and young men adhere to dominant views of masculinity, they may also be less likely to acknowledge illness and injury until the problem becomes so serious it can no longer be ignored\textsuperscript{18,19}.

Self-rated health

In Canada overall, there is only a slight difference between young men and women ages 18 to 24 who rate their health as ‘very good’ or ‘excellent’ (69\% vs. 64\%). In comparison, BC had a lower overall number reporting ‘excellent’ or ‘very good health’ (59\%) \textsuperscript{20}. According to Statistics Canada, 70\% of boys and young men aged 12 to 24 reported ‘excellent’ or ‘very good’ health in 2008\textsuperscript{21}. In BC, boys in school are even more likely to rate their health positively: 84\% report their health as excellent or good\textsuperscript{17}, and they rated their health higher than girls, as shown below in Chart 3.

Chart 3.

<table>
<thead>
<tr>
<th>Self-Rated Health, BC Students Grade 7 to 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
</tr>
<tr>
<td>Excellent</td>
</tr>
<tr>
<td>Good</td>
</tr>
<tr>
<td>Fair</td>
</tr>
<tr>
<td>Poor</td>
</tr>
</tbody>
</table>

Source: 2008 BC Adolescent Health Survey\textsuperscript{13}

Part of this self-rated health appears in reports about common stress-related ailments. Boys in the BC AHS were less likely than girls to report a disability or chronic condition that limits their ability to do things other students their age do (7\% of boys, 10\% of girls)\textsuperscript{13}. They were also less likely to suffer from physical complaints ‘a lot’ in the past 6 months (see Chart 4).
Accessing Health Care

A growing body of evidence suggests that young men are less likely than young women to seek help from health services and are more likely to wait till a problem is serious before they do seek help\textsuperscript{22,23,24,25}. Young men, like men in general, are less likely to seek help from health professionals or informal networks such as friends and family\textsuperscript{26}. This may be because they do not recognize their need to do so. Among students in the BC AHS, even though boys were more likely to report injuries, for example, they were less likely than girls to report seeking help from health care providers, yet they were also less likely to report they did not get health care when they needed it (11% of boys, 15% of girls)\textsuperscript{17}.

Unfortunately, boys’ and young men’s underuse of health services is not due to better health. Young men have poorer health outcomes in a number of areas compared with young women, including higher rates of accidental and intentional injuries, substance abuse, and fatalities, including significantly higher rates of suicide\textsuperscript{27,28}.
Chronic Conditions, Cancer and Physical Health

Chronic Conditions among Boys and Young Men

Chronic conditions are long term health conditions, such as asthma, diabetes, heart disease, and obesity. Among BC youth in schools, asthma and diabetes are two of the most commonly reported chronic conditions, affecting 5% of the high school student population\(^{13}\). Many chronic conditions occur in older populations, but some physical disabilities and chronic conditions first emerge during childhood or adolescence. Among students in BC, 7% of boys in school reported physical disabilities or chronic conditions that limit their ability to do things most young people their age do\(^{13}\).

Although people mostly focus on the physiological effects of chronic health conditions, it is worth noting that boys and young men with disabilities and chronic conditions also face psychosocial and mental health issues. In BC, young people with disabilities are more likely to experience physical and sexual abuse, as well as bullying and discrimination, than peers without such health conditions\(^{38}\). Youth in BC who live with a physical disability or health condition are also more likely to self-harm than those without such health conditions (24% vs. 11%), and more likely to have attempted suicide than their peers (12% vs. 3%)\(^{38}\).

Asthma

Boys make up more than half (53%) of asthma cases among youth ages 12 to 19 in Canada\(^{2}\). According to the CCHS, rates of asthma are evenly spread among youth age 12 to 24\(^{1}\).

Diabetes

Diabetes is a disease that affects the production and regulation of insulin; in Type 1 diabetes, which often is diagnosed during childhood or adolescence, the body is unable to produce insulin, while in Type 2 diabetes, which more often occurs during adulthood, the body is resistant to the effects of the insulin it produces\(^{36}\). Type 2 diabetes is linked to obesity. According to the 2004-2005 National Diabetes Surveillance System, the annual incidence for diabetes among boys and young men has been rising steadily since 1998\(^{38}\). Diabetes reporting at the national level has proven difficult, and data are not available separately for youth ages 12 to 19\(^{49}\).

Chart 5.

[Graph showing the increase in diabetes cases among males in BC from 2005 to 2010]

Data Source: Statistics Canada, 2011\(^{40}\).
Obesity

Obesity has also been increasing in Canada over the past two decades. Obesity is often diagnosed by body mass index (BMI), which is a ratio of weight to height. An adult with a BMI of 25 to 29.9 is considered to be overweight, while a BMI of 30 or higher is considered obese, with a higher health risk, while a BMI greater than or equal to 40 carries an extremely high health risk. Obesity contributes to health problems such as Type 2 diabetes, stroke, coronary heart disease, hypertension, multiple cancers and mental health issues along with low self-esteem and depression. For adolescents, because they are growing, the BMI levels associated with overweight and obesity vary by sex and for each year of age.

While genetics plays a role in overweight and obesity, it also appears to be influenced by physical inactivity and nutrition levels. Among Canadian teens and young adults, boys and young men are more likely than girls and young women to be overweight, and for younger teens, to be obese. These rates are even higher among Aboriginal youth.

Chart 6.

Data Source: Statistics Canada, CCHS 2009 to 2010

Among boys in the BC Adolescent Health Survey, self-reported BMI scores identify a somewhat lower percent of overweight and obese youth than the CCHS does, but documented a similar increasing percent of boys who are overweight or obese in 2008, compared to those in 1992, and higher rates of overweight compared to girls of the same age. One possible reason for this gender difference may be differing cultural norms around body image for boys and girls. Having bulkier muscles and being taller is more the cultural ideal for boys, while being slender is the ideal for girls; as a result, even among boys who were normal weight or overweight, at least 31% stated they wanted to gain weight.

Cancers

In general, men are at a higher risk of developing cancers in Canada than women, with nearly 52% of new cancer diagnoses and 53% of cancer deaths being men. It is estimated that boys and young
men up to age 29 make up 49% of new cancer cases and approximately 56% of mortalities for the same age group\textsuperscript{44}. Young men ages 15 to 29 have a higher rate (20%) of lymphoma (Hodgkin’s and non-Hodgkin’s) than young women the same age, and testicular cancer accounts for 24% of overall cancer diagnoses in young men, while prostate cancer is the most common cancer diagnosed among young men in BC. Young men have a slightly higher rate of leukemia diagnoses compared to young women (21% vs. 17%), and overall cancer survival rates were 6% higher for females\textsuperscript{45}.

Chart 7.

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung</td>
<td>49</td>
<td>45</td>
</tr>
<tr>
<td>Prostate</td>
<td>108</td>
<td></td>
</tr>
<tr>
<td>Bladder</td>
<td>77</td>
<td>8</td>
</tr>
<tr>
<td>Colorectal</td>
<td>53</td>
<td>53</td>
</tr>
<tr>
<td>Non-Hodgkin Lymphoma</td>
<td>21</td>
<td>14</td>
</tr>
<tr>
<td>Leukemia</td>
<td>13</td>
<td>8</td>
</tr>
<tr>
<td>Kidney</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Brain</td>
<td>7</td>
<td>5</td>
</tr>
</tbody>
</table>

Data Source: Canadian Cancer Society - Canadian Cancer Statistics 2009.
Nutrition, Sports Involvement, and Physical Activity

While a great deal of this report focuses on health risks and health inequities, it is also important to document health practices of boys and young men that can support healthy growth and development, and support positive health behaviours into adulthood. Healthy eating, and participation in physical activities can promote both physical and mental health, and both nutrition and physical activity are important for a healthy lifestyle.

Population research about young men 19 to 24 is difficult to find, so the majority of research reported in this section is focused on adolescent boys in BC.

Nutrition

Eating fruits and vegetables as part of a well-balanced diet is associated with lower risk for obesity and for some cancers. In Canada, boys age 12 to 19 eat fast food more often than young women the same age, 39% reported having eaten fast food the day before the survey. Similarly, eating patterns of BC boys in school differs from girls; in the 2008 BC AHS, they were more likely than girls to report drinking pop yesterday (15% vs. 6%), energy drinks (5% vs. 2%), and fast food (14% vs. 7%). Just under half of BC boys ages 12 to 19 consumed 5 or more fruits or vegetables (49%).

Food insecurity, the ability to meet daily nutrient requirements, is an issue faced by some boys and young men in Canada and in BC. In Canada, 9% of boys 12 to 19 face food insecurity issues, and in BC, a similar 9% report going to bed hungry at least sometime because there is no food in the house, with 2% of youth reporting this often. Certain groups were more likely to report often or always going to bed hungry, including youth in care, and those whose families had moved three or more times in the past year. Those who went to bed hungry because there was no food in the house were also less likely than peers to have eaten fruit, vegetables, or dairy yesterday, and more likely to have eaten less nutritious foods such as chips, hot dogs and pizza.

Food insecurity is also linked to other health problems. Youth who went to bed hungry sometimes or often in the 2008 BC Adolescent Health Survey were also more likely to report poor or fair health (31% vs. 14% who never went to bed hungry) and to report attempting suicide in the past year (16% vs. 4% who never went to bed hungry).

Sports involvement and physical activity among boys in BC

For adolescent boys in BC, physical activity provides many health benefits. However, for some adolescents, there are barriers to participation. It is important to promote opportunities for physical activity throughout adolescence and into adulthood.

Even though boys in BC report higher rates of overweight and obesity than girls, boys do participate in physical activity more than girls. Among students in the 2008 BC AHS, boys were more likely to have exercised in the last week compared to girls (10% vs. 7%) and more likely to have taken part in informal leisure activities, like skateboarding (78% vs. 60%). Further, boys were more likely to have exercised six or seven days in the week compared to girls (34% vs. 19%).

Organized sports are another avenue to continued health for adolescents in BC. Boys in school are more likely to be involved in organized sports than girls (62% vs. 57%) and more likely to participate in organized sport four or more times a week (33% vs. 27%).
Sports Participation Among Young Men

In Canada 35% of men and 19% of women participate in a sport\(^1\). In 2008 and 2009, sport participation was higher among young men 18 to 24 years old than women. However, overall sports participation decreased between 2008 and 2009\(^1\).

Young men’s participation in sport in Canada is fairly common, and they were more likely to be moderately active in sports than young women\(^3\). Beyond organized sports, informal physical activity is another aspect to general health for young men. In Canada, young men ages 20 to 24 participated in physical activity more than women in the 2005 CCHS and the 2007/08 CCHS. Young men attending Canadian universities were more likely than young women their age to participate in physical activity five times or more per week (27.3\% vs. 19.3\%)\(^1\).

Chart 9.

Data Source: Canadian Community Health Survey
Organized sport among students in BC is associated with both risks and benefits to their health. In terms of risks, boys in school who were heavily involved in sports were more likely to have tried alcohol, and were more likely to engage in binge drinking and, while they were less likely to smoke tobacco, they were more likely to use chewing tobacco (9% vs. 5%)\(^{50}\). Youth who were involved in sports four or more times per week were also somewhat more likely to report physical fights in the past year compared to young men who participated in organized sport less often (38% vs. 31%)\(^{13}\). On the other hand, youth engaged in sports are less likely to report using cannabis or other drugs. There are also a number of other positive mental health effects.

Physical exercise and informal sports are also important for positive mental health among boys. Boys in school who played weekly informal sports were less likely to report extreme levels of stress than young men who did not play weekly informal sports (9% vs. 13%), and those who exercise with any frequency were less likely to have attempted suicide in the last year compared to those who do not exercise at all (3% vs. 8%)\(^{50}\). Boys who exercised more often were also less likely to report eating disordered behaviours, such as binge eating or deliberate vomiting. They are also more likely to eat fruits and vegetables, and less likely to self harm\(^{50}\).

Who are less likely to participate in sports and physical activities?

Some barriers to physical participation do exist for boys in BC. Adolescent boys participate more in video gaming than adolescent girls\(^{13}\). Lesbian, gay and bisexual youth were less likely to participate in exercise than heterosexual youth\(^{13}\). New Canadians were also less likely to have participated in exercise in the week before the survey. However, the longer immigrants lived in Canada, the more likely they were to participate in physical activity or sports\(^{13}\). Having a health condition or disability is also a factor that influences participation in sports\(^{13}\).

There is limited data about young men age 19-24, in BC or in Canada, who experience barriers to participation in physical activity or sports. However, employment is a factor among Canadians in general that has been shown to play a role in whether they participate in regular physical activity or sports. People who work more hours are less likely to participate in physical activity\(^{47}\).

Services to support sports involvement

Participation in sports in BC can be expensive for boys and young men who are marginalized. Kid Sport is a Canada-wide organization that assists families with sports equipment and registration fees for participation in sports.

Another example of support for athletic involvement is the 2010 Legacies Now program, which provides funding and support for a multitude of sporting opportunities in BC. In addition, the Aboriginal Youth Sport Legacy Fund provides grants for support of Aboriginal sports programs and athletes in BC.
Young Men and Injury in BC

Injury can be separated into *intentional*, which includes self-harm, suicide, and injuries from violence perpetrated by another person, and *unintentional* which includes burns, falls, poisoning or other accidents\(^28\). For intentional injury, see the sections below on mental health and violence involvement.

Unintentional Injury

Injuries present the greatest risk to the health of young people in BC, and boys and young men outnumber girls and young women in reported rates of unintentional injury. In the 2008 BC AHS boys in schools across the province were more likely than girls to report having been seriously enough injured in the last year to require medical attention (33% vs. 25%) and more likely to have this occur three or more times in the past year (6% vs. 3%)\(^{13}\). Although data for 2008 are not reported for gay and bisexual boys, the 2003 survey found gay and bisexual boys were less likely to report injuries than heterosexual boys (35% bisexual and 23% gay, vs. 41% heterosexual), a pattern also seen in earlier years. Across all groups, youth in custody represented the highest percentage who had been injured in the past year (52%)\(^{29}\).

Statistics show that injuries leading to death are relatively low among those under fifteen, but injuries peak among young men aged 20-24.

Chart 10.

Unintentional Injuries Leading to Death in BC

<table>
<thead>
<tr>
<th>Ages</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-14</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>15-19</td>
<td>11%</td>
<td>27%</td>
</tr>
<tr>
<td>20-24</td>
<td>13%</td>
<td>42%</td>
</tr>
<tr>
<td>Total</td>
<td>73%</td>
<td>27%</td>
</tr>
</tbody>
</table>

Data Source: BC Injury Research and Prevention [http://www.injuryresearch.bc.ca/](http://www.injuryresearch.bc.ca/) with data sourced from BC Vital Statistics and Ministry of Health (British Columbia) hospital discharge records

Traffic Injury

Between 2001 and 2007, traffic-related accidents were the leading cause of unintentional injury leading to death among youth; these statistics include injuries to pedestrians, cyclists, motorcyclists, and motor vehicle occupants. According to the BC Injury Research and Prevention Unit (BCCIRP) there are more than 4,000 hospitalizations due to motor vehicle crashes in BC each year, and the largest percent of these is among 15- to 24-year olds. There are also around 700 motorcycle injuries, and about 600 injured pedestrians that require hospitalization each year, and young people are at
greatest risk. Among young people age 15 to 24, young men dramatically outnumber young women in
traffic-related injuries. Evidence confirms that men speed more often, are more likely to drive while impaired, and are
involved in more motor vehicle accidents. Some research suggests young men may acquire vehicles, drive fast and aggressively to prove their masculinity. Young men may use cars as a way to take
control over space; they may engage in road rage and drive aggressively to define and defend their “territory.” Conversely, young women in studies are more likely to fear being on the road and
driving, feeling vulnerable and intimidated. Motor vehicle risk-taking is connected to social class and age. For young people, and especially young people from disadvantaged neighbourhoods, driving can symbolize one of the few freedoms and experiences of control, empowerment, and pleasure.

There are several ways that young men are injured in motor vehicles, but the most common way in BC is collisions. Among boys and young men, the greatest number of injuries occurs in the 15- to 19-year old age group. This age group also has the most pronounced gender difference in collision injuries. Nearly 2400 boys in 2003 and 2004 were injured in collisions, but this rate significantly dropped in 2006 and 2007. Almost twice as many young men per capita were injured in the interior and northern regions of BC as in Vancouver Coastal regions.

For young men and women aged 20 to 24, there are fewer gender differences in collision injuries. In 2003, there were 2221 young men and 2177 young women injured in motor collisions, but injuries have since declined consistently, with 1519 young men and 1463 young women injured in 2007. Young men are more likely to be involved in speed-related collisions than young women, and also more likely than older men. Young men represented 71.3% of all speed-implicated vehicles involving an injury or fatal collision in 2007.

Fortunately, while there are thousands of traffic-related injuries, the number of deaths in BC among youth is much lower, with about 40 to 50 young people 15 to 19 killed in collisions each year, and a slightly higher number of 20- to 24-year olds. However, these deaths are 2 to 3 times higher among boys and young men than among girls and women their same age.
For the 20- to 24-year olds, collision deaths peaked in 2005 then declined dramatically before increasing slightly in 2007.31

**Chart 13.**

Deaths due to collisions among 20-24-year-olds in BC

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>50</td>
<td>17</td>
<td>67</td>
</tr>
<tr>
<td>2004</td>
<td>43</td>
<td>12</td>
<td>55</td>
</tr>
<tr>
<td>2005</td>
<td>60</td>
<td>19</td>
<td>79</td>
</tr>
<tr>
<td>2006</td>
<td>38</td>
<td>12</td>
<td>50</td>
</tr>
<tr>
<td>2007</td>
<td>40</td>
<td>13</td>
<td>53</td>
</tr>
</tbody>
</table>

BC Injury Prevention and Research Data Tool, BC Vital Statistics28

### Drinking and Driving

In 2007, approximately 30.7% of all motor vehicle accidents causing death were alcohol-related. Among the nearly 3,000 victims injured in alcohol-related accidents and fatal collisions that year, 68.7% were in a vehicle where the driver had been drinking.30

Between 2005-2009, young men aged 16 to 25 accounted for a third of the men charged with impaired driving. ICBC statistics demonstrate that drinking and driving related injuries peak among 21- to 25-year olds, with young men vastly outnumbering women. A roadside survey done in 2008 demonstrated similar observations, as 78.4% of impaired drivers were young men.30

There has been no change since 2003 in the number of students in the BC Adolescent Health Survey who have driven while under the influence of either alcohol or marijuana. Six percent drove...
after smoking marijuana, and 7% drove after drinking alcohol. Boys were more likely than girls to have driven a vehicle after using alcohol or marijuana (11% boys vs. 8% girls)\textsuperscript{13}.

There are, however, some encouraging findings related to young men and impaired driving. The Canadian Centre for Substance Abuse report of the British Columbia Roadside Survey (2009) found almost no alcohol use among young men and women drivers age 16 to 18, possibly due to the “zero tolerance” restrictions of the graduated licensing program.

**Non-transport related injuries**

Transport injuries were followed, in far fewer numbers, by falls, poisonings, suffocations and drowning, being struck by a foreign object and other accidents classified as non-transport injuries.

Young men in the 15 to 19 age group show lower numbers of non-transport related deaths in comparison to young men aged 20 to 24 years old\textsuperscript{28}.
Workplace Injuries and Deaths

The higher numbers of non-transport related injuries and deaths among 20- to 24-year olds is partially due to workplace injuries. Young men under the age of 25 are at the highest risk of a workplace injury in BC, accounting for 3 out of every 4 workplace claims from young workers. The injury rate for young male workers is about a third higher than the overall injury rate in BC workers in forestry, mining and commercial transport sectors, where they represented nearly 65% of total recorded deaths.33

According to Worksafe BC, work compensation claims among young workers have declined more than 40% since 2006. Worksafe BC reported the reduction in work compensation claims was...
partly due to a series of “Work Safe” campaigns, in addition to decreased employment of young men under the age of 25.

Chart 18.

From 2005 to 2010, there were 83 accidental workplace deaths in northern BC. These deaths account for 21.3% of all the workplace fatalities in BC despite this region having less than 7% of the BC population.

Sports-related Injuries

Sports-related injuries were among the most reported causes of injury among boys in BC, with 41% reporting an injury experienced at a sports recreation complex. Possible issues such as under-reporting sports injuries make it difficult to estimate the extent of sports injuries. For example, in one BC hockey league, researchers found significant differences in concussions per 1000 player game hours reported by officials (0.21 to 0.62), volunteers (4.44 to 7.94), and hockey players (6.65 to 8.32).

Other Injuries

Injury data is also collected by the BC Adolescent Health Survey. Among students who reported being seriously injured, the most common location where the injury occurred was at a community sports facility or field (39%), followed by school (17%) or at home (15%). Boys in school were more likely than girls to be injured at a sports facility (41% vs. 36%), in a park or recreational area (7% vs. 5%). Girls were more likely than boys to get injured at home (18% vs. 12%).

Regional differences

Young men in the Northern Health Region of BC were more likely to be hospitalized for injury than young men living in the Vancouver Coastal Health Region. In a recent report on northern BC men’s health, reasons for hospitalization because of injury may include higher alcohol and drug consumption, dangerous work, a degree of tolerance for risk and a tendency to live on the edge, factors which have been associated with resource extraction boomtowns.
Injury Prevention

The number of students in the BC Adolescent Health Survey who do not wear seatbelts did not change between 2003 and 2008, but boys were slightly more likely than girls to not wear a seatbelt in 2008 (3% vs. 2%). However, there is a significant increase in the number of students who report always wearing a seatbelt when riding in a vehicle (66% in 2008 vs. 54% in 2003)\textsuperscript{13}.

The number of students who reported wearing a helmet has decreased since 1998, when legislation was introduced mandating helmet use when riding a bicycle. Among students who cycled in the past year, only 24% said they always wear a helmet. There were regional differences: cyclists on Vancouver Island were significantly more likely to always wear a helmet (31%) than in any other region of the province. Helmet use decreases with age: 12 year old students were most likely to wear a helmet, and 15 to 18 year-old students were least likely to wear a helmet\textsuperscript{13}.
Mental Health & Mood Disorders

More young men between ages 15 and 24 report better perceived mental health than young women, with a higher percent reporting their mental health as ‘very good’ and ‘excellent’ in both the Canadian Alcohol and Drug Use Monitoring Survey of 2009\(^5\) and the Canadian Community Health Survey 2007-2008\(^5\). The majority of young men aged 15 to 24 reported their mental health as ‘excellent’ or ‘very good’ (7%).

Chart 20.

![Perceived Mental Health Canadian Males 14 to 24](image1)

Data Source: Statistics Canada. CCHS 2007-2008\(^5\).

Boys and young men generally report low levels of life stress, with only 5 to 12% reporting they have stress at high levels\(^1\).

Chart 21.

![Perceived Life Stress Young Men in Canada](image2)

Data Source: Statistics Canada. CCHS 2007-2008\(^1\).
Mental illness is defined by Health Canada as, “Alterations in thinking, mood and behaviour (or some combination thereof) associated with significant distress and impaired functioning over an extended period of time.” A number of disorders among boys and young men are first diagnosed during late childhood, adolescence, and young adulthood.

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is a behavioural disorder. According to the DSM IV, a diagnosis of ADHD requires six or more symptoms from categories of hyperactivity-impulsivity (e.g., excessive talking, running, climbing, not waiting their turn) and/or inattentiveness (e.g., difficult sustaining attention, difficulty listening, being easily distracted) to be present. According to the BC Medical Association, the symptoms of hyperactivity, impulsivity, and inattention impair youth’s functioning in school, work or other social settings. Young men with ADHD are more likely to suffer road related injury due to accidents. In some studies, boys are as likely to be diagnosed with ADHD than girls, but in population-based national studies in the U.S., boys 4 to 17 were twice as likely to be diagnosed than girls. In BC, 1 in 3 boys in custody reported being told by a health care provider they had ADHD (33%), as did 25% of street-involved boys ages 12 to 18.

Depression

To be diagnosed with a major depression, an individual must have prolonged feelings of worthlessness, sadness, disappointment and emptiness (for more than 2 months). Adolescent depression has been linked to poorer self-rated health, higher health care use, and an inability to work. While, nationally, boys and young men report lower levels of depression than girls and young women, this is not necessarily an indicator that they suffer less. Their awareness of and strategies to cope with major depression may differ from those of girls and young women. Major depression is thought to be underreported by young men, who have a much higher suicide rate than do young women. In a study of four college-based primary care facilities including one in BC, young men who met criteria for depression were more likely to think of suicide than young women (13% vs. 10%).

Chart 22.

Reported Depression for 2 Weeks to 12 Months of the Past Year by age groups, Canada

Source: Canadian Community Health Survey 2007-2008
There are some groups of boys and young men who are at higher risk for depression. In the BC Adolescent Health Survey, for example, boys in school reported lower rates of extreme despair (4%)\textsuperscript{13} than Aboriginal youth (5%)\textsuperscript{116}, Aboriginal street-involved youth (8%)\textsuperscript{66} or street-involved boys in general (13%)\textsuperscript{61}. Among students in school, some boys are at higher risk for extreme despair or hopelessness: boys who have experienced physical or sexual abuse, or harassment or bullying in school, boys with an unstable home life (i.e., frequent moves or running away), gay or bisexual boys, and those with a chronic condition or disability\textsuperscript{12}.

**Suicide and Attempted Suicide**

After motor vehicle fatalities, suicide is the second leading cause of death among BC youth aged 15 to 24\textsuperscript{53}. Many more young people consider suicide or make a suicide attempt during times of stress and crisis\textsuperscript{51}.

There are multiple risk factors for suicide, including mood disorders and substance use disorders, and these factors can co-occur with previous history of suicidal behaviour, family history of suicide, physical abuse, current life stressors, exposure to sensationalized media reports of others’ suicidal behaviour, and having access to the lethal means for suicide\textsuperscript{51,52}. 75% of all suicides in the province of BC are among boys and young men\textsuperscript{67}.

![Trends in suicide in BC](image)

Data Source- BC Vital Statistics, BCIRPU Online Data Tool\textsuperscript{28}

While reporting actual deaths is one way of looking at suicides among boys and young men, it does not account for changing population size across years, nor allow us to look at older and younger groups. Another way to examine trends in suicides is with rates of suicides per 100,000 of the population, as shown in Chart 24.
The most common underlying factor in suicide is depression, although previous suicide attempts are an important predictor of completed suicide. Young women are twice as likely to be diagnosed with depression as men, and frequently more likely to attempt suicide than young men, yet young men are four times more likely to die of suicide than young women\(^\text{13}\). This is partly because of gender-based choices in methods of suicide attempts; young men tend to choose more lethal means, such as firearms or strangulation, than young women, who are more likely to attempt suicide by overdose.

The risk of suicide attempts may be reduced by protective factors such as strong connection to family and school. Even among sexual minority youth, protective factors can play an important role in reducing the probability of a suicide attempt. For example, bisexual students in school who reported both high levels of recent emotional distress and a history of sexual abuse, but no protective factors like school or family connectedness, reported a high probability of suicide attempts (92\%)\(^\text{67}\) but, if they had high family and school connectedness, the probability of suicide attempt was cut by more than half, to 40\%. Among bisexual youth without the risk factors of sexual abuse and emotional distress, but with no protective factors, their probability of suicide attempt was 21\%, but with protective factors, their probability was dramatically lower (only 2\%).

There is evidence to suggest that masculine ideals around notions of stoicism, strength, and toughness can influence men to hide their feelings of sadness and hopelessness\(^\text{68}\). These ideals can also play a role in suicide attempts, with young men considering suicide as a manly remedy for depression or emotional distress.

**Suicide Attempts**

In the BC Adolescent Health survey, girls in school were more than twice as likely to report they had attempted suicide in the past year compared to boys (7\% vs. 3\%)\(^\text{13}\). Hospital discharge data that includes both high school age students and young adults (20 to 24) shows an even higher...
differential for self-inflicted injury\textsuperscript{51}. There is no population-based suicide attempt data for special sub-
groups of young men in the 19- to 24-year old age range in BC.

**Chart 25.**

<table>
<thead>
<tr>
<th>Hospitalizations for attempted suicide among youth</th>
<th>age 12-24 in BC, 2001-2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001/02</td>
<td>800</td>
</tr>
<tr>
<td>2002/03</td>
<td>700</td>
</tr>
<tr>
<td>2003/04</td>
<td>600</td>
</tr>
<tr>
<td>2004/05</td>
<td>500</td>
</tr>
<tr>
<td>2005/06</td>
<td>400</td>
</tr>
<tr>
<td>2006/07</td>
<td>300</td>
</tr>
<tr>
<td>2007/08</td>
<td>200</td>
</tr>
<tr>
<td>2008/09</td>
<td>100</td>
</tr>
</tbody>
</table>

Data Source: BC Vital Statistics, BCIRPU Online Data Tool\textsuperscript{28}

The hospitalization data, unfortunately, only captures self-injury that is presumed to be suicidal, such as cutting, self-poisoning, and suffocation. It does not include other modes of attempted suicide or self-injuring behaviours that boys and young men might engage in, such as deliberate motor vehicle accidents, punching walls, etc.

There are groups of boys and young men at higher risk for suicide attempts. For example, gay and bisexual students in school were 7 times more likely to report attempting suicide in the past year than students who identify as heterosexual (28\% vs. 4\%\textsuperscript{12} and these higher rates were strongly linked to experiences of harassment, exclusion, and discrimination. Twelve percent of boys in custody in BC said they have attempted suicide\textsuperscript{29}. In the 2008 BC AHS, obese boys were more likely to seriously consider suicide (10\%) compared to boys who were a healthy weight (4\%), and so were youth with a chronic health condition or disability (16\% vs. 4\% of youth without a disability\textsuperscript{13}). Similarly, male students who had been physically or sexually abused, those with an unstable home life, and those who went to bed hungry at night were all at higher risk for suicidal thoughts or actual attempts in the past year\textsuperscript{12}.

Suicide attempts among Aboriginal boys continue to be higher than the general population, in part due to the ongoing damaging consequences of historical and political practices, such as colonization, government-sponsored assimilation policies and residential schooling\textsuperscript{66}.

**Help-seeking and protective factors around suicidal thoughts and attempts**

Young men who have attempted suicide may reach out to those close to them. Among street involved youth who had attempted suicide, boys turned to friends (39\%), or parents (30\%) for help after the attempt\textsuperscript{61}. More than 1 in 3 street involved Aboriginal boys sought support after a suicide attempt (39\%), with the majority finding help from a friend, or a parent\textsuperscript{66}.
Even among boys who are at higher risk for suicide attempts, there are some protective factors that appear to lower the odds of suicidal thoughts or attempts. For example, boys in the BC AHS who experienced sexual abuse were less likely to attempt suicide if they participated in exercise or sports, or were involved in group or individual hobbies\textsuperscript{13}.

**Self-harm**

Non-suicide related injury includes self-harming behaviours such as cutting, scratching, burning, non-fatal or minor substance overdose. In BC, 12\% of boys in school indicated they had injured themselves intentionally without trying to kill themselves\textsuperscript{13}. Those who had experienced physical or sexual abuse were more likely to harm themselves\textsuperscript{12}. More than 1 in 3 BC street involved boys reported self-harm, and the most common reasons they gave for self-injury including being angry (12\%) and being bored (10\%)\textsuperscript{61}.

**Protective Factors that Foster Positive Mental Health**

Mental health is not defined by the absence of depression, suicide, self-harm, or mental illness. It is encouraging that 9 out of 10 boys surveyed in the 2008 BC AHS reported having a positive body image, and the majority also reported positive levels of self-esteem. More than 3 out of 4 of these students also felt that they had a supportive family member they could turn to in times of stress. Gay and bisexual boys were more likely to participate in art, music, drama and dance classes, activities associated with good or excellent health and positive body image. Gay and bisexual boys who felt that they were good at sports also reported better physical and mental health\textsuperscript{13}.

Youth engagement also influences positive mental health. As in the 2008 BC AHS, boys who felt the extracurricular activities they were engaged in were meaningful, and those whose ideas were listened to, were far more likely to report good or excellent health than those who did not. Youth who were more vulnerable to mental health problems, such as boys from unstable homes, were 5 times more likely to report positive mental health if they were involved in activities they felt were meaningful, and where they were listened to\textsuperscript{50}.

**Access to Mental Health Services**

Mental health service uptake is low among young men. In the national CCHS, young men were less likely to access mental health professional than young women.
In the BC AHS, in the past year boys were less likely than girls to access mental health services when they felt they needed those services (7% boys vs. 18% girls)\textsuperscript{13}. There were no regional differences in missing needed mental health services, but older boys (17 or older) were more likely to report foregoing mental health care than younger boys (13 or younger).
Tobacco, Alcohol & Other Drugs

Substance use refers to tobacco, alcohol, cannabis and other illicit drugs (e.g., heroin, crack cocaine, speed, and hallucinogens) as well as prescription medications without a prescription. Substance abuse disorders often have their initial onset in adolescence or young adulthood. Alcohol and other drug use accounts for the greatest number of admissions to emergency rooms for unintentional injuries and violence related injuries for adolescents and youth\(^69\).

**Tobacco Use**

Smoking has been directly linked to lung cancer, heart disease and emphysema later in life, and remains one of the key causes of early mortality. The percentage of boys and young men who have ever tried smoking, as well as those who are current smokers, varies somewhat, depending on the source of the data. For example, according to the Canadian Community Health Survey, around 8% of boys age 12 to 17 in Canada are current smokers (daily or occasional use), while 31% of young men age 18 to 24 are current smokers and these rates are similar among youth in this survey from BC\(^70\). They found no difference in smoking rates between younger boys and girls, but young men were more likely to smoke than young women (31% vs. 24%). In contrast, the Canadian Tobacco Use Monitoring Survey, focusing on slightly different age groups, found only 6% of 15- to 17-year olds report being a smoker, and around 11% of 18- to 19-year olds, and with similar rates between boys and girls. They also find that, among young men and women age 20 to 24, more young men report being current smokers\(^71\).

Given the small sample sizes of younger people in those national surveys, and even smaller samples of young people in BC, more reliable estimates specific to BC are only available for boys in school, but they offer some positive trends. According to the 2008 BC AHS, the percentage of students who have ever tried cigarettes has continued to decline and, unlike previous years, when more boys smoked than girls, in 2008 both boys and girls reported similar rates (26%)\(^13\). However, boys were more likely than girls to have tried chewing tobacco (6% vs. 2%). Another study of students in grades 7 to 12 in two school districts in BC found that boys who used tobacco smoked more cigarettes per day than girls, and boys who were heavy smokers had significantly higher scores on measures of dependency on tobacco\(^72\).

In addition, boys and young men are far more likely to use other forms of tobacco than girls and young women.
There are groups of boys and young men in BC with elevated risks for tobacco use. Youth in custody in BC, for example, are far more likely to have tried tobacco compared to boys in school (65% vs. 26%)\textsuperscript{29}. In the BC AHS, bisexual students, but not gay students, were more likely to have tried tobacco compared to heterosexual students, and 60% of street-involved youth report tobacco use. In other studies, Aboriginal young men living off-reserve were more likely to smoke three cigarettes daily compared to the non-Aboriginal population (11% vs. 4%)\textsuperscript{73}. A higher percentage of Aboriginal youth vs. other youth identify as smokers (22.9% vs. 12.2%)\textsuperscript{73}.

Second-Hand Smoke

Among youth age 12 to 19 who participated in the 2010 Canadian Community Health Survey, more than half of boys reported exposure to second hand smoke at home (54%)\textsuperscript{74}. In the 2008 BC Adolescent Health Survey, the rate was significantly lower, with 28% reporting exposure to second
hand smoke in their home or family vehicle, and this was a slight decrease from 2003. In addition to the health problems that can be caused by second-hand smoke, youth whose family members smoke are also more likely to smoke themselves (53% vs. 20% of those not exposed to second-hand smoke).

What reduces the likelihood of tobacco use? A look at protective factors

In addition to studies identifying risk factors for smoking, a growing number of studies provide some suggestions for ways to prevent tobacco use among boys and young men. In the BC Adolescent Heath Survey, boys who regularly engage in organized sports were less likely to try smoking\(^{13}\), as were youth who were connected to school or had caring family relationships.

Alcohol

Alcohol use is normalized among most Canadian youth as a rite of passage, a social activity and a means of rebellion\(^{75}\). At the same time, excessive alcohol consumption has been linked to violence and injury, for example, from fighting and from motor vehicle accidents\(^{76}-^{78}\). Although prolonged, heavy alcohol consumption over years is associated with cirrhosis of the liver, cancer and cardiovascular disease\(^{79}\), among boys and young men, it is the acute harms of heavy alcohol use due to trauma, mental health problems, or its effects on education, employment, and relationships that have more immediate effects in their lives.

Nationally, the 2009 Canadian Alcohol and Drug Use Monitoring Survey showed young men age 15 to 24 were more likely to identify as Heavy Infrequent and Heavy Frequent drinkers compared to young women\(^{80}\). Similarly, among youth 15 to 24, there were greater numbers of young men who reported 3 to 5 average daily number of drinks than young women (75% vs. 25%)\(^1\). In the Canadian Community Health Survey of 2007-2008, the rate of boys ages 12 to 17 and young men 18 to 24 who reported binge drinking at least 12 times in the past year was substantially higher than for girls (7% vs. 5%) and young women (47% vs. 29%)\(^1\).

In the 2008 BC AHS, girls aged 12 to 15 were more likely than boys to binge drink at least once in the past month (12% boys vs. 13% girls), but among those 16 to 18, boys were more likely to binge drink (41% boys vs. 37% girls)\(^81\).

Some groups of boys and young men are more likely to engage in binge drinking than others. For example, gay and bisexual students in rural areas are far more likely to report binge drinking than urban gay and bisexual students, and rural gay and bisexual students report even higher prevalence of binge drinking than street involved boys (Chart 27). In contrast, East and Southeast Asian gay and bisexual boys were no more likely than their heterosexual counterparts to report binge drinking in the past month\(^82\).
Chart 29.

![Binge Drinking at least once in the past month, Boys 12 to 18 in BC](image)

Data Sources: 2003 BC AHS, 2006 BC Street Youth Survey

Among university and college students in Canada and the US, young men accessing campus health centres were more likely to have been injured from physical violence that involved alcohol or other substance use.

**Protective Factors**

Young men who waited until they were older than 12 to have their first drink, were less likely to engage in high risk drinking in adolescence. This trend was even more apparent among young men who waited until they were 15 or older.

**Cannabis**

According to Health Canada, ingestion of marijuana, or cannabis, can result in impaired reaction time, mild paranoia, anxiety, panic, increased heart rate, decreased blood pressure and increased hunger (or the “munchies”). While cannabis is considered by many to be a relatively benign substance despite being illegal, some literature points to a connection between cannabis use and psychotic illness later in life.

In the 2008 BC AHS, the percent of students who had ever tried cannabis continued its decline from 2003, down to 30% of both boys and girls having ever tried cannabis in 2008. The most common age of first use among students in BC is between 13 and 14 years old, although the percentage of boys who tried cannabis at age 9 or younger increased from 2% in 2003 to 4% in 2008. In BC, boys in school who had ever tried cannabis were also more likely than girls to have used it in the past month (62% vs. 53%). They also reported smoking greater amounts on the Saturday before the survey; 4% of boys said they had smoked 4 or more joints, compared to only 1% of girls. Sixteen percent of young men who smoked cannabis did so twenty or more days in the past month.

Among students in school-district identified alternative education programs in BC, boys were more likely than girls to have used cannabis in the past month (73% vs. 65%), and more likely to report having used cannabis yesterday (57% boys vs. 44% girls). Compared to street involved girls, boys who were street involved were more likely to have smoked cannabis the day before (68% boys...
vs. 53% girls) and in the past month (82% vs. 73%)\textsuperscript{61}. In the national Youth Smoking Survey, Aboriginal youth living off-reserve demonstrated higher use of marijuana than non-Aboriginal youth (36% vs. 19%)\textsuperscript{73}.

**Protective factors**

In the 2008 BC AHS, delaying first use of cannabis was linked to less problematic use. Boys who waited until they were 15 or older to try cannabis were less likely to be using it regularly when they were in late adolescence (29% of those who first used at 15 or older, vs. 67% of those who first tried cannabis at age 12 or younger). In addition, boys who participated regularly in organized sports, or in dance or aerobics, were also less likely to use cannabis\textsuperscript{84}.

**Ecstasy, Heroin, Crack, Cocaine, Mushrooms, Hallucinogens & Other Drugs**

Aside from alcohol or cannabis, other drug use among children and youth in Canadian schools is relatively rare. Boys were slightly more likely than girls to have tried heroin, crystal meth, or injected drugs (2% vs. 1%), mushrooms (9% vs. 7%), hallucinogens such as LSD (6% vs. 4%), and steroids (2% vs. 1%); however, they were less likely to have used prescription drugs without a doctor’s order (13% vs. 18%)\textsuperscript{85}. Among students who used drugs in BC, girls were more likely than boys to report they needed help with problematic substance use (4% girls vs. 2% boys)\textsuperscript{13}.

While substance misuse occurs among young people of all ages, it is important to take into account the ways ethnic identity, sexual orientation, social class, and context influence drug use patterns\textsuperscript{87,89} and intersections between these social determinants of health can further influence exposures. Other drug use among street-involved boys is much higher than among boys in BC public schools, as the chart below shows.

**Chart 30.**

**Other Drug Use, Boys Age 12-18 in BC**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Students</th>
<th>Street-Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDMA</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Heroin</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Injected</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Mushrooms</td>
<td>44%</td>
<td>63%</td>
</tr>
<tr>
<td>Crystal Meth</td>
<td>44%</td>
<td>56%</td>
</tr>
</tbody>
</table>

Data Sources: 2008 BC AHS, 2006 BC Street Youth Survey\textsuperscript{13}.

In general, substance use is also more common among sexual minority youth; however, there are variations: “mostly heterosexual” students are not much more likely than exclusively heterosexual youth to report other drug use, but bisexual students are far more likely than their heterosexual peers to have tried cocaine (4.5 times more likely), 3.5 times more likely to have tried heroin, 5.5 times more
likely to have used inhalants, 4 times more likely to have used hallucinogens, 2.5 times more likely to use mushrooms, as well as 6.5 times more likely to have injected drugs.

Intersections of ethnicity and sexual orientation provide other areas for intervention; among East and Southeast Asian students in BC, boys who identify as gay and bisexual were more likely to report the use of drugs other than alcohol and cannabis than their age-matched heterosexual Asian peers who had lived the same length of time in Canada, although they were no more likely to report problems because of their substance use. Gay and bisexual students in rural BC were twice as likely to report ever trying drugs other than alcohol and cannabis compared to urban students, but this was primarily based on the use of steroids and mushrooms, as there were no differences in amphetamines, hallucinogens, inhalants or heroin.

Protective factors

While trying drugs other than alcohol and marijuana is generally low, it is even lower among boys who regularly participate in dance or aerobic activities. Boys who waited to try alcohol or smoke (pot or tobacco) until they were 15 or older were less likely to engage in drug use.
Sexual Behaviours and Health

Among youth in BC schools, 22% percent of boys in grades 7 to 12 reported ever having sexual intercourse, and among those, 8% reported a same-sex partner. Older boys were more likely than younger boys to report ever having either oral sex or sexual intercourse (Chart 29). An earlier age of first intercourse is associated with an increased risk of some negative sexual health outcomes, in part due to sexual abuse92, but trends in BC show fewer boys have had first sex before age 14 compared to students in the 1990’s93. Boys in school were more likely than girls to report having six or more sexual partners in the past year (13% vs. 5%). Having multiple sexual partners and inconsistent condom use leads to greater risk for contracting sexually transmitted infections (STI), and 5% of youth with six or more partners reported they had been diagnosed with an STI compared to 2% who had only one partner. In addition, 8% of sexually active boys had been involved in pregnancy13.

Certain populations have higher risks for sexual health issues. Street-involved youth, for example, were much more likely to have had sex (77%), and reported first sex at a much younger age than boys in mainstream BC schools61. Nearly 1 in 5 street involved youth reported they had been diagnosed with an STI, and they were less likely to have used a condom at last sexual intercourse than students in the BC Adolescent Health Survey (14 year olds: street youth 67% vs. 81% students; 18 year old street youth 53% vs. 61% students)13,61. Gay and bisexual boys in the BC AHS were also more likely to report first sex at a younger age: 42% of gay and bisexual students reported first sexual intercourse before age 14, compared to only 24% of heterosexual students94.

Sexual minority youth are another group with higher risk for some sexual health issues. Two-thirds of gay and bisexual students in the BC AHS reported more than one lifetime sexual partner, compared to 59% of heterosexual boys. Gay and heterosexual boys reported the same rates of using a condom at last intercourse in the 2003 BC AHS, but bisexual boys were less likely to use a condom at last sex13. Gay and bisexual boys in the BC AHS were more than 3.5 times as likely to report having caused a pregnancy compared to heterosexual boys their same age94.
Boys in custody and street-involved youth have much higher rates of sexual risk than boys in the general population. Among boys surveyed in the BC custody system in 2004, 96% reported ever having sexual intercourse, 66% had first sex before age 14, and 64% reported six or more partners. In addition, 13% of boys in custody reported ever being told they had an STI, and 19% said they had caused a pregnancy.  

Chart 32.

Data Sources: 2003 BC AHS, 2004 Youth in Custody Survey, 2006 Street Youth Survey

Note: Among sexually-experienced boys only

Rates of Sexually Transmitted Infections (STIs)

Specific STI rates appear to be on the rise among young men in BC (Chart 31). However, these estimates should be interpreted with caution, and have some limitations. Because these rates are calculated based on the number of positive tests reported divided by the estimated population of young men in those age groups, instead of among the number of tests done, they assume everyone in the population is sexually active and at risk, when among adolescents, only about two-thirds of boys in this age range have ever had sex. These STI estimates also assume that everyone who has been infected has been tested, and this is likely an undercount of true infection rates in the population. These rates are also influenced by the sensitivity of the tests, the slight increases in the number of young men tested, and changing access to testing across BC.
Two key areas of BC’s economy, tourism and resource development, contribute to patterns of STIs among young men. Resort communities that are international destinations for winter sports such as skiing and snowboarding bring an influx of young men to BC from around the world. The holiday attitudes among these youth, which often involve binge drinking and recreational substance use, can contribute to risky sexual behaviour and the higher rates of STIs found in such communities. Likewise, in boomtowns that develop around mining, gas production, or other resource extraction, the majority of employees moving into the communities are young men, with relatively high wages and limited recreational opportunities. This can lead to unexpected spikes in STIs in rural and remote areas.

**STI Testing**

The true prevalence of STIs among boys and young men in BC is unknown. Young men are far less likely to get tested for STIs than young women. Young men are significantly less likely to visit a general practitioner (GP) than young women, and BC data indicates that young men rarely attend STI testing clinics. At the youth clinic with the highest rate of attendance, only 25% of its clients are young men and access is generally much lower for other venues.

There are many reasons for the low STI testing rate among sexually active boys and young men. Many of the common STIs may be present without symptoms in males, and young men are unlikely to seek out testing without symptoms. In some situations, physicians have discouraged men from getting STI testing because they were asymptomatic. In addition, a few studies suggest being examined by a physician creates vulnerabilities that are unacceptable to some. Other research points to the idea that the treatment men receive from health professionals may contribute to lower health care use, as some clinicians may minimize men’s health concerns.

A further barrier to STI testing is a lack of knowledge about STI testing procedures among young men. Some young men explain they postpone or ignore their need to be tested because of previous negative experiences, or because of stories from peers about urethral swabs. In a focus group study of 33 young men in BC, researchers found they genuinely feared what they believed to be swab-based testing. Young men may not know that other testing options are available - such as urine based sampling. Another study found that young men living in small towns or rural areas fear being stigmatized if others in the community saw them go to the STI clinic. Sexual minority youth felt services are structured under an assumption that all clients are heterosexual, and may not feel safe seeking care in such environments.
Violence

Violence can have a multitude of negative outcomes on boys’ and young men’s health. Young men involved in violence, whether as a perpetrator or as a victim, risk a variety of physical and mental health consequences.

The World Health Organization defined violence as: “The intentional use of physical and psychological force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation.”

This broad definition is important because it does not just address physical violence, but other actions such as psychological harm. Violence exposure has been strongly implicated in alcohol and other substance use, in suicide attempts, and even teen pregnancy involvement among boys. The types of violence in this section will focus on areas that bring both physical and mental harm to an individual, including physical assaults, sexual assaults, homicides, and domestic violence.

Dominant ideals of masculinity have been used to explain the role men play in violence as both perpetrators and victims of violence. Men can be complicit in sustaining various dominant masculine ideals, but they are also affected by the consequences of those practices. For example, marginalized groups of boys or young men who are victims of violence may be reluctant to report that to police or health care providers, and may have difficulty seeking services, because of the expectations of what it means to be a man. Marginalized young men who perpetrate violence may also receive harsher penalties from the legal system.

Experiences of crime and violence tend to be under-reported, and so the data presented here should be considered incomplete, especially given the differences between self-reports of violence victimization and violence documented by police. There are further challenges with accurate data around young men, because of the potential of being both a perpetrator and a victim of violent crime.

Violence Perpetrated by Young Men

For crime statistics in BC, youth is defined as young people between the ages of 12 and 17 years of age. Overall, the number of youth charged with offences has decreased. Based on 2009 crime statistics in BC, a total of 5,529 youth were charged with Criminal Code offences, a rate of 2.7 per 1000 of population. Among those youth charged with Criminal Code offences, 36% were charged with violent offences.

Research suggests that in Canada, men overwhelmingly perpetrate the majority of violent crime. Among 2008 police reports of violent crime, 87% of those accused of robberies and physical assaults, and 91% of those accused of sexual assaults, were male (see Chart 32).
Intimate Partner Violence

Intimate partner violence (IPV) continues to be an important issue in BC and Canada. According to Statistics Canada (2009) the overwhelming majority of victims of spousal violence, including legally married, common-law, separated and divorce partners, are women (87%)\textsuperscript{110}. However, due to a limited definition of spousal violence used by Statistics Canada, their data may actually exclude young men in less formalized relationships, as well as men in same-sex relationships who experience IPV\textsuperscript{111}.

There are strong differences between self-reported and police-reported incidents of IPV because of under-reporting, but also because of definitions in police reports: most police statistics report spousal violence, rather than intimate partner violence. For police-reported spousal violence in BC over a 10-year period between 1995-2005, Police Services Division reports that young men are offenders for 74% of the spousal violence incidents, 16% of the offenders were young women, and 10% of incidents reported violence by both spouses\textsuperscript{112}. This research focused on variations in spousal violence across different jurisdictions, where both partners have been deemed suspects in the police-reported incidents. However, the report did not have information on same-gender spousal violence, possibly because same-gender marriage was first legalized in BC in 2003, and systems were not in place to track such incidents.

Young men in BC report violence in their romantic relationships. For boys in school, 9% reported being in a relationship where they were deliberately slapped or physically hurt by their boyfriend or girlfriend in the last twelve months\textsuperscript{13}. In one study among university students in BC, young men and women reported similar rates of emotional or physical violence in the last six months (17% vs. 16%); half of young men and young women who reported emotional violence said it was from romantic partners, and 1 in 5 who reported physical violence indicated an intimate partner as the source\textsuperscript{83}.
Gang Involvement

Another type of violence that is more common among BC boys and young men is violence associated with gang activity. It is difficult to identify reliable evidence of the scope of gang involvement and the violence that may be associated with membership. According to the Canadian Survey on Youth Gangs in 2002, 434 gangs operate in Canada, with a predominantly male membership of 7,071. BC has one of the highest numbers of active youth gangs. Gang violence has been highlighted by the media as an ethnocultural issue in recent years. However, researchers stress the importance of understanding the negative social exclusion that some ethnic minority groups face, along with lower socioeconomic circumstances, and the stress for immigrants, as contexts for some gang activity. Based on the diverse ethnic groups in BC, different approaches may be needed to address gang violence within East Asian, South East Asian, and Aboriginal gangs.

Interpersonal Violence Victimization

Various strategies have been used to document the level of violence victimization among young men in Canada and BC. Self-reported victimization rates are generally higher than police-reported victimization rates, because violence tends to be under-reported, especially by boys and young men. This is an important limitation of some of our data.

The overall rates of police-reported violence victimization in Canada overall are comparable for both men and women of all ages. BC, Quebec, and Nova Scotia are the only provinces where men were more likely to report victimization to police than women (rates are 1.5 men per 1000 vs. 1.3 women). Similarly, men report higher rates of police-reported violence victimization than women in the Vancouver metropolitan area, (134.5 per 1,000 men vs. 109.73 per 1,000 for women). However, age plays a role in rates of violence, and we find the opposite gender difference in BC among younger adults: the highest rates of reported violence are among those 18-24, and in this age range, young women’s rates are higher than young men’s.

Another way to document physical violence victimization among young men is through hospital visits and treatment for violence. Within BC, physical assault incidents for youth ages 20 to 24 are the highest, at 164 per 100,000, as well as for homicide (7.0 per 100,000). Young men go to hospital as a result of physical assaults more often than young women (5571 hospital separations for young men, 280.0 per 100,000). The perpetrators of violence against men in Canada are primarily men, as 79% of police-reported violent victimization is perpetrated by men. Young men in Canada who reported crime to the police were more likely to have been victimized by more serious physical assaults than young women, including aggravated assault, and assault with a weapon. Further, men are twice as likely as women to have been the victim of more than one assault (12 per 1000 among men, 6 per 1000 among women).

The BC Adolescent Health Survey asks a number of questions about violence victimization among students, both at school and in the wider community. For example, 14% of boys in the 2008 survey reported they had been physically abused, and 3% reported sexual abuse, although both of these rates were higher among girls. Boys in school were more likely to be involved in physical fights than girls (33% vs. 15%) and to be physically attacked in school (12% vs. 6%), and 4% reported being injured seriously enough to need medical care. Relationship violence is another area where boys in
school report higher rates of being deliberately hit, slapped or physically hurt by a boyfriend or girlfriend (9% of boys vs. 6% of girls). Verbal violence and sexual harassment, as a form of bullying, is quite common among boys (48%), although girls report much higher rates of verbal violence (65%).

When the different kinds of physical and sexual violence reported by students are combined, however, it is clear that violence exposure is pervasive in our society: half of boys and girls have experienced at least one type of physical or sexual violence.

Chart 35.

Gay and bisexual boys were more likely to experience most forms of victimization, including sexual and physical abuse, and relationship violence. The rates of verbal and physical harassment among gay and bisexual boys appear to be increasing, while bullying rates have gone down in the general population, and they also report increasing rates of discrimination because of sexual orientation.

Violence experienced by Aboriginal boys and young men

Young Aboriginal men and youth are over-represented in many types of violent victimization. Nationally, Aboriginal peoples are more likely to report being victimized by a violent crime compared to non-Aboriginal people (37% Aboriginal vs. 26% non-Aboriginal). Aboriginal young people age 15 to 24 are six times more likely to be victims of a violence crime than others their same age. Among Aboriginal students in the 2008 BC Adolescent Health Survey, 18% of Aboriginal boys reported physical abuse and 11% reported sexual abuse, rates which had increased since the 2003 survey. Aboriginal boys were more likely than girls to report being physically assaulted at school in the past year (17% of boys vs. 11% girls). Rates of physical sexual harassment among Aboriginal boys declined (from 25% in 2003 to 19% in 2008), the only decline in violence noted for boys.
Violence experienced by Street-involved youth

Street-involved youth are at higher risk for violence exposure in part because of the high levels of violence on the street. In the BC 2006 Street Youth Survey, 40% of all street-involved youth had been physically assaulted in the past year, and 62% had been in a physical fight.

Further, in BC, street-involved boys age 12-18 were just as likely to be sexually exploited as girls, with more than 1 in 3 reporting having traded sex for money, drugs, shelter, food or transportation. In another BC study among slightly older young men who were street-involved, 16% had traded sex for money or other goods.

Victim Services and Community Resources

A variety of organizations in BC address issues of violence, whether education around violence prevention, or providing rehabilitation and counselling for violent offenders, or victim service agencies, providing support and counselling for victims of crime, especially violent crime. Victim service agencies in BC reported serving 1,300 people in 2008; of these, 65% were women, 20% were men and, in 15% of cases, gender was unknown. The statistics for who accessed victim services in BC are not available by age group.

Why don’t men access victim service agencies? In part, it may be the same reluctance to reach out for help that is seen around other types of services. It might also be that young men are both perpetrators and victims of violence, because victim services mandates tend to focus on providing services for victims only. In one study, researchers used Canada’s General Social Survey to identify strategies, both informal and formal, used by men who experienced intimate partner violence; they found men who reported less severe levels of violence were less likely to disclose the violence or seek assistance. Approximately 8% of the men reported using a men’s centre or help group and 10% used a crisis line.

Beyond direct services for victim support, other groups attempt to raise awareness of the issues of violence and health for young men. The Healthy Aboriginal Network is a non-profit, youth-driven organization that provides an Aboriginal context to health issues for young men in BC. The organization helps to broaden literacy of health issues including suicide, drugs, violence and gang violence through the medium of comic books.

The “Acting Together: A SSHRC-CURA Project” attempts to prevent gang-related violence based on a strength-based paradigm. The basis of the project is to determine what factors prevent youth from participating in gangs.
Youth Gambling

In BC, it is illegal for youth under the age of 19 years to gamble. Problem gambling is associated with mental health risks, such as stress and suicide ideation\(^{120}\). Nationally, it is estimated that approximately 4-5% of youth in Canada develop a gambling problem, and a further 10-15% are at risk for problem gambling\(^{121}\). In BC, one study reported that 4.8% of young men (15-24) were low-risk gamblers and 3.3% of young men (15-24yrs old) were moderate or problem gamblers\(^{122}\). Although youth gambling is illegal, 63% of youth between Grade 7 and 12 in the BC Adolescent Health Survey have ever gambled, and 23% reported gambling on a regular basis\(^{13}\).

Problem gambling may also be viewed as a gendered issue. According to researchers, young men are more likely to report gambling than young women, and boys are more likely to be associated with risky gambling behaviours than girls in school\(^{122}\). These observed differences in gambling between boys and girls in school may be because boys have stronger expectations of positive consequences from gambling\(^{123}\).

Mental Health Risks from Gambling

Adolescents who engage in problem gambling behaviours are more likely to have depression, anxiety and suicide ideation and suicide attempts than youth who are not problem gamblers\(^{5}\). In the BC Adolescent Health Survey, boys were more likely to have gambled in the past year than girls (51% vs. 29%), and boys who reported involvement in gambling were also more likely to have ever tried alcohol (69% vs. 45% of non-gamblers) as well as ever tried smoking (35% vs. 20% of non-gamblers)\(^{13}\). However, the trends in gambling among students in school may be changing, as the overall percentage of youth who have participated in any type of gambling (for example, lottery tickets, online, casinos etc) decreased between 2003 and 2008. Gay and bisexual boys were less likely to have gambled in the past year than heterosexual students\(^{13}\). The prevalence of gambling has also decreased among Aboriginal boys in BC between 2003 and 2008, from 53% down to 47%\(^{116}\).

Services for People with Problem Gambling

The Ministry of Housing and Social Development has created a BC Responsible Gambling Strategy\(^{124}\). This plan includes reducing the incidence of problem gambling through increasing awareness of risk, providing clinical counselling services and providing support to the gaming industry to identify the possible effects of problem gambling through conducting industry research. One of the goals for the Gaming and Policy Enforcement Branch is for better services to the Aboriginal community in BC.
The State of Boys’ and Young Men’s Health in BC

The findings in this report offer a snapshot of the health status of boys and young men in BC and Canada. Risk exposures and health-compromising behaviours established during young men's formative years are often carried into early adulthood and middle age, and can result in chronic illnesses in later years. Health conditions that emerge early on in the lives of young men can profoundly reduce their opportunities, their potential and their productivity. At the same time, motor vehicle accidents and suicide abruptly end the lives of some young men in BC. Most of the issues identified in this report appear amenable to targeted interventions, and have the potential to significantly affect the health of men across the lifespan.

Our data suggest that the majority of adolescent boys and young men are healthy, and not all of them engage in serious risk behaviours. There are certain gendered differences in health and health practices for young men compared to young women that lead to some health inequities; however, the health inequities between different groups of boys and young men are even more striking, and perhaps even more important to address. With this in mind, we suggest that this report is a first step in identifying diverse young men's health issues, and in turn these may suggest priorities in interventions, policies and clinical practice priorities. Adolescence and emerging adulthood are pivotal times in the healthy development of men; a focus on promoting health for all boys and young men may offer benefits to society for decades to come.
Recommendations

As we noted in the introduction, there is limited population-based data for young men 19 to 24 years of age, which makes it difficult to track progress in addressing the health issues of young men. Likewise, the data are limited for diverse groups of boys and young men, such as ethnocultural groups, gay and bisexual youth, and gender variant youth. The following are the specific recommendations that emerged from creating this report:

- Develop new approaches to gathering population-based data for young men 19 to 24 years, to better reflect how boys and young men use technology, i.e., via cell phones, smart phones and computers, to gather more accurate and reliable data

- Increase the monitoring and reporting of health issues for multicultural groups of boys and young men 12 to 24, including New Canadians and Aboriginal youth
  - Include measures of sexual orientation and gender identity in all population surveys, so that we can better document the health issues of gay, bisexual, transgender and gender-variant youth
  - Implement recurring surveys of homeless, street-involved or other marginalized boys and young men, in both big cities and smaller towns, to monitor changing trends in health for the most vulnerable groups
References

Accuracy of Data for Boys and Young Men


Education and Employment


Injury


Chronic Conditions, Cancer and Physical Health


Nutrition, Sports Involvement, Physical Activity, and Boys’ and Young Mens’ Health


Mental Health and Mood Disorders


**Tobacco, Alcohol & Other Drugs**


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Violence


Youth Gambling


