



# New Jersey Student Health Survey

# 2011



New Jersey Department of Education | Division of Student and Field Services | Office of Student Support Services

# 2011 NEW JERSEY STUDENT HEALTH SURVEY

## BACKGROUND

This brochure provides a summary of the 2011 New Jersey Student Health Survey of high school students. The New Jersey Department of Education (NJDOE) has conducted this survey among public high school students every other year since 1993. The findings help parents, schools and youth-serving agencies to maintain awareness of current trends among teens and provide feedback on the impact of large-scale programs designed to influence teen behavior. The results are made available through printed and web-based reports. This brochure and the full report can be downloaded at [www.state.nj.us/education/students/yrbs/index.html](http://www.state.nj.us/education/students/yrbs/index.html). More information about the CDC survey and tools for comparing results from various locations can be found at <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>.

In 2011, the survey was administered by the Bloustein Center for Survey Research (BCSR) at Rutgers University. The instrument used for the 2011 New Jersey Student Health Survey drew questions largely from the core Youth Risk Behavior Survey (YRBS) instrument developed by the CDC. The 88-item high school survey asked students to answer questions about their health-related behavior in six areas that are highly related to preventable illness and injury among young people: unintentional injuries (safety) and violence; use of tobacco; use of alcohol and drugs; sexual behaviors; dietary behaviors; and physical activity.

## SAMPLE AND PARTICIPATION

The survey was completed by 1,657 students in 31 New Jersey public high schools in the spring of 2011. Survey procedures were designed to protect the privacy of all students by allowing for anonymous and voluntary participation.

Documented parental consent was required. Overall, 82% of all sampled schools (31 out of 38) agreed to participate in the study and 73% of all sampled students (1,657 of the 2,265) supplied parental consent and completed the survey, yielding an overall response rate of 60% ( $82\% \times 73\% = 60\%$ ). The CDC has established a threshold of 60% combined participation rate as the minimum rate required to apply weights to data collected for the YRBS. This threshold was achieved in 2011 and therefore, the CDC weighting procedure was used on the 2011 high school data. The CDC weighting procedure includes two components: (a) one adjustment that is associated with school/student probability of selection; and (b) one adjustment to insure demographic comparability of the sample to the overall New Jersey student population.

The weighted results represent all regular public school students in grades 9 through 12 in New Jersey and permit comparison of findings related to priority health-risk behaviors across points in time. The other years in which a weightable sample was obtained for the New Jersey Student Health Survey were in 1995, 2001, 2005, and 2009. The weighted demographic characteristics of the sample are included in Table 1.

## USE OF COMPARISON STATISTICS

In presenting the results for the high school survey, this brochure makes comparisons between the proportions of students answering the same question in 1995, 2001, 2005, 2009, and 2011 - the five years when the results of the sample were "weighted," or generalized, to the population of all public high school students in the state. Neither statistical significance nor practical significance is stated or implied in these comparisons.

Percentages for the population of high school students cited are, of course, estimates based upon the sample statistics. The statements are intended to juxtapose the percentages for the five years and characterize their relationship to one another. The presentation does not apply tests of statistical significance in order to compare the data from these years. Due to the large sample sizes (2,799 in 1995, 2,142 in 2001, 1,495 in 2005, 1,756 in 2009, and 1,657 in 2011), small differences, such as two to three percent, could be statistically significant but, because the differences are small, they may lack practical significance. Therefore, in tracking changes across years of the survey, we have chosen not to apply tests of significance because such an approach would lead some in the audience to interpret these small changes in behavior as major behavioral changes, and thereby draw conclusions that may not be justified.

In a similar vein, failing to characterize a difference (e.g., as an increase or decrease) because it failed to reach a level indicating statistical significance would eliminate a description intended to provide the reader with context for the data.

With or without indicators of statistical significance, it is incumbent upon the reader to exercise judgment regarding the real or practical significance of any differences cited. CDC analysis of the statistical significance of selected New Jersey and other state survey data are provided at the CDC website referenced earlier. Unlike the CDC analysis, the analysis in this summary report and the full technical report of New Jersey's Student Health Survey places an emphasis on the practical significance of the findings.

In addition, it should be noted that while survey results from five different years are compared in this document, only the surveys since 2005 to the present required active parental consent for all students. Because active consent can eliminate students who would have otherwise participated under the passive consent process that was used in prior years, the survey design is not comparable. It is unclear whether the behavior of students participating under the current active consent recruitment format differs from those who would have participated under the prior consent guidelines.

**Table 1 – PROFILE OF STUDENTS IN THE 2011 NEW JERSEY STUDENT HEALTH SURVEY**

	Sample (n)	Sample %	Weighted %		Sample (n)	Sample %	Weighted %
<b>Sex</b>				<b>Grade</b>			
<i>Female</i>	900	54.4%	49.6%	<i>9<sup>th</sup></i>	457	27.7%	26.4%
<i>Male</i>	753	45.6%	50.4%	<i>10<sup>th</sup></i>	481	29.2%	25.4%
<b>Age</b>				<i>11<sup>th</sup></i>	357	21.7%	24.6%
<i>13 Years Old or Younger</i>	5	0.3%	0.3%	<i>12<sup>th</sup></i>	353	21.4%	23.7%
<i>14 Years Old</i>	188	11.4%	10.6%	<b>Race/Ethnicity</b>			
<i>15 Years Old</i>	429	25.9%	24.2%	<i>Black</i>	176	10.8%	16.2%
<i>16 Years Old</i>	462	27.9%	26.9%	<i>Hispanic/Latino</i>	368	22.6%	18.3%
<i>17 Years Old</i>	326	19.7%	21.3%	<i>White</i>	880	54.2%	56.9%
<i>18 Years Old or Older</i>	244	14.8%	16.6%	<i>All Other Races</i>	201	12.4%	8.7%

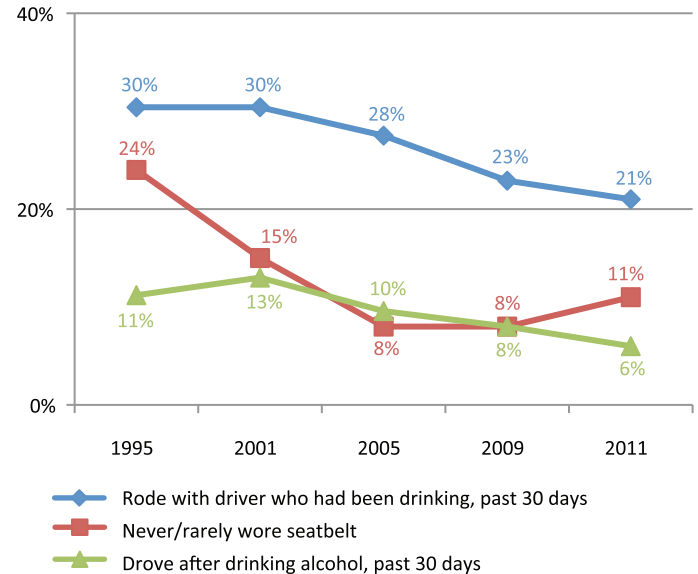
## VEHICLE SAFETY

Overall, high school students in 2011 reported somewhat more positive behavior with regard to vehicle safety than in previous years (*Figure 1*). Rates of riding with a driver who had been drinking and rates of drinking and driving dropped slightly in 2011, to lows of 21% and 6%, respectively. In 2009 and 2011, the percentage of students who rode with a driver who had been drinking during the previous 30 days was lower (23% and 21%, respectively) than in previous years (28%-30%). Additionally, in 2011, 6% of students reported drinking and driving within the previous 30 days. This figure ranged from 8% to 13% between 1995 and 2009.

In 2011, the number of students reporting that they never or rarely wore a seat belt when riding in a car increased to 11% from the prior lows of 8% observed in 2009 and 2005. However, seat belt use is still much more prevalent than it was in 1995, when almost one-quarter of students (24%) reported never or rarely wearing one.

Two new questions were added to the survey in 2011 regarding text or e-mail messaging and the use of cell phones while driving. Among students who drove in the past 30 days, almost half of students reported texting or e-mailing while driving (48%) and about the same percentage reported talking on their cell phones while driving (46%).

Figure 1 – VEHICLE SAFETY



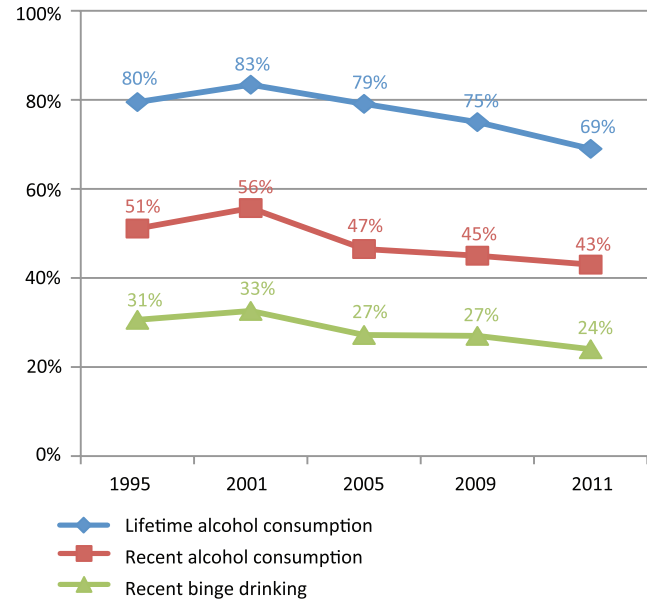
## ALCOHOL USE

In 2011, 69% of students had at least one drink of alcohol in their lifetime (*Figure 2*). This continues a steady decline from past survey levels. The current proportion of students with lifetime use of alcohol (69%) represents the lowest for all five survey years, compared to the high of 83% in 2001. (“Lifetime” use of alcohol—or any substance in this brochure—indicates the reported occurrence of a behavior at least once in a respondent’s life.)

Similarly, recent alcohol use and binge drinking also declined. This year, slightly more than four in 10 students (43%) reported having one or more drinks of alcohol within the prior 30 days (recent alcohol use), as compared to 45% in 2009, 47% in 2005, 56% in 2001, and 51% in 1995. Additionally, about one quarter of students (24%) had engaged in recent binge drinking – defined as having five or more drinks on the same occasion within the past 30 days. This figure was slightly lower than 2009 and 2005 (27% each), but notably lower than the previous years (31%-33%). Likewise, use of alcohol before age 13 dropped to a low of 14% in 2011 from 18% in 2009 compared to a high of 33% in 2001.

Although the 2011 survey did not ask about alcohol use on school property, the use of alcohol on school property had remained relatively consistent in survey years from 1995 to 2005 (4%-6%).

Figure 2 – ALCOHOL USE, LIFETIME AND PAST 30 DAYS



## TOBACCO USE

Overall, reports of lifetime and recent cigarette use among New Jersey high school students have steadily, and at times rapidly, declined over the years, reaching a new low in 2011 (*Figure 3*). In the current year, 41% of students had tried cigarette smoking, even one or two puffs, as compared to 43% in 2009, 49% in 2005, 63% in 2001, and 70% in 1995.

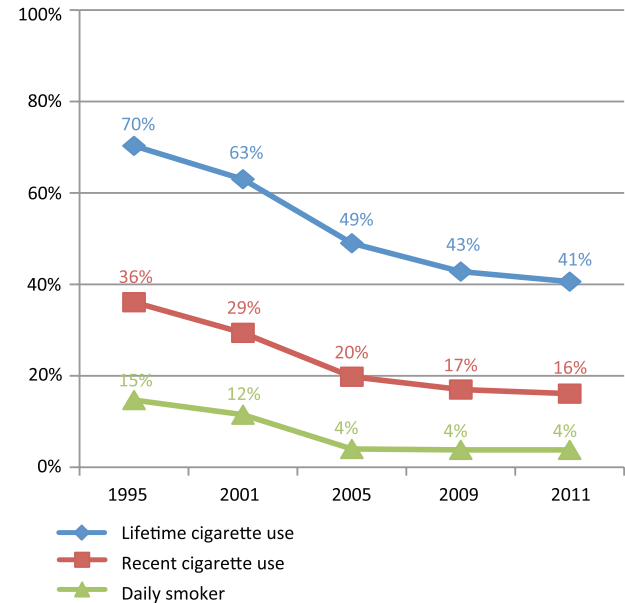
The number of students reporting cigarette use during the previous month also reached a new low in 2011 (16%). This figure was 17% in 2009, 20% in 2005, 29% in 2001, and 36% in 1995.

An identical percentage of students in 2011, 2009, and 2005 reported being daily smokers (4%), which was sharply down from 12% and 15% in 2001 and 1995, respectively.

Three percent of students smoked heavily - that is, they smoked six or more cigarettes each day they smoked during the previous month. This figure is equal to the rates observed in 2009 and 2005, but it is down considerably from 9% in 2001 and 13% in 1995.

Smoking cigarettes before age 13 dropped to a low of 5% in 2011 from 7% in 2009 and a high of 22% in 2001.

Figure 3 – CIGARETTE USE, LIFETIME AND PAST 30 DAYS



## DRUG USE

### *Marijuana and Cocaine Use*

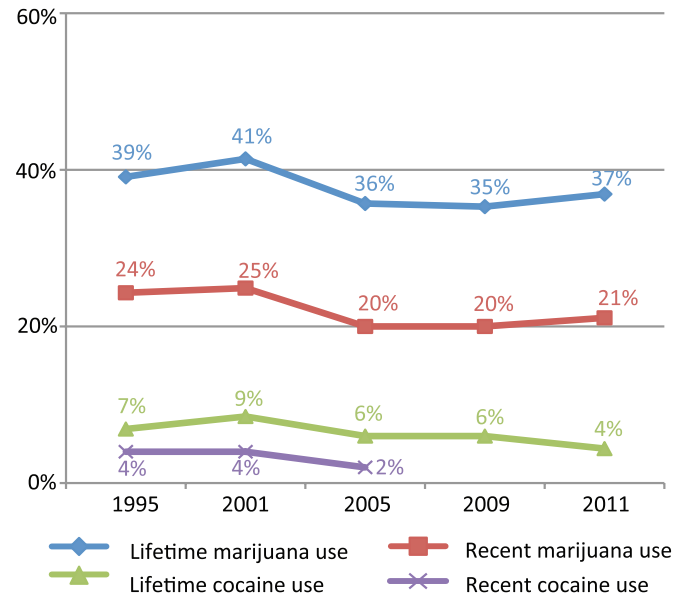
The percentage of New Jersey high school students who reported both lifetime and recent marijuana use has remained relatively stable over the past three survey administrations (*Figure 4*). In 2011, 37% of students reported lifetime use of marijuana, which was slightly more than the 2009 and 2005 results (35% and 36%, respectively) but lower than the high of 41%, reached in 2001. During 2011, about one in five students (21%) used marijuana in the prior month (recent marijuana use), which was virtually the same rate as 2005 and 2009 (20% each), but less than the one quarter of students who reported using it in 2001 (25%) and 1995 (24%).

The percentage of students reporting lifetime cocaine use shows a slight, though steady, decrease across the survey years. In 2011, 4% of students had used cocaine at least once in their lifetime compared with 6% in both 2009 and 2005, 9% in 2001, and 7% in 1995. Recent cocaine use was not measured in 2011 or 2009, but had dropped to 2% of all students in 2005 from 4% in 2001 and 1995.

### *Offered, Sold, or Given Drugs at School*

The percentage of students who reported being offered, sold, or given an illegal drug on school property during the previous year fell to a low of 27% in 2011, down slightly from the previous levels of 29%-33%.

Figure 4 – MARIJUANA AND COCAINE USE, LIFETIME AND PAST 30 DAYS





### Other Lifetime Drug Use

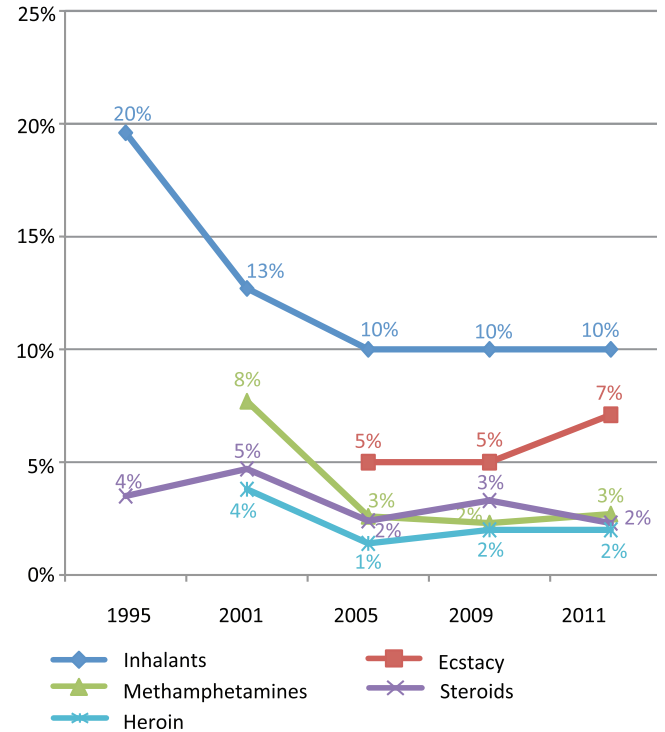
Overall, lifetime use of other illegal drugs has remained relatively consistent since 2005 since declining from the levels observed in 1995 and 2001 (Figure 5). Most notably, the use of inhalants has decreased by half over that time – from 20% in 1995 to 10% in the three most recent survey years. Methamphetamine use went from 2% in 2009 to 3% in 2011, down from 8% in 2001. The use of heroin was identical in 2011 as in 2009 (2%), but down slightly from the 4% reported in 2001. The percentage of students who used steroid pills or shots without a doctor's prescription was at 2% in 2011, down from 5% in 2001. Ecstasy is the one drug that showed a slight uptick, moving to 7% this year from 5% in both 2009 and 2005.

Two new questions on drug use were added to the survey in 2011; use of prescription drugs, such as Oxycontin, without a doctor's prescription and the use of over-the-counter medications to get high. Overall, 15% of students reported using prescription drugs without a doctor's permission, which represents the second highest usage rate compared to any illegal drug asked about in the survey. Additionally, 8% of students reported using over-the-counter drugs to get high. Examined together, about 1 in 5 students (18%) either used a prescription drug without a prescription or used an over-the-counter drug to get high.

### Lifetime Use of Substances

Five lifetime substance use questions have been included in each study since 2005 – marijuana, crack/cocaine, heroin, methamphetamines and ecstasy. Students were divided into three groups: those who had not used drugs of any kind, those who had used only one drug, and those who had used multiple drugs. Overall, the majority of students (63%) had not used any drug in their lifetime. Less than one-third of students (30%) used one drug and the remaining 8% used more than one drug. In both 2005 and 2009, a similar 64% of students used none of the five drugs. The percentage of students using multiple drugs was also similar (8% and 7%, respectively).

Figure 5 – OTHER DRUG USE, LIFETIME



## SEXUAL BEHAVIOR

The percentage of New Jersey high school students who had sexual intercourse in their lifetime stayed relatively steady in 2011 (45%) after declining from a high of 49% in 1995 (Figure 6). Males (48%) were more likely than females (41%) to report ever having sexual intercourse. The likelihood of students having sexual intercourse increased with age. About three-fourths of students 18 years old or older (74%) reported ever having intercourse, as compared to about half of 16-17 year olds (51%) and fewer than one-fourth (22%) of those 15 years old and younger.

In 2011, 32% of students reported that they had sex during the past three months. This mark did not differ substantially from rates observed in previous years (33%-36%).

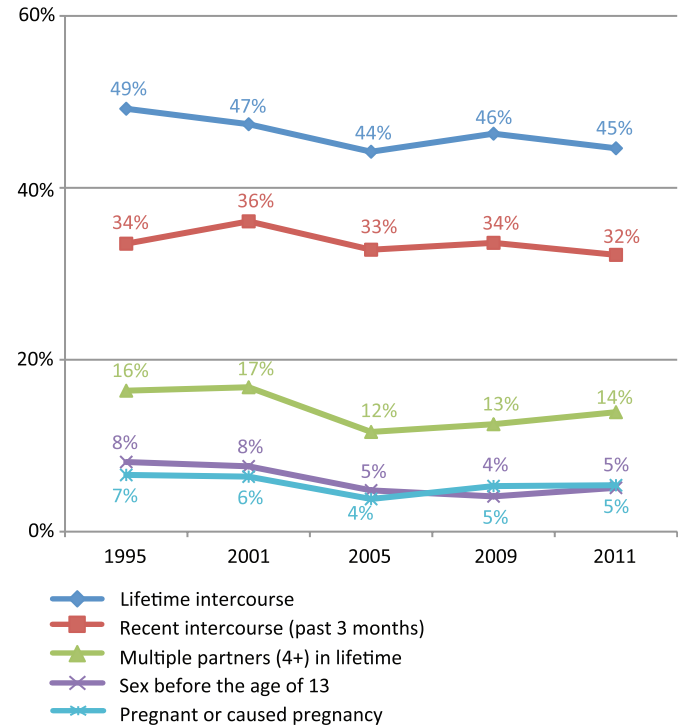
The proportion of students who reported having multiple sexual partners (four or more) in their lifetime was similar in 2011 (14%) to prior periods. This rate showed little change from the low of 12% in 2005 or from the high of 17% recorded in 2001. Meanwhile, 5% of students had sex before the age of 13, which was also roughly comparable to prior survey years (4% to 8%).

The percentage of New Jersey high school students who reported ever becoming pregnant, or causing a pregnancy, was 5% in 2011, similar to the low of 4% in 2005.

### *HIV and STD Testing*

Approximately one in eight high school students had ever been tested for sexually transmitted diseases (STD) in 2011 (13%), which was down from 15% in 2009. The percentage of students who reported that they had been tested for HIV was also slightly lower in 2011 than in 2009 (10% vs. 12%).

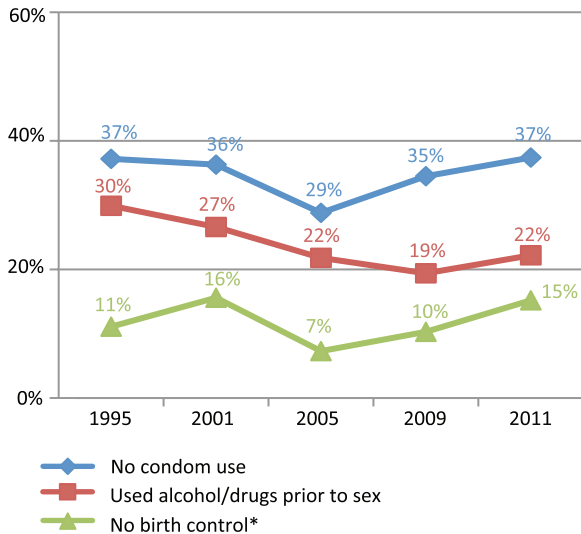
Figure 6 – SEXUAL BEHAVIORS, AMONG ALL STUDENTS



## Sexually Active Students

The following section pertains only to those students who had sex in the past three months (32% of students). In 2011, more than a third of sexually active students (37%) reported not using a condom the last time they had sexual intercourse. This figure is similar to proportions seen in all previous years (35%-37%), with the exception of the past low of 29%, observed in 2005 (Figure 7).

Figure 7 – SEXUALLY ACTIVE STUDENTS



\* No birth control refers to those who indicated they used no listed method among condom, pill, Depo-provera, withdrawal, some other method or not sure.

In a separate question, students were asked which birth control method they or their partner used the *last* time they had sexual intercourse. Among sexually active students, about two in three either used condoms (51%) or birth control pills (17%); this is down from the nearly three in four who used either condoms (53%) or birth control pills (20%) in 2009 and down sharply from nearly eight in 10 who used either condoms (66%) or birth control pills (13%) in 2005. In addition, more sexually active students reported that they used no form of birth control when they last had sex in 2011 than in 2009 and 2005 (15% vs. 10% and 7%, respectively). This year's mark more closely resembles the high of 16%, reached in 2001. Finally, about one in 10 students used withdrawal (11%) the last time they had sex, which is slightly lower than rates seen in previous surveys.

Among sexually active students, just over one in five (22%) reported that they used drugs or alcohol prior to their last sexual encounter. This is somewhat similar to rates seen in 2009 (19%) and 2005 (22%), but it remains lower than rates from 2001 (27%) and 1995 (30%). Boys (26%) were more likely than girls (18%) to have used alcohol or drugs prior to their last sexual encounter.

## Sex or Dating Related Violence

In 2011, 8% of students reported that they had ever been forced to have sex, which was identical to the rate in 2009, but lower than that of 2001 (11%). Additionally, 11% of students reported that their boyfriend or girlfriend had slapped or hurt them in the past year, similar to the percentage observed in 2001 (12%). Male and female students reported partner violence at the same rate (11%).

## TV, INTERNET AND VIDEO GAMES

Fewer New Jersey high school students watched three or more hours of television on an average school day in 2011 and 2009 (33% each) than in 2005 (36%) and 2001 (41%). However, almost four in 10 students (37%) reported playing video games or using the computer for something that was not homework for three or more hours on an average school day, which represents a notable increase from the 29% observed in 2009.

It is unclear whether the decline in the number of hours students watch TV is offset by these other activities. After combining student responses to these activities, 65% watched TV, played video games or were on the Internet for three or more hours per school day including 37% who did so for five or more hours.

## PHYSICAL VIOLENCE

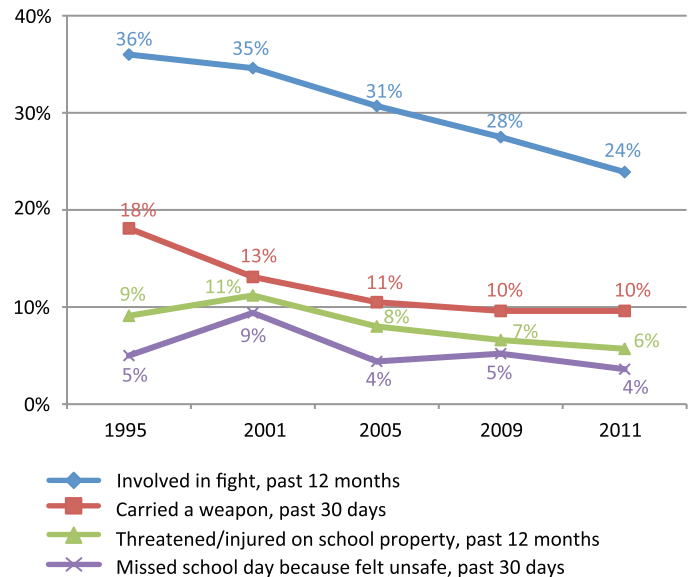
Rates of violence remained at their lowest levels in 2011 (*Figure 8*). Physical fighting in general has steadily declined since 1995. In 2011, 24% of students indicated they had been involved in a fight in the past 12 months, down from 28% in 2009, 31% in 2005, 35%-36% in 2001 and 1995, respectively.

The proportion of students who had been threatened or injured on school grounds in 2011 was 6%, which is comparable to 2009 (7%) and 2005 (8%). Also, the percentage of high school students who did not attend at least one out of the last 30 days of school because they felt unsafe going to or from school was 4%, which is comparable to previous survey years, with the exception of 9%, recorded in 2001.

## WEAPONS POSSESSION

The percentage of New Jersey high school students who carried a weapon during the past 30 days has leveled off. In 2011, one in 10 students (10%) reported that they carried a weapon, which is identical to 2009 (10%), similar to 2005 (11%), and down from 13% in 2001 and the high of 18% in 1995.

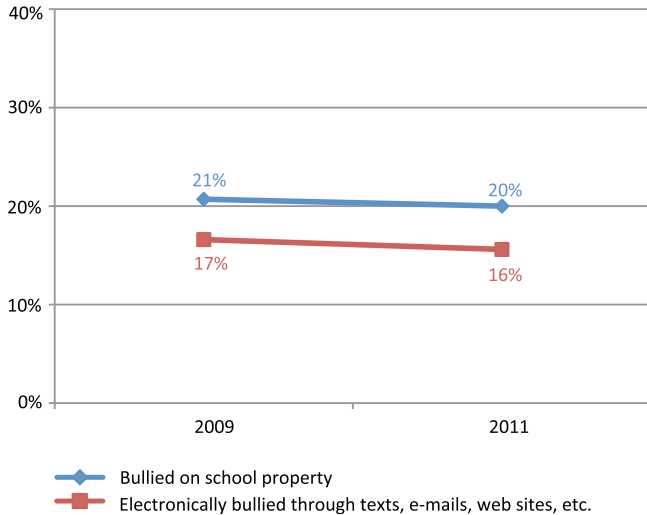
Figure 8 – VIOLENCE AND WEAPONS POSSESSION



## BULLYING

In 2011, about one in five students were bullied on school property in the past 12 months (20%) and about one in six were electronically bullied (16%) through emails, chat rooms, instant messages, websites, or text messaging (Figure 9). These rates were almost identical to those observed in 2009 (21% and 17%, respectively).

Figure 9 – BULLIED, PAST YEAR



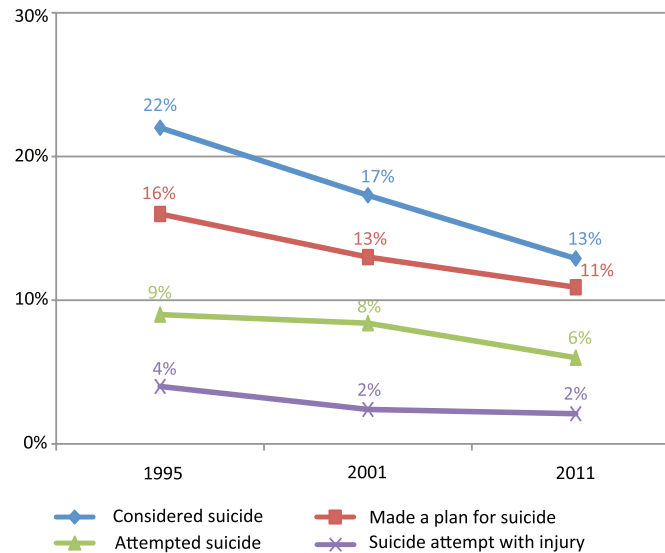
### Hurting Self on Purpose by Cutting or Burning

In 2011, New Jersey high school students were asked whether they had ever purposely cut or burned themselves in order to cause injury without wanting to die in the last 12 months. Overall, almost one in five students (18%) had done so, though females (21%) were more likely than males (16%) to self-injure in the last 12 months.

## SUICIDE

Overall, rates of suicide have been on the decline since 1995 (Figure 10). In 2011, all-time lows were reached for the percentage of students who had considered suicide (13%), made a plan for suicide (11%), attempted suicide (6%), and had been injured in a suicide attempt (2%). A greater proportion of females than males considered suicide (16% vs. 10%, respectively) and had made a plan for suicide (12% vs. 10%, respectively) though the frequency of suicide attempts did not vary by gender.

Figure 10 – SUICIDE



## STUDENT HEALTH AND EATING

### *Dinner with Parents*

About one in three (33%) New Jersey high school students ate dinner with their parents/guardians fewer than three times during the past seven days, including one in six (16%) who never had dinner with their parents/guardians during the past week. This number is down from the 38% in 2009 who reported that they ate dinner with their parents/guardians fewer than three times in the past week.

### *Eating Breakfast*

When students were asked about their breakfast habits, over one in three (36%) reported that they ate breakfast each of the past seven days. On the other hand, 14% never ate breakfast and another 19% only ate breakfast on one or two days of the week.

In 2011, New Jersey high school students were asked two new items about rating their overall health and indicating the number of hours of sleep they get in a night:

### *Overall Health*

Overall, 59% rated their health in general as either excellent or very good and another 32% rated their health as good. The remaining 9% of students indicated their health was fair or poor.

### *Sleep*

About one in four students (26%) reported getting eight hours or more of sleep per night on school nights. Most students indicated they slept an average of seven (31%) or six (27%) hours. Sixteen percent of students received no more than four or five hours of sleep on an average school night.

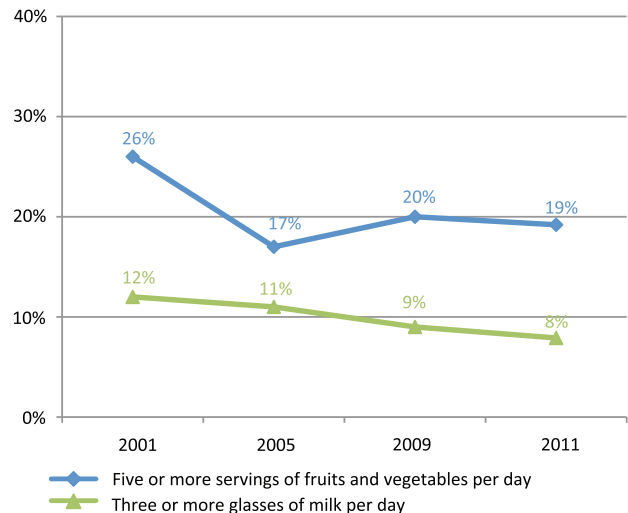
## DIETARY BEHAVIORS

The percentage of New Jersey high school students who ate five or more servings of fruits and vegetables per day during the previous seven days has not changed much since 2005 (*Figure 11*). This definition includes servings of fruit, 100% fruit juice, potatoes (if not fried), salad, carrots, and other vegetables. The percentage consuming five or more servings stayed fairly stable in 2011 (19%) as compared to 2009 (20%) and 2005 (17%). However, these levels remain below the high of 26% measured in 2001.

Milk consumption continued a slow, but steady, decline as 8% of students reported drinking three or more glasses of milk per day during the past week compared to 9% in 2009, 11% in 2005, and 12% in 2001.

Overall, 19% of New Jersey high school students reported that they drank soda or pop (not including diet sodas) at least once per day in each of the past seven days. This number is virtually identical to the 20% that was recorded in 2009.

**Figure 11 – FRUIT, VEGETABLE, MILK, AND SODA CONSUMPTION**

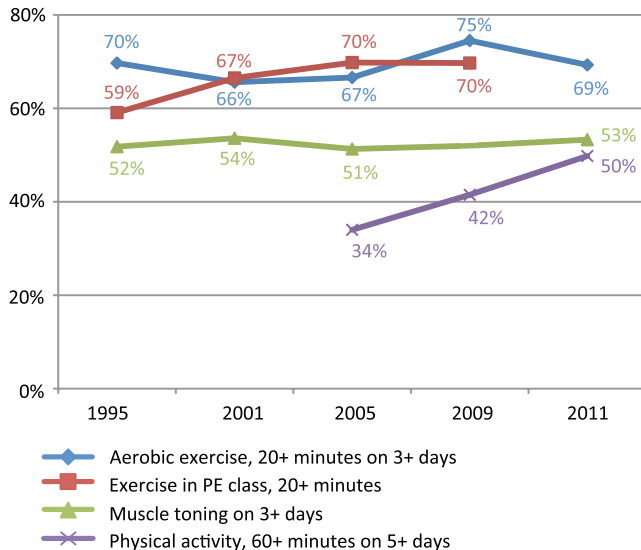


## PHYSICAL ACTIVITY

In 2011, New Jersey high school students continued the trend towards markedly higher levels of participation in *physical* activity while simultaneously reporting lower levels of participation in *aerobic* exercise. Overall, 50% of students had been *physically active* for at least 60 minutes per day in the previous week, as compared to 42% in 2009, and 34% in 2005 (**Figure 12**). Seven in 10 students (69%) reported engaging in vigorous *aerobic* exercise for 20 or more minutes on three or more days per week. This represents a decrease from the previous high of 75% recorded in 2009 and a return to levels seen in the earlier survey years (66%-70%)

The percentage of students who reported exercising for more than 20 minutes during PE class was not measured in 2011, but did not change between 2005 and 2009 (70%). A question on muscle toning that was not asked in 2009 returned to the survey this year; however, the percentage of students participating in this activity three or more times a week (53%) remained similar to the rates seen in previous years (51%-54%).

Figure 12 – TRENDS IN PHYSICAL ACTIVITY

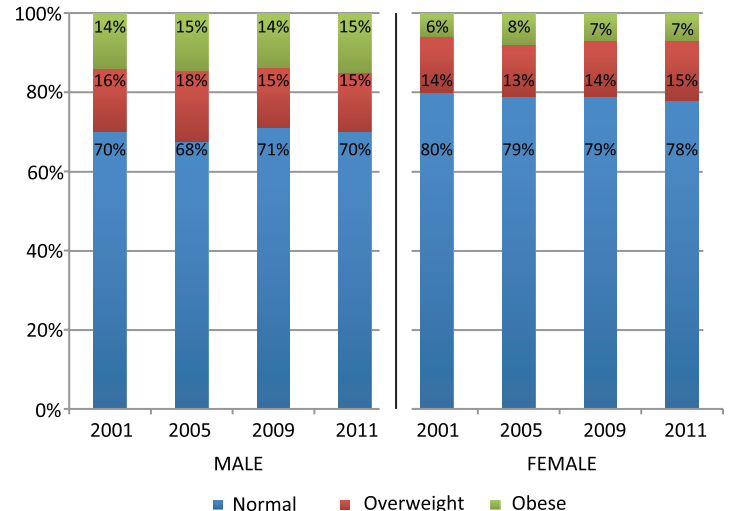


## BODY MASS INDEX (BMI)

Students' self-reported height and weight were used to calculate a body mass index (BMI). BMI is calculated as weight in kilograms divided by height in meters squared. A BMI that is greater than the 95<sup>th</sup> percentile of the index population for gender and age is considered *obese* while a child in the 85<sup>th</sup> to 95<sup>th</sup> percentile is considered *overweight*. All others who are at the 85<sup>th</sup> percentile or below are considered *normal*. Overall, about one quarter of New Jersey high school students reported having a BMI outside the *normal* range in the past four survey administrations - 2011 (26%), 2009 (25%), 2005 (27%), and 2001 (25%). In 2011, similar rates of each gender (15%) were classified as *overweight*; however, males were twice as likely as females (15% vs. 7%) to be classified as *obese* (**Figure 13**). (It is recognized that factors such as muscle mass contribute to an individual's weight.)

Three in ten students (29%) described themselves as either slightly or very overweight. This number is nearly identical to results from previous surveys (29%-31%). Additionally, 47% of students noted that they were actively trying to lose weight, which is slightly higher than the rates recorded in previous years (43%-46%).

Figure 13 – BODY MASS INDEX (BMI)



## STUDY FUNDING

Funding for the survey was provided by the New Jersey Department of Education (NJDOE) through a cooperative agreement with the Centers for Disease Control and Prevention #5U87DP001263; by the U.S. Department of Education under Title IV, Part A of No Child Left Behind Act; and by the New Jersey Department of Human Services (NJ DHS), Division of Mental Health and Addiction Services.

The Bloustein Center for Survey Research (BCSR) at the Edward J. Bloustein School of Planning and Public Policy, Rutgers, The State University of New Jersey, administered the survey, analyzed the findings, and prepared this summary report. The interpretation of data, conclusions, and recommendations expressed in the report are those of the authors and may or may not represent the views of the NJDOE or the NJ DHS. The summary report and detailed report can be downloaded from the website of the NJDOE and reproduced without restriction.

Comments concerning the survey and this report may be directed to the New Jersey Department of Education through the **Contact Us** button at the bottom of every page on the NJDOE website.

Reports on the survey can be downloaded at  
[www.nj.gov/njded/students/yrbs/index.html](http://www.nj.gov/njded/students/yrbs/index.html)

More information about the CDC survey and tools for comparing results from various locations can be found at  
[www.cdc.gov/HealthyYouth/yrbs/index.htm](http://www.cdc.gov/HealthyYouth/yrbs/index.htm)

Special requests for data should be directed to  
New Jersey Department of Education  
Division of Student and Field Services  
Office of Student Support Services  
PO Box 500  
Trenton, NJ 08625-0500  
(609)292-5935

<http://www.state.nj.us/education>  
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# RUTGERS

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