

# **Marshall Islands**



## **Rapid Youth Survey 2020**



## MINISTRY OF HEALTH & HUMAN SERVICES

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Iakwe!

On behalf of the Honorable Minister Bruce Bilimon, the Ministry of Health & Human Services (MoHHS) and the Government of the Republic of the Marshall Islands (RMI), we would like to express gratitude and thanks to Secretariat of the Pacific Community (SPC), US Substance Abuse & Mental Health Services Administration (SAMHSA), Pacific Islands Health Officers Association (PIHOA), RMI Public Schools System and College of the Marshall Islands Public Health Interns (CMI) for your contribution, technical assistance and support for the successful completion of the 2020 Rapid High School Survey (RHSS) for the Republic of the Marshall Islands. Special recognition is extended to the Marshall Islands Epidemiological and Prevention Initiative (MIEPI) for spearheading the RHSS project.

The RHSS is a component of the RMI Non-Communicable Disease surveillance plan to monitor trends of non-communicable disease risk factors as well as to gauge sexual health behaviors of RMI youth. This report should be reviewed and used to guide and strengthen public health program and policy making in the RMI as an avenue to protect our young population.

Ilo kautiej,

Jack Niedenthal  
Secretary of Health & Human Services  
Republic of the Marshall Islands

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## Summary

The aim of this report is to present current prevalence of certain risk factors for developing non-communicable disease (NCD), sexually transmitted infections, and teenage pregnancy among high school youth in the Republic of the Marshall Islands (RMI). These data can be used to better understand the burden of these risk factors, monitor trends, and determine who is at greatest risk for poor health in order to improve health among RMI youth through the development of targeted evidence-based interventions. The table below compares selected comparable indicators in the RMI to FSM, Guam, Commonwealth of the Northern Mariana Islands (CNMI), and the United States (US). Green shading represents the location with the “best” prevalence, followed by orange shading, and red shading.

	<b>RMI</b>	<b>FSM<sup>2</sup></b>	<b>Guam<sup>1</sup></b>	<b>CNMI<sup>1</sup></b>	<b>US<sup>1</sup></b>
<b>Substance Use</b>	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Smoking (within past 30 days)	17.6 (16.2-19.0)	28.9 (27.5-30.3)	13.2 (10.5-16.6)	12.4 (11.0-13.9)	8.8 (7.2-10.7)
Tobacco chewing (within past 30 days)	19.0 (17.5-20.6)	31.7 (30.3-33.1)	13.5 (10.6-16.9)	15.2 (13.7-16.9)	5.5 (4.4-6.7)
Alcohol use (within past 30 days)	28.6 (26.9-30.4)	30.7 (29.3-32.1)	18.2 (15.1-21.8)	23.3 (21.4-25.3)	29.8 (27.3-32.4)
E-cigarette use (within past 30 days)	8.2 (7.2-9.3)	--	35.2 (30.0-40.8)	24.4 (22.6-26.3)	32.7 (30.7-34.8)
Marijuana (within past 30 days)	13.3 (12.1-14.7)	--	25.9 (22.2-30.0)	33.5 (31.8-35.2)	21.7 (19.9-23.7)
<b>Sexual Health</b>					
Ever had sexual intercourse	50.7 (49.0-52.84)	42.8 (40.6-45.0)	33.6 (29.4-38.1)	33.6 (31.5-35.9)	39.5 (36.8-42.4)
Did not use condom at last intercourse (among sexually active youth)	67.5 (64.9-70.0)	78.0 (75.2-80.8)	64.9 (56.6-72.4)	47.4 (42.5-52.4)	46.2 (43.8-48.6)
Did not use any method to prevent pregnancy at last intercourse (among sexually active youth)	50.7 (48.8-52.7)	47.7 (44.3-51.1)	33.0 (25.3-41.7)	23.8 (19.9-28.3)	13.8 (12.0-15.9)
<b>Overweight/obesity</b>					
Had obesity	7.3 (6.3-8.4)	14.9 (13.8-16.0)	23.0 (19.8-26.5)	16.4 (14.8-18.1)	14.8 (13.8-15.8)
Were overweight	12.5 (11.3-13.8)	20.5 (19.2-21.8)	19.3 (16.8-22.1)	18.2 (16.6-20.0)	15.6 (14.7-16.6)

<sup>1</sup>Guam, CNMI, and US data from the 2019 YRBS; overweight/obesity in Guam, CNMI and US are based on self-report of height and weight.

<sup>2</sup>FSM data is from the 2017 Rapid HS Surveys conducted on Pohnpei, Chuuk, Kosrae and Yap

# Background

## Geography

The Republic of the Marshall Islands (RMI) is located in the central northern Pacific, approximately 2,000 miles southwest of Hawaii and 1,300 miles southeast of Guam. Geographically, it is part of the larger group of island countries in Micronesia in the Northern Pacific region. The RMI is made up of a vast archipelago of 29 coral atolls and 5 single coral islands, with an Exclusive Economic Zone of nearly 800,000 square miles with a combined land mass area of only 181 square miles and has some 230 miles of coastline (less than 0.01 percent of the total surface area).



The two main urban centers (Majuro and Ebeye-Kwajalein atoll) have paved roads and with piped water and a sewer system. While the majority of the RMI population is concentrated on the two main urban centers, it is important to note that a great portion is dispersed around the many islands/atolls. This makes the provision of comprehensive health services to the entire population a challenge.

## Population Demographics

The population of the RMI is 53,158 persons (2011 Census), with Majuro and Kwajalein (largely Ebeye) currently accounting for three-quarters of the country's population (Table 1). The RMI population growth rate was a mere 0.4% over the past twelve years. However, the United Nations Development Programme (UNDP) estimates RMI's true population growth rate as 2.2%, one of the highest in the Pacific region. Furthermore, the average annual growth rate in the outer atolls and islands -1%, depicting a rural to urban migration, with overseas destinations assuming greater importance as well.

**Table 1. RMI Population Size, Growth Rate and Density for Majuro, Kwajalein and Outer islands**

Atoll /Island	Population				Average Annual Growth Rate			Land area sq./ miles	Population Density		
	1980	1989	1999	2011	1980-1988	1988-1999	1999-2011		1988	1999	2011
<b>TOTAL (RMI)</b>	<b>30,873</b>	<b>43,380</b>	<b>50,840</b>	<b>53,158</b>	<b>4.2</b>	<b>1.5</b>	<b>0.4</b>	<b>70.1</b>	<b>619</b>	<b>726</b>	<b>759</b>
Majuro	11,791	19,664	23,676	<b>27,797</b>	6.3	1.8	1.4	3.8	5,244	6,314	<b>7,413</b>
Kwajalein	6,624	9,311	10,902	<b>11,408</b>	4.2	1.5	0.4	6.3	1471	1,722	<b>1,802</b>
Other outer atolls & islands*	12,458	14,405	16,262	<b>13,953</b>	2	1	-1	55.3	395	419	<b>337</b>

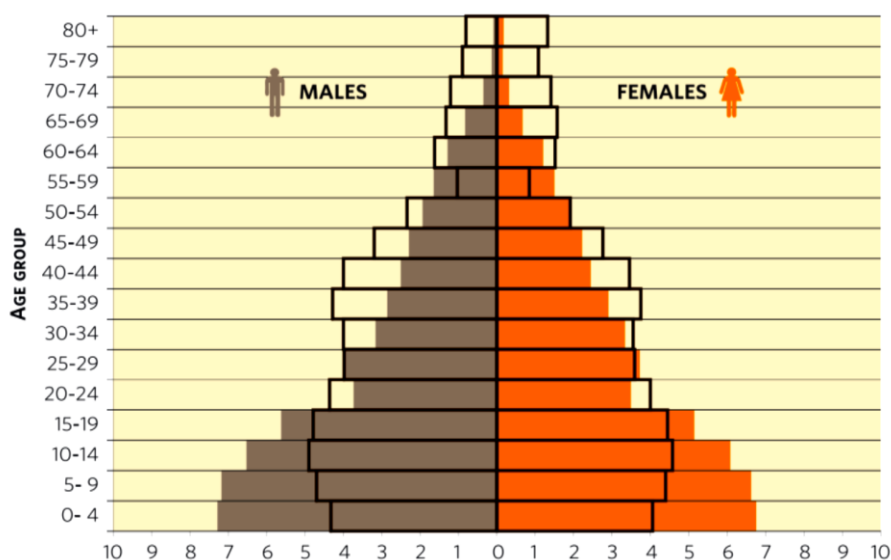
\*the remaining 32 outer atolls and islands and EPPSO-classified as 'Rural RMI'

Source: RMI Census on Population and Housing 2011, EPPSO

The total population count of the 2011 census is 53,158; which increased only by 2,300 people since the last census in 1999. The slow growth of the population in the country is primarily caused by the emigration of the Marshallese to the United States and elsewhere. (UNFPA, 2014)

RMI has one of the youngest population in the Pacific, evidenced here in Figure 1. Social problems such as substance abuse, teen pregnancies, sexually transmitted infections remain a problem.

**Figure 1. Population in RMI by age and sex: 2015 (shaded area) and 2050 (outlined)**



Source: United Nations Fund for Population Activities, 2014



## Methodology

The RMI Rapid Youth High School Survey is an adaptation of the Rapid Survey used in the Federated States of Micronesia, an instrument developed by the Pacific Island Health Officers' Association (PIHOA (see Annex for copy of the survey). This instrument contains core youth NCD indicators (30-day use of tobacco smoking, betel nut (with and without tobacco), cannabis, e-cigarettes, alcohol, illicit drugs, overweight/obesity, as well as additional alcohol questions and reproductive health indicators. The RMI Rapid High School Youth Survey was conducted in all high schools (both public and private) in the RMI. All students in grades 9-12 present on the survey day were eligible to participate in the survey. Marshall Islands Epidemiology and Prevention Initiatives (MIEPI) conducted this survey at each school between January 14<sup>th</sup> – April 15, 2020.

Preceding to data collection, MIEPI conducted training on the survey administration as well as training on physical measurements of height and weight. MIEPI staff first recorded demographic information of each student in Section 1 of the paper survey form, then took height and weight of the student and also recorded these in Section 1. Section 2 of the paper survey form was then completed by students confidentially and turned in anonymously to collect information on substance use and reproductive health behaviors. Afterwards, MIEPI staff entered the paper surveys into a Microsoft Excel database and required double entry of data encoders. Once all data was entered, MIEPI cleaned and conducted analysis on SPSS.

Data on substance use and reproductive health behaviors are all based on self-report. Measured height and weight were used to calculate Body Mass Index (BMI). BMI percentiles were used to determine BMI categories for those students under 17 years old. Adult BMI calculations were used for those students 18 and older. Overall, all students were classified as underweight, healthy, overweight, or obese.

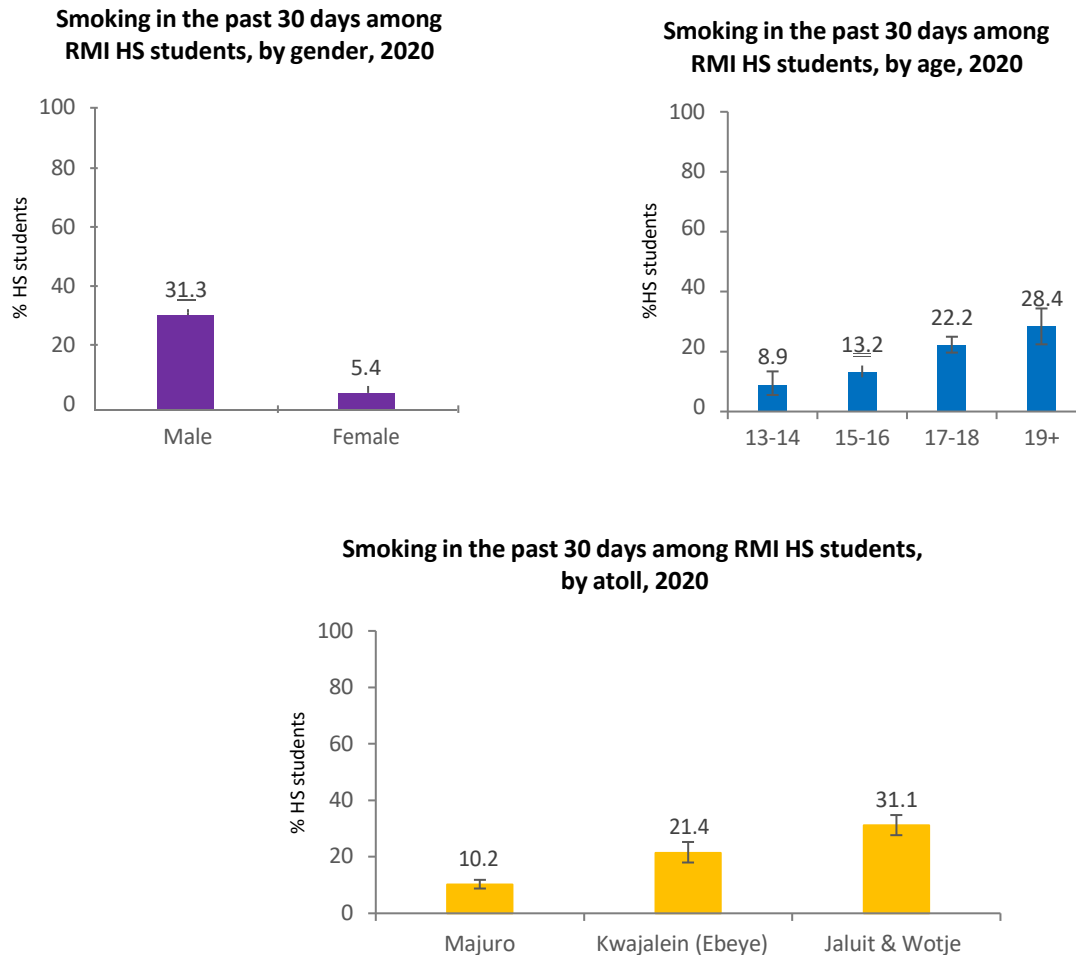
## Sample Characteristics (N=2621)

<b><u>Demographic Characteristics</u></b>	<b>N</b>	<b>%</b>	
<b>Gender</b>			
Male	1219	46.5%	
Female	1354	51.7%	
Unknown	48	1.8%	
<b>Age</b>			
≤12	2	0.1%	
13-14	227	8.7%	
15-16	1172	44.7%	
17-18	959	36.6%	
19+	231	8.8%	
Unknown	30	1.1%	
<b>Grade</b>			
Pre 9	252	9.6%	
9	739	28.2%	
10	599	22.9%	
11	523	20.0%	
12	508	19.4%	
<b>School</b>			
Marshall Islands High School	842	32.1%	MAI
Laura High School	179	6.8%	
Life Skills Academy	67	2.6%	
Marshall Islands Christian School	92	3.5%	
Majuro Cooperative School	58	2.2%	
Majuro Seventh Day Adventist	59	2.3%	
Assumption High School	64	2.4%	
Majuro Baptist Christian Academy	62	2.4%	
Rita Christian High School	43	1.6%	
Kwajalein High School	301	11.5%	KWAJ
Father Leonard Hacker	43	1.6%	
Gem School	20	0.8%	
Ebeye Seventh Day Adventist	46	1.8%	
Jabro Private School	44	1.7%	
Calvary High School	42	1.6%	
Jaluit High School	442	16.9%	OI
Northern Island High School (Wotje)	217	8.3%	
<b>Total</b>	<b>2621</b>	<b>100%</b>	



# Smoking

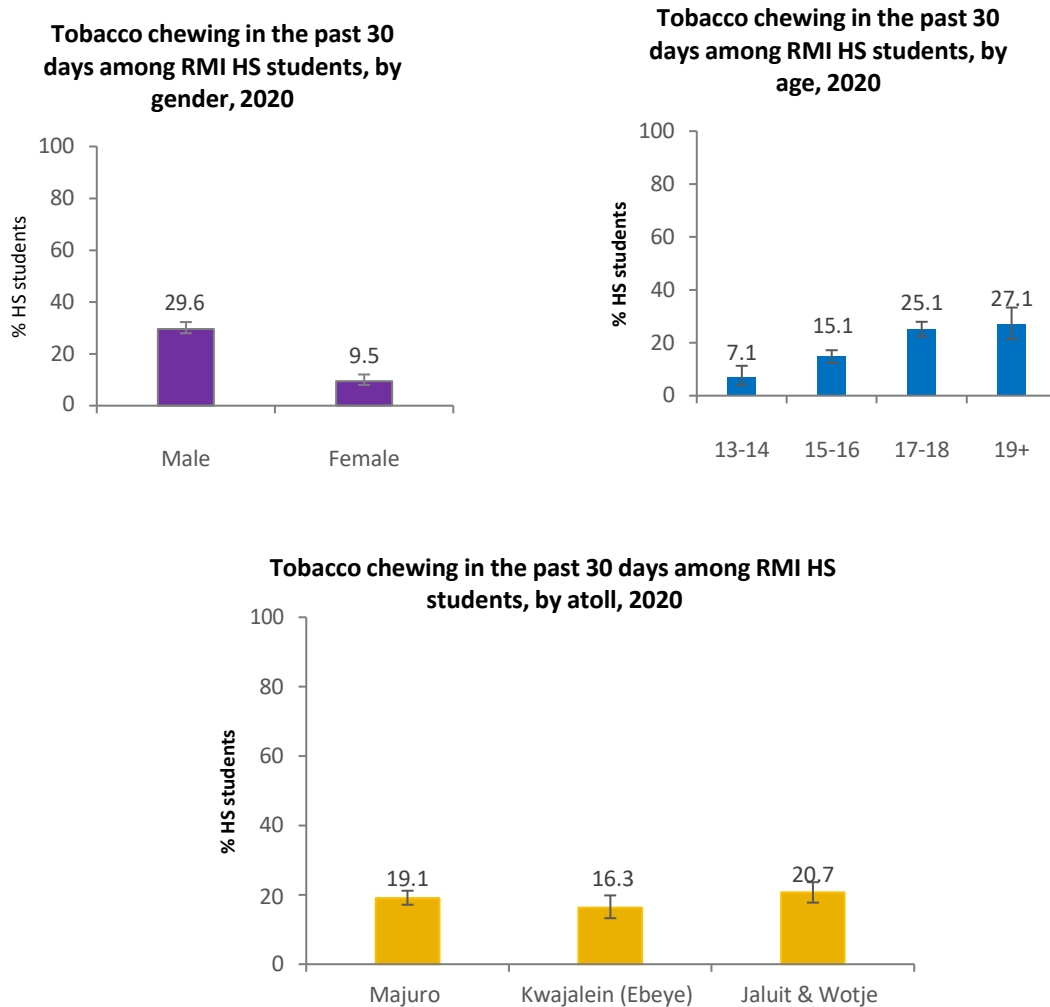
17.6% of high school students in the RMI are current smokers (smoked in the past 30 days).



Overall, male students have a much higher smoking prevalence than female students (31.3% vs. 5.4%). With age, the smoking prevalence increases from 8.9% for the 13-14 age bracket to 28.4% for the 19+ age bracket. Interestingly, smoking prevalence rates in the outer islands is significantly higher among outer islands students compared with Majuro and Ebeye students.

# Tobacco Chewing

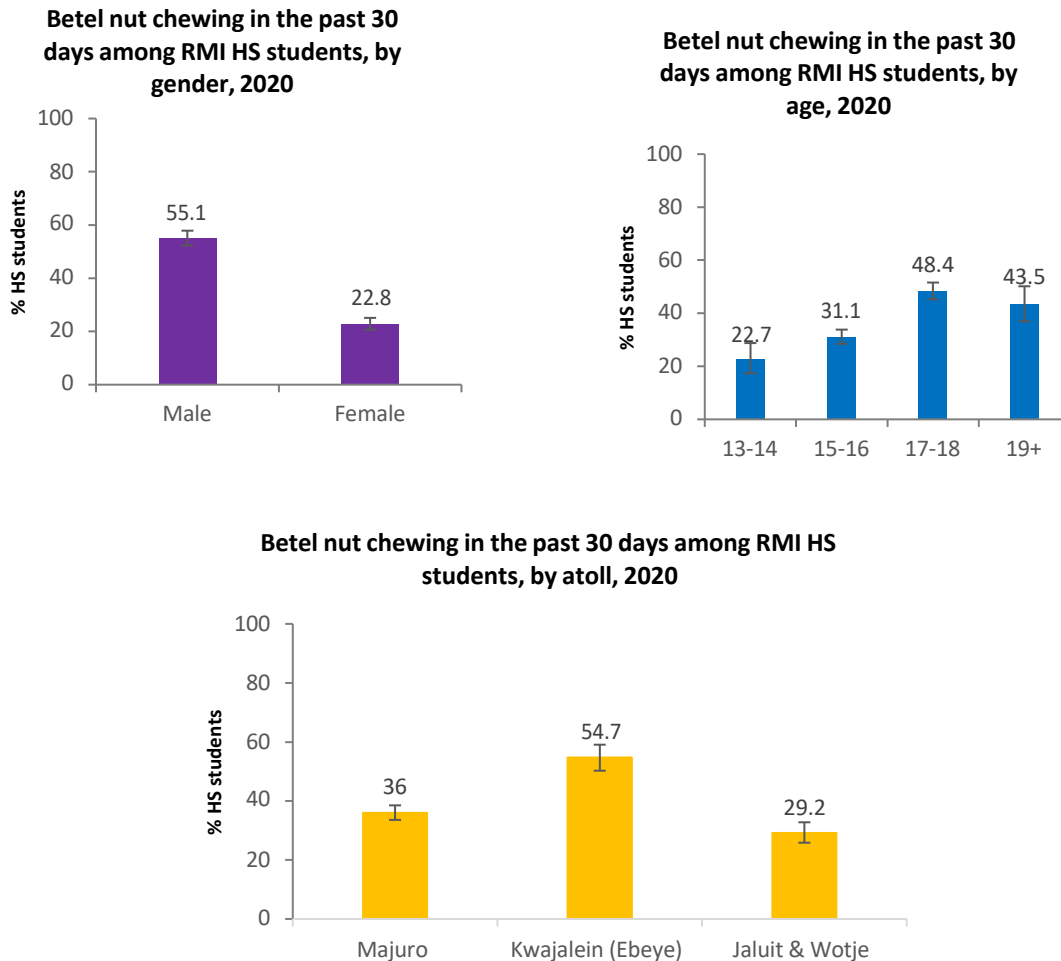
**19.0 %** of high school students in the RMI are current tobacco chewers (chewed tobacco in the past 30 days). This includes chewing tobacco with or without betel nut.



Male students have a higher tobacco chewing prevalence than female students (29.6% vs. 9.5%). With age, the tobacco chewing prevalence increases from 7.1% for the 13-14 age group to 27.1% for the 19+ age group. The chewing prevalence is statically similar across all four atolls.

## Betel Nut Chewing

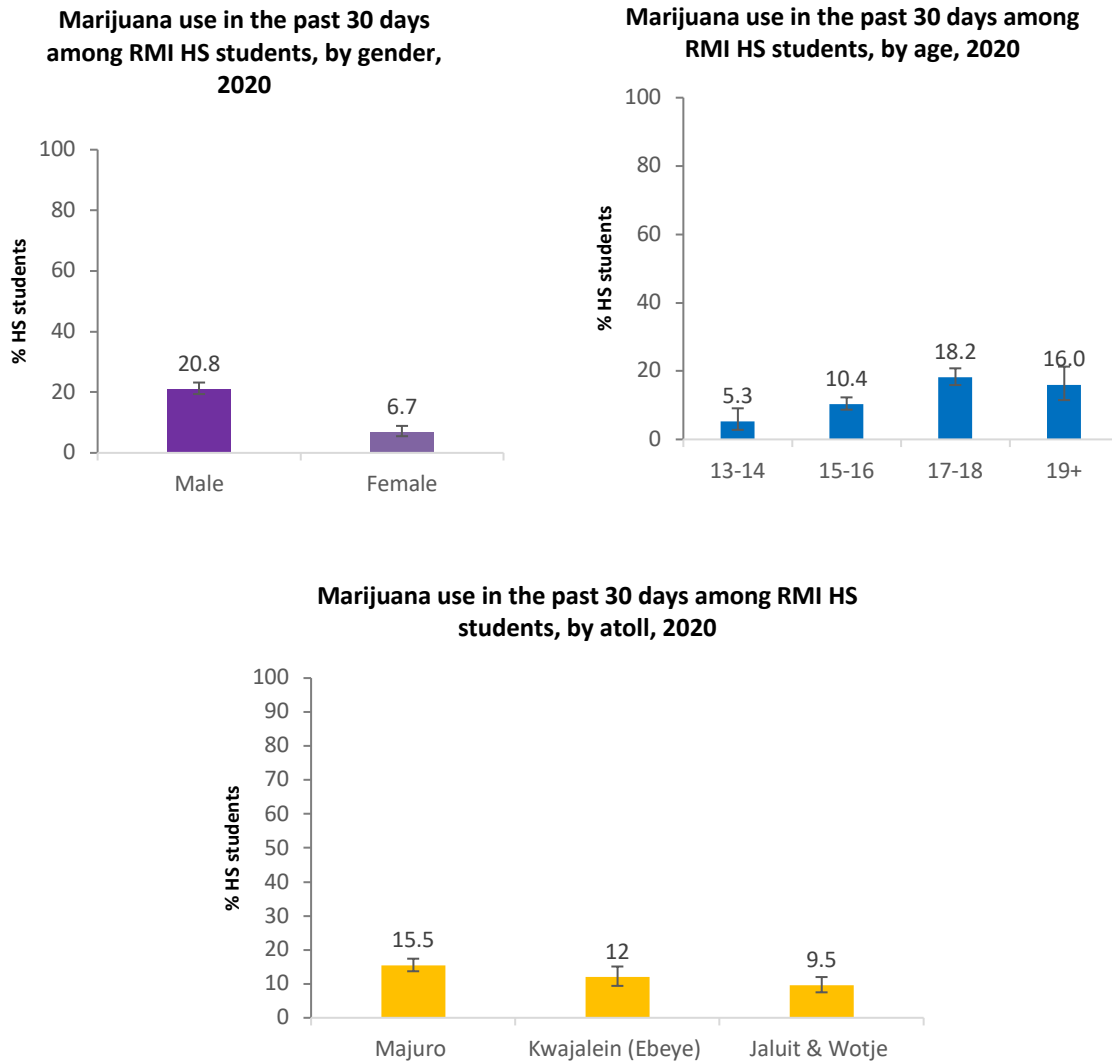
**37.8 %** of high school students in the RMI are current betel nut chewers (chewed betel nut in the past 30 days).



Male students have a higher betel nut chewing prevalence than female students (55.1% vs. 22.8%). Betel nut chewing prevalence increases with age from 22.7 % for the 13-14 age group to 43.5% for the 19+ age group. Kwajalein (Ebeye) students have a higher prevalence of chewing betel nut compared with Majuro and outer island students (Jaluit & Wotje).

## Marijuana (Cannabis)

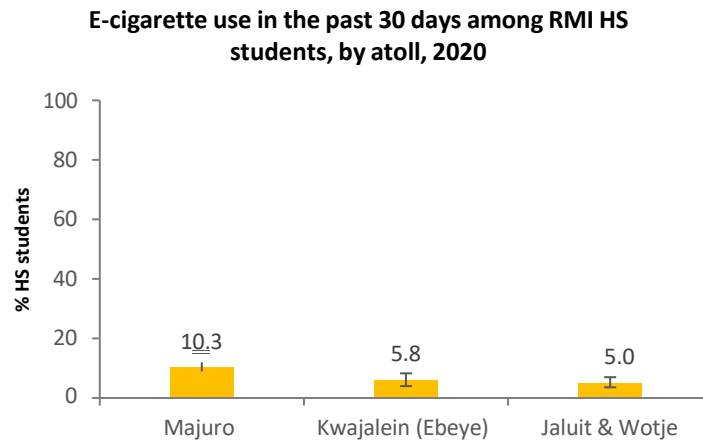
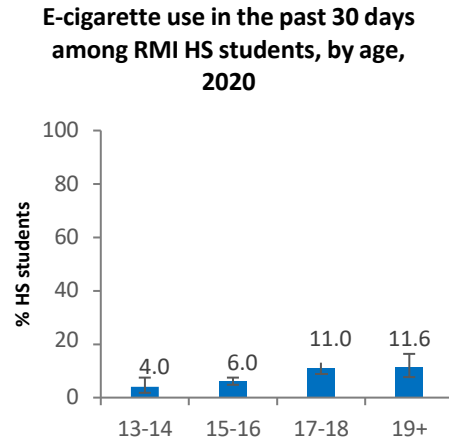
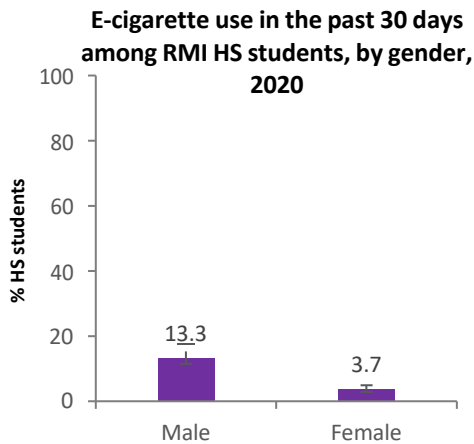
**13.3 %** of high school students in the RMI are current Marijuana (cannabis) users. (used Marijuana in the past 30 days).



Male students have a higher Marijuana prevalence than female students (20.8% vs. 6.7%). Marijuana prevalence increases with age from 5.3% for the 13-14 age group to 16.0% for the 19+ age group. The prevalence of Marijuana uses between students from Majuro, Kwajalein (Ebeye) and the outer islands (Jaluit & Wotje) varies between 9.5% to 15.5%.

## E-Cigarettes (Vaping)

**8.2%** of high school students in the RMI are current e-cigarettes smokers. (Used e-cigarettes in the past 30 days).

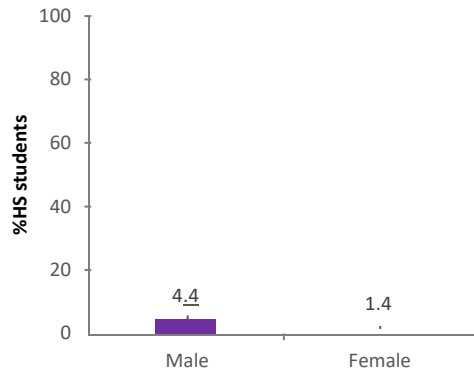


Male students have a higher e-cigarette prevalence than female students (13.3% vs. 3.7%). E-cigarette prevalence increases with age from 4.0% for the 13-14 age group to 11.6% for the 19+ age group. The prevalence of e-cigarette uses between students from Majuro, Kwajalein (Ebeye) and the outer islands (Jaluit & Wotje) varies between 5.0% to 10.3%.

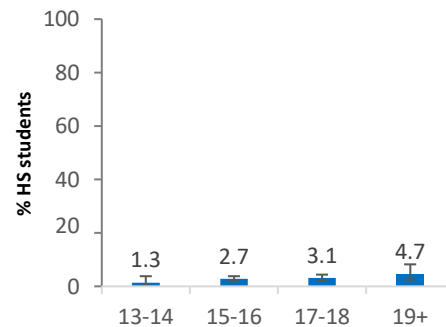
## Methamphetamine or Cocaine (Ice or crack)

**2.8 %** of high school students in the RMI are methamphetamine or cocaine users. (Used meth or cocaine in the past 30 days).

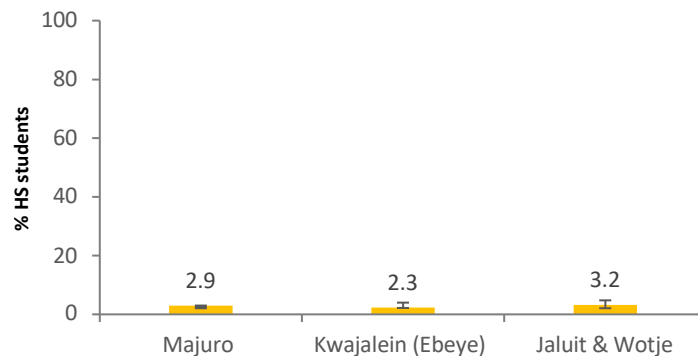
**Drug use in the past 30 days among RMI HS students, by gender, 2020**



**Drug use in the past 30 days among RMI HS students, by age, 2020**



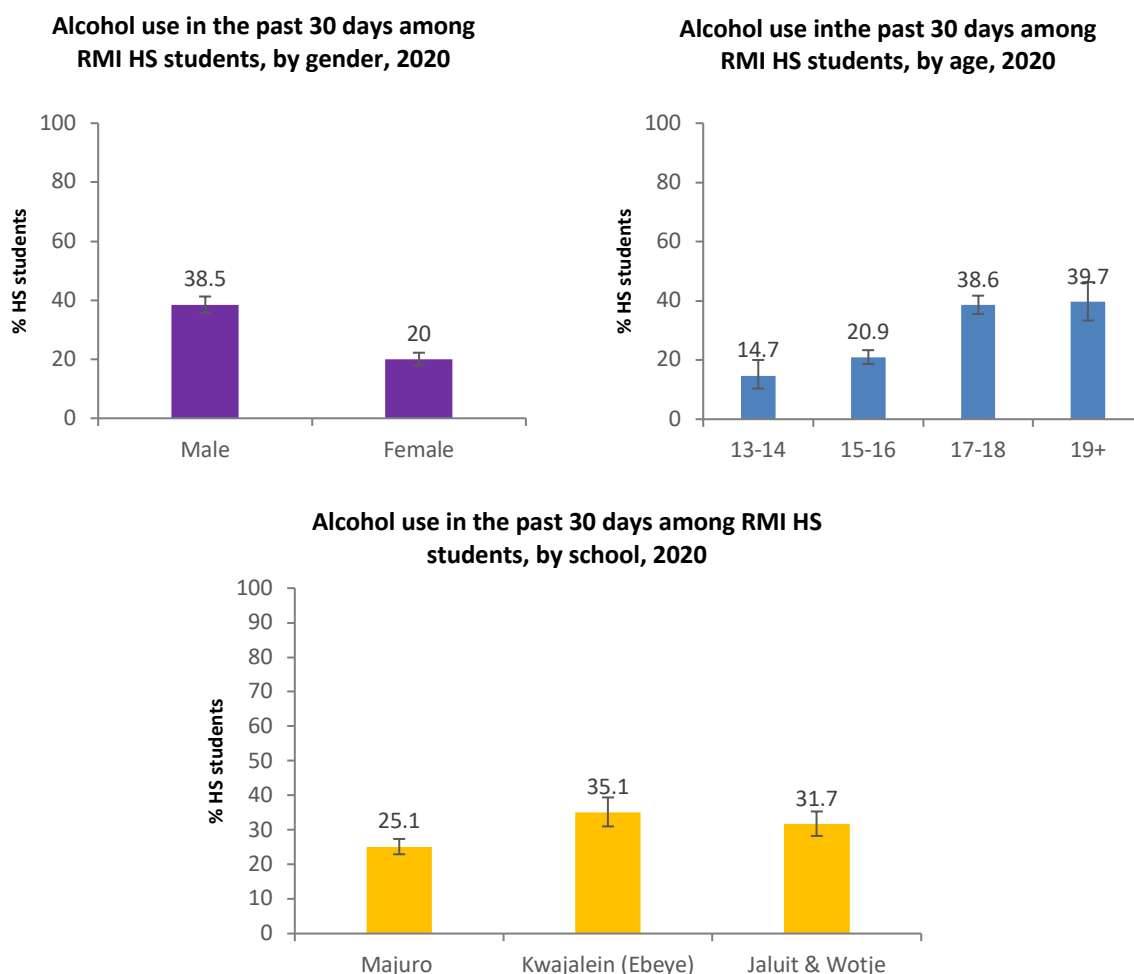
**Drug use in the past 30 days among RMI HS students, by atoll, 2020**



Male students have a higher meth or cocaine prevalence than female students (4.4% vs. 1.4%). Meth or cocaine prevalence increases with age from 1.3% for the 13-14 age group to 4.7% for the 19+ age group. Meth or cocaine prevalence use varies between students from Majuro, Kwajalein (Ebeye) and the outer islands (Jaluit & Wotje) from 2.3% to 3.2%.

## Alcohol Use

Almost a third (**28.6%**) of high school students in the RMI used alcohol in the past 30 days.



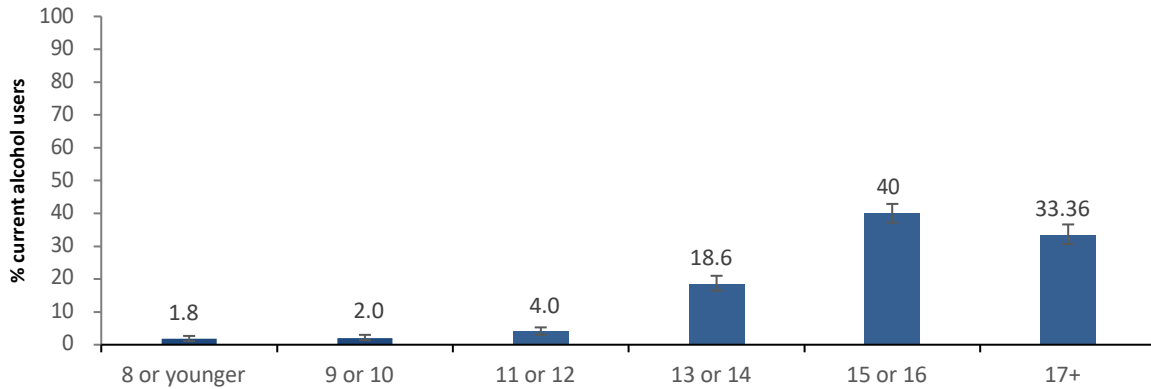
Alcohol use prevalence is higher among male students (38.5%) compared to female students (20%). As with other substances, prevalence increases with age from 14.7% for the 13-14 age group to 39.7% for the 19+ age group. Majuro students have a lower prevalence of alcohol use compared with Kwajalein and outer island students (Jaluit & Wotje).



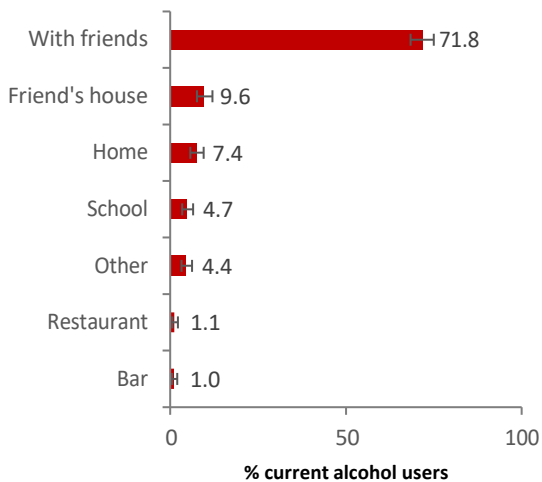
# Alcohol Use

Nearly one in every five students (18.6%) tried alcohol at an early age of 13 or 14.

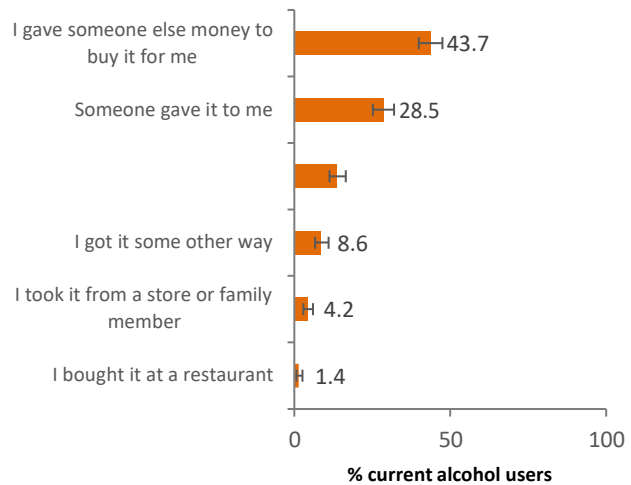
**Age first tried alcohol among Marshall Islands HS current alcohol users, 2020**



**Where RMI HS current alcohol users had their first drink, 2020**



**Where RMI HS current alcohol users usually get their alcohol, 2020**

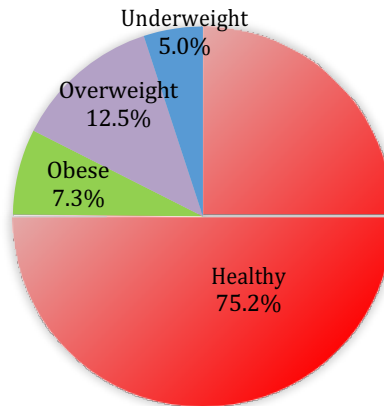


When asked where they usually get their alcohol, 43.7% said they gave someone else money to buy it. In addition, more than 70% of students reported they had their first drink with friends.

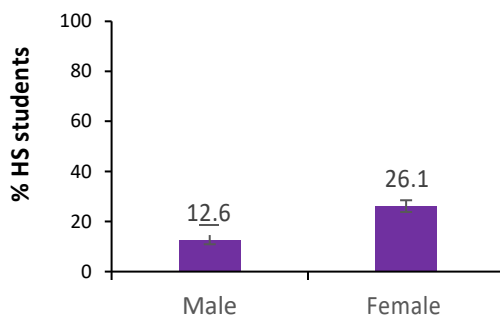
# Overweight/Obesity

Almost one-fifth (19.8%) of high school students in the RMI are overweight or obese.

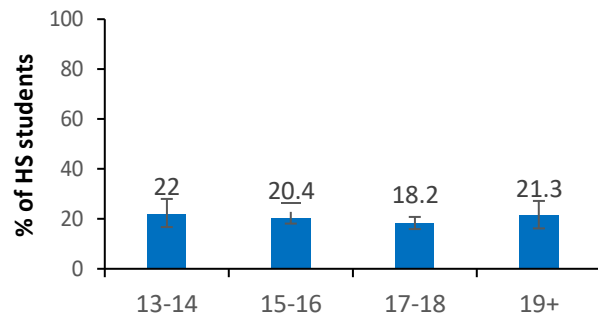
**Body Mass Index (BMI) Categories of RMI HS students, 2020**



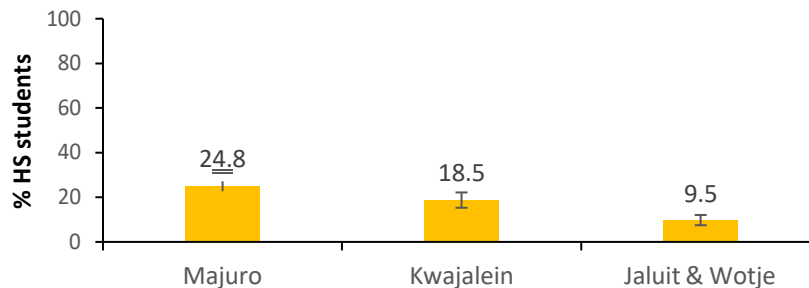
**RMI HS student overweight/obesity, by gender, 2020**



**RMI HS student overweight/obesity, by age, 2020**



**RMI HS student overweight/obese, by atoll 2020**



Prevalence of overweight/obesity is higher among female students (26.1%) compared to male students (12.6%). Overweight/obesity is consistent from ages 13-19+. Majuro and Kwajalein schools had higher overweight/obesity prevalence (24.8% and 18.5%) as compared to outer island high schools in Jaluit and Wotje (6.7% and 15.6%).

## Reproductive Health

<b>Reproductive Health Factors</b>	<b>N</b>	<b>%</b>
<b>Ever had sexual intercourse</b>		
Yes	1328	50.7%
No	1278	48.8%
No answer	15	0.6%
<b>Age at first sexual intercourse (among sexually active youth)</b>		
11 years or younger	60	4.5%
12 years	66	5.0%
13 years	116	8.7%
14 years	173	13.0%
15 years	284	21.4%
16 years	290	21.8%
17 years or older	292	22.0%
No Response	47	3.5%
<b>Number of sexual partners (among sexually active youth)</b>		
1 person	542	40.8%
2 people	252	19.0%
3 people	137	10.3%
4 people	99	7.5%
5 people	56	4.2%
6 or more people	220	16.6%
No Response	22	1.7%
<b>Condom use during last intercourse (among sexually active)</b>		
Yes	404	30.4%
No	836	63.0%
No Response	103	7.6%
<b>Method used to prevent pregnancy during last intercourse (among sexually active)</b>		
No method used	522	39.3%
Birth control pills	54	4.1%
Condoms	335	25.2%
IUD or implant	36	2.7%
Shot, patch, or birth control ring	13	1.0%
Withdrawal or some other method	77	5.8%
Not sure	172	13.0%
No Response	134	9.0%

50.7% of high school students in the RMI reported to have had intercourse with 18.2% of reporting first sexual intercourse at age 13 or younger.

More than half (57.5%) of the students engaged in sexual intercourse reported having 2 or more partners in their lifetime, with 63.0% reporting not using condom at last intercourse.

39.3% of the students engaged in sexual intercourse reported using no method to prevent pregnancy at last intercourse and about 33.0% of students reported using formal contraceptive to prevent pregnancy.

## Discussion

The RMI has been overdue for school-based youth data on NCD risk factors as well as sexual health. The most recent data available on students in the RMI are from the 2016 Global Youth Tobacco Survey (GYTS) and the 2011 Youth Risk Behavioral Survey (YRBS). It is encouraging to see smoking prevalence rates continue to decline as indicated in this report (17.5%). The 2016 GYTS reported 30.7% and 2011 YRBS reported 33.1%. Data from this 2020 report revealed Jaluit and Wotje youth have a higher smoking prevalence (31.10%) and chewing tobacco prevalence (20.70%) than Majuro and Kwajalein youth. The common perception is that the prevalence of tobacco use would be much higher in the urban centers of Majuro and Kwajalein due to the availability of tobacco products. This emerging trend could perhaps be attributed to the increase use of other substances such as betelnut (37.8%), marijuana (13.3%), and e-cigarette (8.2).

The outer island alcohol prevalence use (31.70%) is higher than Majuro (25.10%) and almost in par with Kwajalein (35.10%). Kwajalein's betel nut prevalence is highest at 54.7% and this is alarming considering Kwajalein has a complete ban on betelnut. We must ask ourselves what are the underlying factors enabling the availability of alcohol and betel nut on atolls with complete ban on importation, selling and consuming. We must also take into consideration the "uncaptured" youth in this surveillance who may have dropped out or do not attend school. Youths not in school are generally prone to engage in risky behaviors therefore substance use prevalence rates reported here may possibly be underestimated.

Body mass index data from this report serve as base line for RMI high school students. The findings presented in this report indicate coexistence of the double burden of overweight/obesity (19.8%) and underweight (5.0%). More females are overweight/obese (26.1%) particularly in the 15 and 16 age group while more males are underweight in the 17 and 18 age group.

Lastly, the prevalence of youth reporting having had sexual intercourse at 50.9% is not unexpected considering the observed rates of sexually transmitted infections (STIs) and teen birth rates in the RMI. Two thirds (67.5%) of sexually active youth reported not using condom at last intercourse and one half (50.7%) reported not using any method to prevent pregnancy at last intercourse.

## Recommendation

The RMI Rapid Youth Survey collects much needed data from RMI high school youth. It is highly recommended that **this survey continues to be conducted on a regular, biannual basis.**

The data presented in this report should be disseminated to a wide audience of stakeholders to include school administration, parent-teacher groups, and other community groups. Additionally, atoll-specific reports are available for these stakeholders with a breakdown of risk factors by school. These data can hopefully encourage local efforts to reduce NCD risk factors and risky sexual behaviors among RMI youth.

RMI National policies regarding these topics should be reviewed and updated to include emerging trends. There is clearly a need to strengthen existing laws surrounding tobacco, alcohol, and stimulants, particularly policies that impact youths and schools. Secondary institutions should consider integrating a mandatory Physical Education and Health Education curriculum, with a focus in nutrition, reproductive health and mental wellness. **Programs around substance use, nutrition, physical activity, and reproductive health should be strategically evaluated.**

Findings from this report can be a powerful asset to motivate higher level change, especially regarding tobacco, alcohol, and unhealthy food legislation that potential to greatly reduce risk factor prevalence among youth in the RMI. **Without high-impact action, these risk factors will continue to** increase among youth, and carry on into adulthood, resulting in high adult risk factor and disease prevalence that greatly contribute to morbidity and mortality in RMI and burden the healthcare system.

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  - Emlinda Silk
  - Milson Jack
  - Mina Anien
  - Nelson Langrine
  - Toyolynn Hilton
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  - Manney Compass, Data Associate
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- **Ebeye Community Volunteer**
  - Lola Lanej
- **Public School Systems, Ministry of Education Sports & Training (PSS)**
  - Kanchi Hosia, Commissioner
  - Junior Paul, Assistant Commissioner
  - New Langidrik, Director of Information Systems Office
- **Public Secondary School Principals**
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  - Larul Heine, Northern Islands High School
  - Donna Lanej, Kwajalein Atoll High School
  - Barbara Ned, Marshall Islands High School
  - Epeli Tawake, Life Skills Academy
- **Kwajalein (Ebeye) Private Secondary School Principals**
  - Jope Bainivalu Jr., Calvary High School
  - Noble Ned, Gem High School
  - Raian Villacruel, Ebeye Seventh Day Adventist
  - Kiorong Sam, Jabor Private High School

- Noland deBrum, Father Hacker High School
- **Majuro Private Secondary School Principals**
  - Vicky Capelle-Langidrik, Assumption High School
  - Ringlen, Delap Seventh Day Adventist ○  
Pastor Lang, Majuro Baptist Christian Academy
  - Kevin Drew, Majuro Coop School
  - Rev. Josen Teico, Marshall Islands Christian High School
  - Joy Enos-Obet, Rita Christian High School

### **External Partners**

- **The Pacific Community (SPC)**
  - Karen Fukofuka, NDC Adviser – Food Security
  - Dr. Ilisapeci Kubuabola, NCD Adviser - Monitoring, Evaluation & Surveillance
  - Dr. Amerita Ravuvu, NCD Policy & Planning Adviser
- **Substance Abuse & Mental Health Administration (SAMHSA)**
- **Pacific Islands Health Officers Association (PIHOA)**
  - Dr. Mark Durand
  - Dr. Haley Cash



# Annex

## RMI Rapid Survey

Students will first be interviewed and measured by trained NCD Survey Staff to complete questions 1-10 in the shaded box. Then, students will complete questions independently, and then submit forms into a designated box. No names are to be collected.

### SECTION 1: To be completed by NCD Survey Staff:

1. Date (M/D/Y):	_____ / _____ / _____
2. Name of School:	_____
3. Grade:	Pre-9      9      10      11      12      (circle one)
4. Name of Class or Section:	_____
5. Gender:	Male      Female      (circle one)
6. Age (years)	_____ years
7. Residence (Municipality):	_____
8. BMI	Height: _____ inches Weight: _____ pounds
9. Staff Member Initials:	_____

## SECTION 2: To be completed by Student after SECTION 1

This section is for the student to complete (Do not put your name on this sheet. All information is confidential.)

### Substance Use

10. During the past 30 days, did you chew at least one betel nut? Yes No (circle one)
11. During the past 30 days, did you chew any tobacco (with or without betelnut)? Yes No (circle one)
12. During the past 30 days did you smoke any tobacco? Yes No (circle one)
13. During the past 30 days did you use e-cigarettes? Yes No (circle one)
14. During the past 30 days did you use marijuana? Yes No (circle one)
15. During the past 30 days did you use ice/meth/deka/battu? Yes No (circle one)
16. During the past 30 days, did you have at least one drink of alcohol? Yes No (circle one)
17. How old were you when you had your first drink of alcohol other than a few sips? (Circle one)
- (a) I have never had a drink of alcohol other than a few sips
- (b) 8 years old or younger
- (c) 9 or 10 years old
- (d) 11 or 12 years old
- (e) 13 or 14 years old
- (f) 15 or 16 years old
- (g) 17 years old or older
18. During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row (if you are **female**) or 5 or more drinks of alcohol in a row (if you are **male**)? Number of days:
19. Where did you have your first drink of alcohol beverage other than a few sips? (circle one)
- (a) Restaurant
- (b) Home
- (c) School
- (d) Bar
- (e) With friends
- (f) Friends House
- (g) Other \_\_\_\_\_
20. During the past 30 days, how did you usually get the alcohol you drank?
- (a) I did not drink alcohol during the past 30 days
- (b) I bought it in a store or shop
- (c) I bought it at a restaurant or bar
- (d) I gave someone else money to buy it for me
- (e) Someone gave it to me
- (f) I took it from a store or family member
- (g) I got it some other way

**SECTION 2: Continued...**

21. Have you ever had sexual intercourse?      Yes    No    (circle one)    **IF NO, STOP HERE!**

22. How old were you when you had sexual intercourse for the first time?

- (a) I have never had sexual intercourse
- (b) 11 years old or younger
- (c) 12 years old
- (d) 13 years old
- (e) 14 years old
- (f) 15 years old
- (g) 16 years old
- (h) 17 years old or older

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

- [a] 1 person
- [b] 2 people
- [c] 3 people
- [d] 4 people
- [e] 5 people
- [f] 6 or more people

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

- (a) I have never had sexual intercourse
- (b) Yes
- (c) No

25. The last time you had sexual intercourse, what one **method** did you or your partner use **to prevent pregnancy**? (Select only one response.)

- [a] I have never had sexual intercourse
- [b] No method was used to prevent pregnancy
- [c] Birth control pills
- [d] Condoms
- [e] An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
- [f] A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
- [g] Withdrawal or some other method
- [h] Not sure