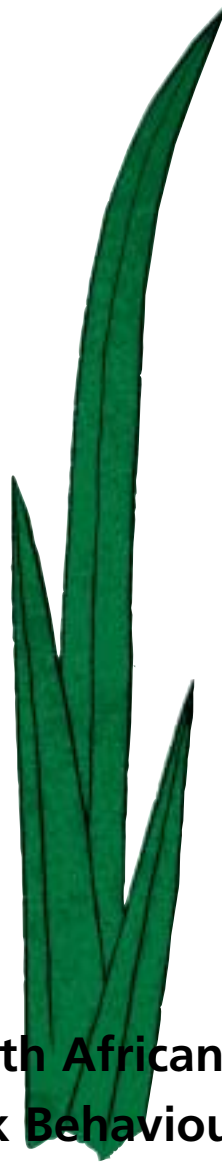


Umntshente  
Ukhulaba  
Usamila



**The 1<sup>st</sup> South African National  
Youth Risk Behaviour Survey**

**2002**



DEPARTMENT OF HEALTH



# Umntshente Ukhulaba Usamila



## The 1<sup>st</sup> South African National Youth Risk Behaviour Survey 2002



DEPARTMENT OF HEALTH



Report prepared for the South African National Department of Health by the National Health Promotion Research and Development Group of the Medical Research Council, South Africa.

### **Acknowledgements**

We wish to express our gratitude to the following individuals and institutions for their assistance in the completion of the first National Youth Risk Behaviour Survey in South Africa:

Dr Kenau Swart and Ms Zanele Mthembu from the National Department of Health for facilitating and supporting this research project since its inception;

Various Directorates of the National and Provincial Departments of Health, Education and Social Development;

National Youth Commission for assisting with identifying members who could serve as survey administrators;

South African Police Services for assisting in establishing contact with the schools in remote areas;

Centers for Disease Control and Prevention, USA, for financial assistance in purchasing scales and stadiometers and for funding the printing and dissemination of the report;

All participating schools for their co-operation in data collection, all learners who completed the questionnaire and allowed their heights and weights to be taken;

Marshia Meniers and Sharon Felix for administrative and logistical assistance;

Muhdni Grimwood for working under severe time constraints to produce this report; and

Medical Research Council and Centers for Disease Control and Prevention for additional funding.

#### **Financial support:**

Financial support for this survey was obtained through a State tender of the Government of South Africa. The Medical Research Council and the Centers for Disease Control and Prevention provided additional funding.

#### **Photographs:**

All photographs taken by various members of our project team.

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Published in November 2003.

ISBN 1-919809-93-7

#### **Suggested citation:**

Reddy SP, Panday S, Swart D, Jinabhai CC, Amosun SL, James S, Monyeki KD, Stevens G, Morejele N, Kambaran NS, Omdien RG and Van den Borne HW. Umthenthe Uhlaba Usamila – The South African Youth Risk Behaviour Survey 2002. Cape Town: South African Medical Research Council, 2003.

A copy of this report is available on the internet at these two addresses:

<http://www.doh.gov.za>

<http://www.mrc.ac.za/healthpromotion/healthpromotion.htm>

<b>Contents</b>	<i>page</i>
<i>List of Figures</i> .....	4
<i>List of Tables</i> .....	4
<i>List of Graphs</i> .....	5
Foreword from the Minister of Health .....	8
Foreword from the Minister of Education .....	9
Executive Summary .....	11
<b>SECTION A: Introduction</b>	
Chapter 1: Introduction and Background .....	14
Chapter 2: Methodology .....	18
<b>SECTION B: Results</b>	
Chapter 3: Response rates and socio-demographic characteristics .....	26
Chapter 4: Behaviours related to intentional and unintentional injury .....	29
4.1. Violence .....	29
4.2. Traffic safety .....	36
4.3. Suicide-related behaviours .....	38
Chapter 5: Substance abuse .....	40
5.1. Tobacco use .....	40
5.2. Alcohol use .....	43
5.3. Use of illegal and other drugs .....	46
5.4. Substance abuse on school property .....	49
Chapter 6: Sexual behaviour .....	51
Chapter 7: Nutrition, dietary behaviours and physical activity .....	57
7.1. Nutrition and dietary behaviours .....	57
7.2. Physical activity .....	62
Chapter 8: Hygiene .....	67
<b>SECTION C: Recommendations</b>	
Chapter 9: Recommendations .....	72
Chapter 10: References .....	78
<b>SECTION D: Appendices</b>	
Appendix I: .....	81
Figure VI: Survey Administrators who were trained and who participated in conducting the survey by Government Department and Province	
Figure VII: GIS Map of schools that were selected and that participated .....	160
Appendix II .....	83
Results: Tables Numbers 3 to 31	
Results: Graphs Numbers 1 to 24	

**List of Figures**

	<i>page</i>
Figure I: A model for planning and evaluation of interventions	17
Figure II: The health promotion matrix – a framework for action on risk-taking behaviours	17
Figure III: Number of training workshops conducted in each of the nine provinces	21
Figure IV: Proposed roles, responsibilities and contributions of stakeholders	74
Figure V: Government departments and intersectoral solutions for youth health and development	76
In Appendix I:	
Figure VI: Survey Administrators who were trained and who participated in conducting the survey by Government Department and Province	82
Figure VII: GIS Map of schools that were selected and that participated	160

**List of Tables**

	<i>page</i>
Table 1: Unweighted and weighted response rates	26
Table 2: Socio-demographic characteristics	28
In Appendix II:	
Table 3: Percentage of high school learners who carried a weapon by gender, race, grade, age and province	84
Table 4: Percentage of high school learners who engaged in violence-related behaviours by gender, race, grade, age and province	86
Table 5: Percentage of high school learners who perpetrated or suffered partner violence and coerced sex by gender, race, grade, age and province	88
Table 6: Percentage of high school learners who engaged in violence-related behaviours on school property by gender, race, grade, age and province	90
Table 7: Percentage of high school learners who always wear seatbelts by gender, race, grade, age and province	92
Table 8: Percentage of high school learners who were driven by a driver who had been drinking alcohol, who drove after drinking alcohol, and who walked along a roadside after drinking alcohol by gender, race, grade, age and province	94
Table 9: Percentage of high school learners who had sad or hopeless feelings, and who exhibited certain suicide-related behaviours by gender, race, grade, age and province	96
Table 10: Percentage of high school learners who used tobacco by gender, race, grade, age and province	98
Table 11: Percentage of high school learners who were exposed to environmental tobacco smoke and parental smoking by gender, race, grade, age and province	100
Table 12: Percentage of high school learners who used alcohol by gender, race, grade, age and province	102
Table 13: Percentage of high school learners who used cannabis (dagga) by gender, race, grade, age and province	104
Table 14: Percentage of high school learners who used other drugs by gender, race, grade, age and province	106
Table 15: Percentage of high school learners who engaged in substance use on school property by gender, race, grade, age and province	108
Table 16: Percentage of high school learners who engaged in sexual behaviour by gender, race, grade, age and province	110
Table 17: Percentage of high school learners who used various methods of contraception by gender, race, grade, age and province	112
Table 18: Percentage of high school learners who always used condoms and either had been pregnant or had made someone pregnant by gender, race, grade, age and province	114
Table 19: Percentage of high school learners who had an abortion or whose partner had an abortion, and location where the abortion took place by gender, race, grade, age and province	116
Table 20: Percentage of high school learners who had a sexually transmitted infection and who received treatment by gender, race, grade, age and province	118
Table 21: Percentage of high school learners who felt susceptible to getting HIV in their lifetime, who felt able to protect themselves from HIV and who had received HIV/AIDS education in school by gender, race, grade, age and province	120
Table 22: Percentage of high school learners who are undernourished and overnourished by gender, race, grade, age and province	122
Table 23: Percentage of high school learners who described themselves as underweight or overweight by gender, race, grade, age and province	124
Table 24: Percentage of high school learners whose diet included frequent consumption of various food types by gender, race, grade, age and province	126
Table 25: Percentage of high school learners who participated in vigorous, moderate and insufficient or no physical activity by gender, race, grade, age and province	130
Table 26: Percentage of high school learners who had physical education classes on their timetable by gender, race, grade, age and province	132
Table 27: Percentage of high school learners engaged in various activities during physical education classes by gender, race, grade, age and province	134
Table 28: Percentage of high school learners who did not take part in physical activity in the past week (reasons given) by gender, race, grade, age and province	136
Table 29: Percentage of high school learners who spent more than 3 hours per day watching television, playing video games or computer games by gender, race, grade, age and province	138
Table 30: Percentage of high school learners who brushed their teeth and who owned their own toothbrush by gender, race, grade, age and province	140
Table 31: Percentage of high school learners who always washed their hands before eating and after going to the toilet by gender, race, grade, age and province	142

## List of Graphs

GRAPH	TITLE	SOURCE TABLES	page
Graph 1:	Percentage of high school learners who reported violence-related behaviours by gender across the provinces	3, 4	145
Graph 2:	Percentage of high school learners who were assaulted by a boyfriend/girlfriend by gender across the provinces	5	146
Graph 3:	Percentage of high school learners who assaulted a boyfriend/girlfriend by gender across the provinces	5	146
Graph 4:	Percentage of high school learners who were ever forced to have sex by gender across the provinces	5	147
Graph 5:	Percentage of high school learners who ever forced someone else to have sex by gender across the provinces	5	147
Graph 6:	Percentage of high school learners who were driven by someone who had been drinking alcohol by gender across the provinces	8	148
Graph 7:	Percentage of high school learners who drove after drinking alcohol by gender across the provinces	8	148
Graph 8:	Percentage of high school learners who walked alongside a road after drinking alcohol by gender across the provinces	8	149
Graph 9:	Percentage of high school learners who reported suicide-related behaviours by gender across the provinces	9	150
Graph 10:	Percentage of high school learners who were younger than 10 years when they first tried smoking a cigarette by gender across the provinces	10	151
Graph 11:	Percentage of high school learners who were exposed to environmental tobacco smoke by gender and smoking status, across the provinces	11	152
Graph 12:	Percentage of high school learners who drank alcohol in the past month by gender across the provinces	12	153
Graph 13:	Percentage of high school learners who engaged in binge drinking of alcohol in the past month by gender across the provinces	12	153
Graph 14:	Percentage of high school learners who were younger than 14 years when they first had sex by gender across grades	16	154
Graph 15:	Percentage of high school learners who have had sex who mostly use no method of contraception by gender across grades	17	154
Graph 16:	Percentage of high school learners who have had sex who always use a condom by gender across grades	18	155
Graph 17:	Percentage of high school learners who have had sex who have been pregnant or made someone pregnant by gender across the provinces	18	155
Graph 18:	Percentage of high school learners who were underweight (low weight for age) by gender across the provinces	22	156
Graph 19:	Percentage of high school learners who were stunted (low height for age) by gender across the provinces	22	156
Graph 20:	Percentage of high school learners who were wasted (low weight for height) by gender across the provinces	22	157
Graph 21:	Percentage of high school learners who were overweight by gender across the provinces	22	157
Graph 22:	Percentage of high school learners who were obese by gender across the provinces	22	158
Graph 23:	Percentage of high school learners who always washed their hands after going to the toilet by gender across the "races"	31	158
Graph 24:	Percentage of high school learners who always washed their hands before eating by gender across the "races"	31	159

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### **Umthente Uhlaba Usamila**

*Umthente* is an indigenous grass with a sharp pointed apex.

*Uhlaba usamila* means that this grass prickles one while it is in the early stages of development.

*Umthente uhlaba usamila* is an Nguni idiom which means that engaging in risk behaviour while still in the youthful stages of life does have consequences and is dangerous. These consequences have impact on health (disease), social roles (school failure), personal development (depression/suicide) and preparation for adulthood (limited work skills).

The youth of South Africa are constantly exposed to risks, which may promote substance use, unprotected sex, unhealthy eating habits and violence. These behaviours that are usually adopted during their youthful years and often persist into adulthood, are interrelated, and in most cases, are preventable.

In addition to resulting in morbidity and sometimes mortality, these behaviours simultaneously result in many of the social and educational problems that confront the nation, including failure to complete high school, unemployment, and crime.

In order to protect the youth from these risk behaviours, it is therefore necessary to educate them at an early age on the dangers and consequences, as well as to foster health promotive behaviours and environments.

## Foreword from the Minister of Health

Adolescents make up a significant proportion of the South African population. Adolescence is a period that is generally associated with low mortality rates and a low incidence of disease. Adolescence is however also a time of exploration, opportunity and risk.

The consequences of risky behaviour are serious. These include: assaults; traffic accidents; suicides; teenage pregnancies; and infectious diseases such as sexually transmitted infections, including HIV and AIDS. In addition, the long-term effects of unhealthy lifestyle choices like smoking, the use of alcohol and other substances, the consumption of foods, and particularly fast foods, that contain high quantities of fat and sugar, and inactive lifestyles, often initiated during the youthful years, eventually translate into a range of chronic diseases in later life. Many risk behaviours also lead to psycho-social problems including depression and anxiety.

All of this causes human pain and suffering and places a significant financial burden on the public health system. And yet, we know that interventions aimed at prevention could yield great benefits for the young people concerned, as well as for the public health system and the country in general.

Existing data suggests that a high percentage of school pupils in South Africa use alcohol, tobacco and drugs; engage in unprotected sex and are both perpetrators and victims of violence. But these studies, conducted several years ago, were not broad-based, and as a result, their applicability to young people in South Africa generally was questionable. The Department of Health therefore identified the need for a broad-based and comprehensive national survey aimed at the whole adolescent population. It subsequently conducted the National Youth Health Risk Behaviour Survey in partnership with the Department of Education. The survey provides both national and provincial governments with objective data to define important health problems, to inform policy and to determine priorities for programme implementation.

We plan to repeat the survey every three years so that we can carefully determine current trends and problems associated with the health and well being of our young people. The information gained will allow programme managers to develop targeted interventions and to monitor the effectiveness of their work against a baseline.

This study would not have been possible without the involvement, cooperation and hard work of many people. I would therefore like to acknowledge all the learners who participated in the survey and to thank the many other role players and partners acknowledged elsewhere. I am grateful to the Centres for Disease Control (USA) for technical and financial support, and I would like to offer my congratulations to the Medical Research Council for spearheading the process. And finally, I would like to thank the officials from the Department of Health for their hard work and dedication.



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