

someone with a weapon when compared to "Black" (15.8% [14.4 - 17.3]) and "Coloured" learners (13.3% [10.4 - 16.2]). Significantly more "Coloured" males (18.8% [14.4 - 23.2]) and "Black" males (19.8% [17.5 - 22.1]) had been threatened or injured by someone with a weapon when compared to "Coloured" females (8.5% [6.1 - 10.8]) and "Black" females (12.8% [10.4 - 15.2]).

There was a decrease in the prevalence of learners who had been threatened or injured by someone with a weapon with an increase in grade. More grade 8 learners (16.7% [14.6 - 18.9]) than grade 11 learners (12.7% [10.0 - 15.4]) had been threatened or injured by someone with a weapon at school. However, there was an increase in the prevalence of learners who had been threatened or injured by someone with a weapon with an increase in age from 14 years. Significantly more learners aged 19 years and older (23.2% [17.3 - 29.1]) than those aged 14 years (11.4% [7.9 - 14.9]) had been threatened or injured by someone with a weapon.

Kwazulu-Natal (17.0% [13.9 - 20.0]) had the highest provincial prevalence of learners who had been threatened or injured by someone with a weapon while the Northern Cape (10.5% [7.4 - 13.5]) had the lowest provincial prevalence.

Threatened/Injured someone else with a weapon at school - See Table 6

The national prevalence of learners who had threatened or injured someone with a weapon such as a gun, knife, panga or kierrie on school property during the six months preceding the survey was 9.2% [7.6 - 10.8]. Significantly more male (11.9% [10.4 - 13.4]) than female learners (7.1% [5.0 - 9.1]) had threatened or injured someone with a weapon at school.

Significantly fewer "White" learners (3.9% [1.4 - 6.4]) had threatened or injured someone with a weapon when compared to "Indian" (18.6% [8.5 - 28.8]), "Coloured" (10.3% [7.4 - 13.2]) and "Black" (9.5% [7.9 - 11.2]) learners. There was no significant variation by gender among "White" learners. There was no significant variation by grade. However, significantly more learners aged 19 and older (12.9% [10.1 - 15.7]) had threatened or injured someone with a weapon at school than learners aged 13 and younger (6.9% [4.5 - 9.3]).

The highest provincial prevalence of learners who had threatened or injured someone with a weapon was observed in Mpumalanga (14.0% [8.0 - 20.0]), and the lowest in Gauteng (6.6% [4.0 - 9.2]).

Engaged in a physical fight at school - See Table 6

Nationally almost one-fifth of learners (19.3% [17.6 - 20.9]) had engaged in a physical fight such as punching or hitting on school property during the six months preceding the survey. Significantly more males (24.0% [22.2 - 25.7]) than females (15.5% [13.4 - 17.7]) had engaged in a physical fight at school during the past six months. There was no significant variation by "race".

There was a decrease in the prevalence of learners who had engaged in a physical fight at school with an increase in grade. Significantly more grade 8 learners (24.0% [21.2 - 26.8]) than grade 11 learners (12.8% [9.9 - 15.6]) had engaged in a physical fight at school in the past six months.

Mpumalanga (24.0% [18.1 - 29.9]) had the highest provincial prevalence of learners who had engaged in a physical fight at school in the past six months, while Northern Cape (15.1% [10.5 - 19.7]) had the lowest provincial prevalence.

Felt unsafe on the way to and from school - See Table 6

Nationally 22.3% [20.1 - 24.6] of learners had felt unsafe on the way to and from school during the past month, with no significant variation by gender. Significantly fewer "White" learners (5.7% [3.0 - 8.3]) had felt unsafe on the way to and from school when compared to "Indian" (24.9% [17.1 - 32.8]), "Black" (24.5% [22.3 - 26.7]) and "Coloured" (16.8% [13.6 - 20.0]) learners.

There was a decrease in the prevalence of learners who had felt unsafe on the way to and from school with an increase in grade. More grade 8 learners (24.8% [21.3 - 28.2]) than grade 11 learners (18.5% [14.3 - 22.7]) had felt unsafe on the way to and from school. However, there was an increase in the prevalence of learners who had felt unsafe on the way to and from school with an increase in age. Significantly more learners aged 19 and older (36.9% [31.0 - 42.7]) had felt unsafe on the way to and from school than learners aged 13 and younger (16.2% [11.1 - 21.3]).

Limpopo Province (27.9% [18.8 - 37.1]) had the highest provincial prevalence of learners who had felt unsafe to and from school while the Northern Cape (15.4% [12.4 - 18.4]) had the lowest provincial prevalence.

Felt unsafe at school - See Table 6

Almost one-third of learners (31.7% [28.6 - 34.8]) had felt unsafe at school during the past month, with no significant variation by gender. Significantly fewer "White" learners (9.2% [6.2 - 12.1]) had felt unsafe at school when compared to "Black" (33.6% [30.6 - 36.5]), "Coloured" (29.2% [22.2 - 36.1]) and "Indian" (25.3% [12.7 - 37.8]) learners.

Learners in lower grades were more likely to have felt unsafe at school than learners in higher grades. Significantly more grade 8 learners (36.8% [32.5 - 41.2]) and grade 9 learners (33.9% [29.4 - 38.5]) than grade 11 learners (23.1% [18.6 - 27.7]) had felt unsafe at school. However, significantly fewer 15-year-old learners (25.9% [21.7 - 30.0]) had felt unsafe at school than learners of 19 years and older (43.6% [39.4 - 47.8]).

The Northern Cape (38.3% [10.8 - 65.8]) had the highest provincial prevalence of learners who had felt unsafe at school while the Western Cape (23.4% [18.1 - 28.8]) had the lowest provincial prevalence.

4.1.3. OVERVIEW

In the month preceding the survey, 16.7% of learners reported having carried a weapon such as a gun, knife, panga or kierrie. Almost 1 in 10 learners (8.5%) reported carrying a gun, while 17.8% reported carrying a knife in the month prior to the survey.

In the six months preceding the survey, 2 in 5 learners (41.0%) were bullied, almost 1 in 3 (30.2%) were involved in a physical fight, and 14.3% had been members of gangs. Of those injured in a physical fight, 29.3% required medical treatment. In their lifetime, 13.6% of learners had been assaulted by either their boyfriend or girlfriend, 13.2% had assaulted their boyfriend or girlfriend, and 9.8% of learners had been forced to have sex, while 8.3% had forced someone else to have sex.

In terms of violence and aggressive behaviours on school property, in the month preceding the survey 9.2% of learners carried weapons on school grounds. In the past six months 14.9% were threatened or injured by someone with a weapon, 9.2% threatened someone else with a weapon, and 19.3% engaged in a physical fight. In the past month 22.3% felt unsafe in transit to and from school, and 31.7% of learners felt unsafe on school property.

Consistent with international findings, almost one-third of South African learners had been involved in a physical fight. Internationally males are 2-3 times more likely to have been involved in a physical fight, whereas in South Africa they are 1.6 times more likely.⁽⁴⁶⁾ In terms of gender involvement in physical fights, the results of this study are consistent with the above, with 1.5 times more males (37.3%) than females (24.5%) having been involved in a physical fight.

During the six months preceding the survey, a substantial number of learners reported being members of a gang. Learners in lower grades were more likely to be members of gangs than learners in higher grades. Perhaps gangs provide some degree of location and "safety" for those who are vulnerable, and such vulnerability may be greater among younger learners.

Older learners showed a higher prevalence of ever being injured by their partner, injuring their partner, being forced by someone to have sex, as well as forcing someone else to have sex. Even though the prevalence for males as perpetrators of partner violence and sexual coercive behaviours is higher than for females, the differences are not significant, indicating that the percentage of females engaged in these behaviours is not negligible.⁽⁴⁶⁾

The apparently anomalous difference between the variations of certain violent behaviours with age and grade could be explained by older learners in the lower grades exhibiting a greater prevalence of certain risk behaviours. This feature was observed in terms of the following risk behaviours: having threatened or injured someone, having been threatened or injured by someone, feeling unsafe on the way to and from school, and feeling unsafe while at school.

Violence perpetrated on school property was consistent with patterns of violence-related behaviour in general, with respect to gender, grade and age.

An analysis of weapon-carrying by province showed that Gauteng has consistently lower prevalences of learners carrying weapons, guns or knives. Free State had the highest provincial prevalence of having been involved in a physical fight. Limpopo Province had the second highest prevalence of gang membership and having been injured in a physical fight, but the highest prevalence of coercive sex and intimate partner violence. Learners in Mpumalanga also reported high gang membership, coercive sex and intimate partner violence, as well as carrying of guns and being injured in a physical fight.

The Western Cape is commonly perceived as the province with the highest prevalence of gang membership. However, learners in Mpumalanga reported the highest prevalence of gang membership, and the Western Cape ranked 5th among the nine provinces. It must be borne in mind that this study was conducted among in-school youth, and it is likely that more out-of-school youth are engaged in gang activities.

4.2. Traffic safety

4.2.1. INTRODUCTION

This section focuses on the following behaviours associated with traffic safety:

- Wearing of seatbelts when driven by others
- Wearing of seatbelts when driving
- Alcohol consumption by driver, when driven by someone else in the past month
- Alcohol consumption when driving in the past month
- Walking alongside the road under the influence of alcohol in the past month

Road traffic injuries account for 1 million deaths each year and about 10 million people are injured or disabled in road traffic crashes throughout the world, particularly in low- and middle-income countries. In 1998 developing countries accounted for 85% of global deaths due to traffic injuries, and children accounted for 96% of all those killed. By 2020 it is estimated that road traffic injuries will rank third in terms of leading causes of disease burden.⁽⁵⁴⁻⁵⁵⁾ South Africa is faced with a double burden of road-related injuries since they involve motor vehicle drivers and passengers as well as pedestrians. The sociocultural and geographical features of the country as well as driver, pedestrian and road infrastructure factors contribute to a high traffic crash rate. It is estimated that traffic crashes cost South Africa roughly 14 billion rand per year.⁽⁵⁶⁻⁵⁷⁾

In South Africa more than half (56.4%) of child transport-related deaths are the result of pedestrian injuries. Pedestrian deaths are ranked as the top external cause of death for children aged 5 to 14 years. The most common cause of unnatural death among 10-14-year-old children was motor vehicle crashes, in contrast to the 15-19-year-old age cohort where the three main external causes were firearms, sharp objects and motor vehicle crashes respectively.

The severity of road traffic injuries involving children is reduced in cases where seatbelts are worn.⁽⁵⁸⁾ Although there is limited information on seatbelt-wearing rates and related injuries, the results of a road-block survey estimated that 49.9% of front seat and 92.4% of back seat passengers travelling in light motor vehicles on South African roads do not wear seatbelts, despite the fact that their use is mandatory for drivers and all passengers.⁽⁵⁹⁻⁶⁰⁾

Adolescent pedestrian injuries are likely to present a similar profile to that of adults, where alcohol and other forms of substance abuse appear to be important contributory factors. Although no statistics are available specifically for adolescents, it is estimated that 11% of all pedestrians on South African roads exceed the breath alcohol limit of 0.24 mg/litre of breath.⁽⁵⁶⁾ Between 40% and 50% of vehicle-pedestrian collisions in urban areas and between 30% and 40% of vehicle-pedestrian collisions in rural areas involve pedestrians jaywalking or walking under the influence of alcohol or drugs. Among pedestrian deaths, 60% had elevated blood alcohol concentrations.⁽⁶¹⁾ It was found that after office hours 16% of pedestrians had blood alcohol levels equal to or greater than the legal driving limit of 0.05 g/100 ml of blood, and that pedestrians account for 72% of adult transport-related deaths.⁽⁶²⁾ Young people under the age of 20 years appear to account for approximately 10% of all drivers on South African roads.^{(57) (60)}

4.2.2. RESULTS

Always wear a seatbelt when driven by someone else - See Table 7

Nationally only 14.3% [12.7 - 15.9] of learners always wore a seatbelt when driven by someone else, with no significant variation by gender, by "race", by grade or by age.

Significantly fewer learners in Gauteng (10.2% [8.3 - 12.1]) always wore a seatbelt when driven by someone else when compared to the national average of 14.3% [12.7 - 15.9]. Limpopo (19.7% [14.0 - 25.3]) had the highest prevalence of learners who always wore a seatbelt when driven by someone else.

Always wear a seatbelt when driving - See Table 7

Nationally among those who had driven a vehicle, 21.4% [19.6 - 23.1] of drivers always wore a seatbelt when driving. Significantly more male drivers (25.0% [22.3 - 27.6]) than female drivers (17.9% [14.6 - 21.3]) always wore a seatbelt when driving. There was no significant variation in prevalence by grade or by age.

Significantly more drivers in the Western Cape (28.4% [18.3 - 38.5]) always wore a seatbelt when driving when compared to the national average of 21.4% [19.6 - 23.1]. Eastern Cape (15.3% [12.7 - 18.0]) had the lowest provincial prevalence.

Driven by someone who had been drinking alcohol - See Table 8

The national prevalence of learners who in the past month had been driven by someone who had been drinking alcohol was 34.5% [32.3 - 36.6]. Significantly more males (37.6% [35.2 - 39.9]) than females (32.0% [29.0 - 35.1]) reported being driven by someone who had been drinking alcohol in the past month. There was no significant variation by grade, or by age.

KwaZulu-Natal (40.9% [34.6 - 47.2]) had the highest prevalence among the provinces, with Northern Cape (27.9% [17.5 - 38.2]) having the lowest provincial prevalence. Note that this variation by province was not statistically significant using 95% confidence intervals (see Graph 6).

Drove after drinking alcohol - See Table 8

Nationally 7.8% [6.5 - 9.0] had driven after drinking alcohol in the past month. Significantly more males (10.2% [8.7 - 11.6]) than females (5.5% [3.7 - 7.2]) had driven after drinking alcohol. There was no significant variation by "race", grade and age.

North West Province (11.1% [6.5 - 15.8]) had the highest prevalence among the provinces of drivers who had driven after drinking alcohol. Limpopo (6.1% [3.5 - 8.7]) had the lowest provincial prevalence (see Graph 7).

Walked alongside a road after drinking alcohol - See Table 8

Nationally 10.6% [9.0 - 12.1] of learners had walked alongside a road after drinking alcohol in the past month. Significantly more males (14.9% [12.6 - 17.2]) than females (7.1% [5.8 - 8.4]) had walked alongside a road after drinking alcohol. Significantly more "White" (21.8% [15.8 - 27.8]), "Coloured" (20.3% [14.4 - 26.2]) and "Indian" (20.1% [11.9 - 28.4]) learners had walked alongside a road after drinking alcohol when compared to "Black" learners (8.2% [6.8 - 9.6]).

Significantly fewer grade 8's (7.7% [6.2 - 9.1]) than grade 11's (14.5% [10.0 - 18.9]) had walked alongside a road after drinking alcohol. Significantly fewer 13-year-old and younger learners (5.2% [3.0 - 7.4]) than 15-year-olds (10.1% [7.8 - 12.5]), 16-year-olds (12.1% [9.7 - 14.6]), 17-year-olds (10.6% [8.3 - 12.9]), 18-year-olds (13.5% [10.3 - 16.6]) and 19-year-olds and older (11.4% [9.3 - 13.5]) had walked alongside a road after drinking alcohol.

Western Cape (19.6% [12.2 - 27.0]) had a significantly higher prevalence of learners who had walked alongside a road after drinking alcohol when compared to the national average of 10.6% [9.0 - 12.1]. KwaZulu-Natal (5.6% [2.1 - 9.1]) had the lowest provincial prevalence of learners who had walked alongside a road after drinking alcohol (see Graph 8).

4.2.3. OVERVIEW

One in 10 learners (10.6%) walked along the roadside after drinking alcohol; 14.3% of learners always wore a seatbelt when driven by someone else; 21.4% always wore a seatbelt when driving themselves. An overwhelming majority of adolescents are not complying with the legal requirements of always using seatbelts.

In the month preceding the survey, more than 1 in 3 learners (34.5%) rode with a driver who had been drinking alcohol, and 7.8% drove after drinking alcohol themselves. This behaviour seriously jeopardises the health and welfare of young people by placing them at unnecessary risk of injury.

Northern Cape, KwaZulu-Natal, Eastern Cape and Gauteng had lower prevalences of learners who always wore a seatbelt when driven by others and when driving themselves.

The fact that learners under the legal driving age of 18 years did respond to questions regarding their driving behaviour implies that there are learners driving illegally.

4.3. Suicide-related behaviours

4.3.1. INTRODUCTION

This section focuses on prevalence of the following behaviours displayed by learners over the six months preceding the survey:

- Having feelings of sadness and hopelessness
- Contemplating suicide
- Making a plan to commit suicide
- Attempting suicide
- Requiring medical treatment following a suicide attempt

Suicidal behaviour has been described as ranging from merely thinking about ending one's life, through developing a plan to commit suicide and obtaining the means to do so, and attempting to kill oneself, to finally carrying out the act successfully. Although suicide rates tend to increase with age, global trends suggest that suicide is increasingly being reported among younger people.⁽⁴⁶⁾

Deaths from self-inflicted injuries account for 1.3% of the global burden of disease. It is well known that availability of means to commit suicide, such as firearms, has a major impact on actual suicides.⁽⁶³⁾

In South Africa suicides appear to be more common among young people than among old people, with almost half (46.5%) of the suicides involving young adults between 20-34 years. From 15 years of age suicides rise sharply and peak between the ages of 25 and 29 years.⁽⁵¹⁾ Consistent with global trends, there were 4.7 male suicides for every female suicide. While male suicides peaked in the 25-29-year age group, female suicides peaked in the 15-19-year age group. The major forms of suicide among males were hanging (46%) and firearms (31%), and among females poisoning (36%) and hanging (23%).⁽⁶⁴⁾

However, deaths from suicide are only the tip of the iceberg of all suicidal behaviours, as there are many suicide attempts each year where people survive. However, there is very little information on non-fatal suicidal behaviour among adolescents in South Africa. It is difficult to collect reliable data on non-fatal suicidal behaviour due to the social stigma attached to it, resulting in cases being under-reported. This is the first school-based study into non-fatal suicides providing data based on a representative national sample.

4.3.2. RESULTS

Had sad or hopeless feelings - See Table 9

Nationally 24.6% [23.2 - 25.9] of learners had felt so sad or hopeless during the past six months that they stopped doing some of their usual activities for two or more weeks in a row, with no significant variation in this prevalence by gender or by "race".

There was an increase in the prevalence of sad or hopeless feelings among learners with an increase in grade. Significantly more grade 11 learners (32.1% [28.0 - 36.2]) than grade 10 (24.3% [21.3 - 27.3]), grade 9 (22.7% [20.7 - 24.7]) and grade 8 (22.7% [20.2 - 25.1]) learners had sad or hopeless feelings. Significantly fewer 14-year-old learners (19.3% [16.4 - 22.3]) had sad or hopeless feelings than 16-year-olds (25.3% [22.5 - 28.0]), 17-year-olds (28.4% [24.8 - 32.0]), 18-year-olds (27.5% [22.8 - 32.1]) and those of 19 years and older (27.0% [24.0 - 29.9]).

Significantly more learners in Gauteng (34.1% [31.6 - 36.7]) had sad or hopeless feelings than the national average (24.6% [23.2 - 25.9]). Significantly fewer learners in the Eastern Cape (17.7% [14.0 - 21.5]) had sad or hopeless feelings than the national average (see Graph 9).

Ever considered attempting suicide - See Table 9

The national prevalence of learners who had ever considered attempting suicide in the past six months was 19.0% [16.8 - 21.1], with no significant variation by gender, "race" or grade.

Significantly fewer learners of 13 years or younger (13.7% [11.1 - 16.2]) had ever considered attempting suicide than 16-year-olds (20.9% [17.6 - 24.2]), 18-year-olds (20.2% [16.6 - 23.8]) and those of 19 years and older (24.7% [19.8 - 29.6]).

The Eastern Cape (13.9% [10.2 - 17.5]) had the lowest provincial prevalence of learners who had ever considered attempting suicide. Learners in Free State (22.8% [18.1 - 27.5]) had the highest provincial prevalence. In the Western Cape significantly more females (22.7% [19.3 - 26.1]) than males (15.1% [12.3 - 18.0]) had ever considered attempting suicide (see Graph 9).

Made a plan to commit suicide - See Table 9

Nationally 15.8% [14.1 - 17.4] of learners had made a plan to commit suicide in the past six months, with no significant variation by gender, "race", grade or age.

Free State had the highest provincial prevalence (20.3% [15.9 - 24.6]) of learners who had made a plan to commit suicide, while the Eastern Cape (11.4% [8.5 - 14.3]) had the lowest provincial prevalence. Among learners in the Western Cape, significantly more females (20.4% [15.5 - 25.2]) than males (11.8% [9.7 - 13.9]) had made a plan to commit suicide (see Graph 9).

Made one or more suicide attempts - See Table 9

Nationally 17.3% [15.1 - 19.4] of learners had made one or more suicide attempts in the past six months, with no significant variation in prevalence by gender, "race" or grade. Significantly fewer learners of 13 years or younger (13.4% [10.1 - 16.7]) had made one or more suicide attempts than those aged 19 and older (22.4% [17.9 - 26.9]).

Mpumalanga (23.1% [16.0 - 30.1]) had the highest provincial prevalence of learners who had made one or more suicide attempts in the past six months, while the Eastern Cape had the lowest provincial prevalence (12.8% [8.8 - 16.8]) (see Graph 9).

Made a suicide attempt requiring medical treatment - See Table 9

Nationally among those who had attempted suicide in the past 6 months, 27.8% [25.4 - 30.3] had made a suicide attempt which resulted in an injury, poisoning or overdose that had to be treated by a doctor or nurse (i.e. required medical treatment). There was no significant variation in this prevalence by gender, "race", grade or age, except that grade 8 learners (33.0% [29.2 - 36.9]) had a significantly higher prevalence of having made a suicide attempt that required medical treatment than grade 9 learners (24.5% [20.5 - 28.4]).

Limpopo Province (34.1% [29.0 - 39.2]) had the highest provincial prevalence of learners having made a suicide attempt in the past six months that required medical treatment, while the Free State (21.7% [14.2 - 29.1]) had the lowest provincial prevalence (see Graph 9).

4.3.3. OVERVIEW

In the six months preceding the survey, 1 in 4 learners (24.6%) had felt so sad or hopeless that they stopped doing some usual activities for two weeks or more in a row. One in 5 learners (19.0%) considered attempting suicide, 15.8% of learners made plans to commit suicide, and 17% attempted suicide on one or more occasions in the previous six months. Of those who attempted suicide, 27.8% had to have medical treatment as a consequence, with more learners in lower grades being treated. The data suggest that a large number of learners suffer from mental health problems.

There were no gender or "race" differences in the expression of sad or hopeless feelings by learners at a national level.

Older learners reported higher prevalences of experiencing sad or hopeless feelings, considering suicide, making a plan to commit suicide and attempting suicide, in the six months before the survey.

Learners in the Eastern Cape reported the lowest provincial prevalence of experiencing sad or hopeless feelings, considering suicide, making a plan to commit suicide and attempting suicide. Learners in Gauteng reported a significantly higher prevalence of feelings of sadness and hopelessness than the national rate. Free State had the highest provincial prevalence of considering suicide and of making a plan to commit suicide, and the second highest provincial prevalence of having sad or hopeless feelings, and of making at least one suicide attempt. Female learners in the Western Cape had significantly higher rates of ever considering suicide (22.7%) and making a plan to commit suicide (20.4%) when compared to their male counterparts.

CHAPTER 5

Substance Abuse

This chapter presents findings on substance using behaviours, in particular tobacco, alcohol, cannabis (dagga), inhalants, methaqualone and antihistamine (Mandrax), cocaine, heroin, "club drugs", and over-the-counter and prescription drugs.

5.1. Tobacco use

5.1.1. INTRODUCTION

This section focuses on:

- Ever having used cigarettes
- Age of initiation of cigarette use
- Use of cigarettes in the past month
- Frequent cigarette use in the past month
- Attempts to stop smoking cigarettes during the past year
- Use of smokeless tobacco products in the past month
- Exposure to environmental tobacco smoke during the past week
- Whether parents or guardians smoke

The use of tobacco products in adolescence usually leads to a lifelong addiction to nicotine. Also, recent European, American and Asian epidemiological evidence shows that about half of all persistent cigarette smokers who start young are eventually killed by their habit, unless they quit. There were 100 million deaths from tobacco in the 20th century, but if current smoking patterns continue, the number will increase ten-fold this century.⁽⁶⁵⁾

When examining cancer mortality and morbidity rates in South Africa between 1993-1995, lung cancer, whose principal cause is tobacco smoking, was the second most common cancer among "Coloured" males, the third most common cancer among "Black" and "Indian" males, and fourth most common among "White" males. Tobacco-related disease appears to be increasing, since lung cancer among "White", "Black" and "Indian" South African women has only been listed among the top five cancers since 1995.⁽⁶⁶⁾ Furthermore, a sample taken from the recently implemented death notification system, which records smoking history of the deceased, shows significantly increased relative risk (RR) of death for those who had smoked in the 5 years prior to their death, due to oesophageal cancer (RR=4.1), lung cancer (RR=3.3), tuberculosis (RR=2.5), stomach cancer (RR=2.2), digestive diseases (RR=1.6), and other lung diseases (RR=1.6).⁽⁶⁷⁾

There have been several studies collecting data on adult tobacco use. In 1993 it was reported that 31.5% of adults were current smokers.⁽⁶⁸⁾ Three surveys conducted in February 1995, February 1996 and October 1996 reported a current smoking rates of 34%, 31% and 34% respectively.⁽⁶⁹⁻⁷⁰⁾ However, by 1998, amidst the implementation of the Tobacco Products Control Act,⁽⁷¹⁾ only 24% of adults reported being current smokers.⁽³¹⁾

The first nationally representative study on tobacco-use among school-going learners found that 46.7% of learners in grades 8-10 reported ever having smoked cigarettes, 23.0% of them reported being current smokers (smoked cigarettes on one or more days in the past month) and

10.1% were frequent smokers (smoked on 20 or more days in the past month). Almost 1 out of 5 learners (18.5%) reported first smoking cigarettes before the age of 10 years, and among current smokers 76.6% had tried to quit smoking in the past year.⁽²⁰⁾

5.1.2. RESULTS

Ever smokers - See Table 10

Almost one third of the sample (30.5% [27.5 - 33.5]) had ever smoked cigarettes in their lifetime. Significantly more male learners (40.0% [36.9 - 43.1]) than female learners (23.0% [19.6 - 26.4]) reported ever smoking cigarettes, although this significant gender difference was only found within "race" groups when comparing "Black" male learners (34.3% [31.3 - 37.3]) and "Black" female learners (15.8% [12.9 - 18.7]). Significantly more "White" (66.7% [61.7 - 71.7]), "Coloured" (56.6% [49.7 - 63.6]), and "Indian" (47.4% [32.2 - 62.6]) learners had ever smoked cigarettes when compared to "Black" learners (23.9% [21.3 - 26.4]).

Significantly more learners in grade 11 (40.1% [33.1 - 47.1]) than in grade 8 (27.6% [23.6 - 31.6]) had ever smoked cigarettes. Significantly fewer learners aged 13 and younger (20.4% [15.7 - 25.0]) had ever smoked cigarettes than 15-year-olds (31.1% [27.2 - 35.1]), 16-year-olds (35.2% [30.9 - 39.6]) and 17-year-olds (32.6% [27.7 - 37.6]).

Significantly more learners in the Western Cape (51.1% [37.6 - 64.7]) and Gauteng (41.4% [35.2 - 47.5]) had ever smoked when compared to the national average (30.5% [27.5 - 33.5]). Significantly fewer learners in KwaZulu-Natal (18.2% [12.6 - 23.8]) had ever smoked cigarettes when compared to the national figure.

Age of initiation < 10 years - See Table 10

Nationally 6.2% [5.4 - 7.0] of learners had smoked their first cigarette before the age of 10 years. Male learners (8.7% [7.6 - 9.9]) were twice as likely as female learners (4.2% [3.4 - 5.1]) to have smoked their first cigarette before the age of 10 years.

Significantly more "White" (13.5% [11.1 - 15.9]) and "Coloured" (9.5% [7.3 - 11.7]) learners had smoked their first cigarette before age 10 when compared to "Black" learners (5.1% [4.2 - 6.0]). There was no significant variation in the prevalence of learners having smoked their first cigarette before age 10 by grade, age, or province.

Mpumalanga (9.2% [5.3 - 13.0]) and the Northern Cape (9.2% [5.1 - 13.4]) had the highest provincial prevalences of learners having smoked their first cigarette before age 10, while KwaZulu-Natal (4.9% [3.1 - 6.6]) and Limpopo (4.9% [2.5 - 7.4]) had the lowest provincial prevalences (see Graph 10).

Current smokers - See Table 10

Nationally about 1 in 5 learners (21.1% [19.5 - 22.8]) were classified as current smokers, i.e. they had smoked cigarettes on one or more days in the past month. Significantly more males (29.0% [27.2 - 30.7]) than females (14.9% [13.0 - 16.9]) were current smokers. However, this significant gender difference was only found within "race" groups when comparing "Black" male (26.4% [24.5 - 28.3]) and "Black" female learners (10.3% [8.7 - 11.9]).

Significantly more "Coloured" (39.5% [33.2 - 45.9]), "White" (37.8% [32.3 - 43.4]) and "Indian" (26.9% [19.2 - 34.7]) learners were current smokers when compared to "Black" learners (17.3% [15.8 - 18.9]). There was no significant variation in the prevalence of learners who were current smokers by grade. Learners in the 13 years and under age category (11.2% [8.5 - 13.8]) had significantly lower rates of current smoking when compared to 14-year-olds (18.0% [14.9 - 21.1]), 15-year-olds (21.3% [18.5 - 24.0]), 16-year-olds (24.3% [21.3 - 27.2]), 17-year-olds (23.2% [19.9 - 26.5]), 18-year-olds (24.6% [19.9 - 29.3]) and those of 19 years and older (22.6% [19.4 - 25.7]).

The Western Cape (37.7% [27.7 - 47.6]), Free State (29.4% [23.5 - 35.3]) and Gauteng (28.5% [25.0 - 32.1]) had significantly higher rates of current smoking than the national average of 21.1% [19.5 - 22.8]. Limpopo Province (14.0% [10.8 - 17.2]) and KwaZulu-Natal (13.7% [10.8 - 16.5]) had a significantly lower rate of current smoking than the national average.

Current frequent cigarette use - See Table 10

Nationally 6.5% [5.5 - 7.4] of learners had smoked cigarettes on 20 or more days in the past month. Significantly more males (10.0% [8.7 - 11.2]) than females (3.7% [2.8 - 4.6]) were current frequent smokers, although this significant gender difference was only found within "race" groups when comparing "Black" male learners (8.1% [6.9 - 9.2]) and "Black" female learners (1.5% [1.0 - 1.9]). Significantly more "White" (18.2% [13.5 - 23.0]) and "Coloured" (16.0% [11.7 - 20.4]) learners were current frequent smokers than "Indian" (4.8% [1.6 - 7.9]) and "Black" learners (4.4% [3.7 - 5.0]).

Significantly more grade 11 learners (8.9% [6.4 - 11.5]) were classified as current frequent smokers when compared to grade 8 learners (4.3% [3.3 - 5.3]). Learners in the 14-year-old age category (3.3% [2.1 - 4.5]) had significantly lower rates of current frequent smoking when compared to 15-year-olds (5.9% [4.7 - 7.1]), 16-year-olds (8.1% [5.9 - 10.4]), 17-year-olds (7.4% [5.7 - 9.0]), 18-year-olds (10.8% [7.6 - 14.0]) and those aged 19 and older (7.2% [5.7 - 8.8]).

The Western Cape (16.3% [10.6 - 21.9]) had significantly higher rates of current frequent smoking than the national average of 6.5% [5.5 - 7.4], while KwaZulu-Natal (3.1% [2.3 - 3.9]) and Limpopo (3.1% [1.9 - 4.2]) had significantly lower rates of current frequent smoking than the national average.

Tried to quit cigarettes - See Table 10

Nationally 47.4% [43.9 - 50.9] of current smokers had tried to stop smoking in the past year. There was no significant difference in the prevalence of having tried to quit smoking in the past year between male (47.0% [43.3 - 50.6]) and female current smokers (48.1% [43.9 - 52.3]). Significantly more "Coloured" (63.2% [58.6 - 67.7]) and "White" learners (59.0% [52.7 - 65.4]) had tried to quit smoking in the past year when compared to "Black" learners (40.7% [37.1 - 44.3]).

There was an increase in the prevalence of learners who had tried to quit smoking in the past year from grade 8 to grade 10. Significantly more learners in grade 10 (54.4% [49.1 - 59.7]) had tried to stop smoking when compared to learners in grade 8 (37.5% [30.6 - 44.3]).

The Western Cape (63.6% [61.3 - 65.9]) and Northern Cape (59.6% [52.6 - 66.5]) had significantly more learners who had tried to quit smoking in the past year than the national average of 47.4% [43.9 - 50.9], while Limpopo Province (27.6% [14.8 - 40.4]) and KwaZulu-Natal (34.3% [27.8 - 40.8]) had significantly lower rates when compared to the national average.

Used smokeless tobacco - See Table 10

The national average for smokeless tobacco use (for example chewing tobacco, or snuff) in the month preceding the survey was 10.5% [9.2 - 11.8]. There was no significant variation in this prevalence of having used smokeless tobacco in the past month by gender, "race", grade and age.

Eastern Cape (7.6% [4.7 - 10.6]) had the lowest provincial prevalence of learners who had used smokeless tobacco in the past month, while Limpopo (14.4% [9.6 - 19.3]) had the highest provincial prevalence.

Exposed to Environmental Tobacco Smoke - See Table 11

Nationally significantly more current smokers 84.0% [81.6 - 86.3] than those who had never smoked 56.0% [52.7 - 59.3] had someone smoke in their presence in the week preceding the survey. Among the current smokers, significantly more "White" current smokers (94.3% [91.4 - 97.3]) than "Coloured" (84.8% [80.9 - 88.7]) and "Black" (80.9% [77.9 - 83.9]) current smokers had someone smoke in their presence in the week preceding the survey.

There was an increase in the prevalence of current smokers and those who had never smoked who had someone smoke in their presence in the week preceding the survey with increase in grade. Significantly more grade 11 current smokers (90.2% [86.6 - 93.8]) than grade 8 (79.7% [75.6 - 83.8]) and grade 9 (80.8% [77.1 - 84.5]) current smokers had someone smoke in their presence in the past week. Significantly more grade 11 learners (64.7% [59.0 - 70.3]) who had never smoked had someone smoke in their presence in the week preceding the survey when compared to those in grade 8 (50.3% [44.6 - 56.0]).

Northern Cape had the highest provincial prevalences of current smokers (89.9% [84.9 - 94.9]) and those who had never smoked (74.2% [60.8 - 87.6]) who had someone smoke in their presence in the week preceding the survey, while Limpopo Province current smokers (78.6% [65.4 - 91.9]) and those who had never smoked (45.6% [40.3 - 50.9]) had the lowest provincial prevalences (see Graph 11).

At least one parent/guardian smokes - See Table 11

Significantly more current smokers (47.9% [45.2 - 50.7]) than those who had never smoked (30.4% [28.2 - 32.6]) had one or more parent/guardian who smokes. Significantly fewer "Black" current smokers (41.0% [38.0 - 44.0]) had at least one parent/guardian who smokes when compared to "Coloured" (64.1% [58.2 - 70.0]) and "White" (61.4% [53.6 - 69.2]) current smokers. Significantly more "Coloured" (56.4% [45.9 - 66.9]) than "White" (32.2% [25.1 - 39.4]) and "Black" learners (28.5% [25.7 - 31.2]) who had never smoked had at least one parent/guardian who smokes.

Significantly more current smokers in the Western Cape (64.2% [60.3 - 68.1]) and Northern Cape (63.4% [53.9 - 72.8]) had at least one parent/guardian who smokes when compared to the national average of 47.9% [45.2 - 50.7]. Significantly fewer current smokers in Limpopo Province (32.4% [22.6 - 42.1]) and Mpumalanga (38.8% [34.8 - 42.8]) had at least one parent/guardian who smokes compared to the national average.

Significantly more learners who had never smoked in the Western Cape (42.0% [39.2 - 44.7]), North West Province (39.5% [34.9 - 44.1]), Northern Cape (59.7% [33.7 - 85.8]) and Free State (46.8% [41.6 - 52.0]) had at least one parent/guardian who smokes when compared to the national average (30.4% [28.2 - 32.6]). Significantly fewer learners in KwaZulu-Natal (22.7% [18.9 - 26.5]) who had never smoked had at least one parent/guardian who smokes, when compared to the national average.

5.1.3. OVERVIEW

Almost 1 in 3 learners (30.5%) reported ever having smoked cigarettes in their lifetime, and 1 in 5 learners (21.1%) were current smokers; 6.5% of learners were frequent smokers, and 10.5% had used a smokeless tobacco product in the past month. Of the current smokers, 47.4% had tried to stop smoking cigarettes in the year preceding the survey. With regard to age of initiation, 6.2% of learners had first tried smoking a cigarette before reaching the age of 10 years. Exposure to environmental tobacco smoke in the week preceding the survey was 84.0% among current smokers and 56.0% among learners who had never smoked. The prevalence of smoking among parents and/or guardians of learners was 47.9% among learners who were current smokers, and 30.4% among learners who had never smoked.

"Black" learners, especially females, had significantly lower ever-smoking and current-smoking rates than their "White" and "Coloured" counterparts. There was a significant gender difference for ever- and current-smoking rates among the "Black" learners, but not among the other "race" groups. Even though "Black" learners have a significantly lower prevalence of ever and current smoking when compared to all other "race" groups, "Black" current smokers report a significantly lower rate of having tried to quit than "Coloured" and "White" current smokers.

Tobacco use in South Africa is commonly assumed to involve only cigarette smoking. However, over 10% of learners are using smokeless tobacco products. This form of tobacco use is high among the "Black" learners (11.3%). While "Black" females have low rates of cigarette smoking, they have similar rates of smokeless tobacco use (11.0%) as "Black" males (11.6%).

While ever smoking and current smoking increased with grade and age, the inverse was true for smokeless tobacco usage with grade. While ever smoking was highest in Western Cape and Gauteng, and current smoking was highest in Western Cape, Free State and Gauteng, smokeless tobacco use was highest in the Limpopo, followed by Free State and Mpumalanga.

5.2. Alcohol use

5.2.1. INTRODUCTION

This section focuses on:

- Ever having drunk one "drink" of alcohol (e.g. a beer, a glass of wine, or a 'tot' of brandy)
- Age at which first alcoholic drink was consumed
- Consumption of alcoholic drinks on one or more days in the past month
- Alcohol bingeing (5 or more drinks in succession) on one or more days in the past month

Alcohol use is ranked fifth among the leading causes of death, and consumption has increased over time, with the greatest increase occurring in developing countries. Worldwide, alcohol is responsible for 3.2% of all deaths per annum (1.8 million), with a higher percentage for males than for females. Besides the direct effects of intoxication and addiction resulting in alcohol use disorders, alcohol was estimated to have caused worldwide 20-30% of oesophageal cancer, liver disease, epilepsy, motor vehicle crashes and homicide⁽¹³⁾

Alcohol is the drug most commonly used by South Africans of all ages. The use of alcohol has been relatively well researched, with a variety of studies focusing on both the extent and determinants of use. More than 1 in 4 South Africans (28%) aged 15 years and over currently acknowledge consuming alcohol, 45% of males and 17% of females. Among adolescents aged 15-19 years, 11% are current drinkers, with 25.3% of males having ever drunk alcohol and 14.5% being current drinkers, while 15.0% of females have ever drunk alcohol and 7.1% are current drinkers. For "White" adolescents the rates are much higher, with ever-drinking rates of 70.1% and 65.1% for males and females respectively. Adolescents from Western Cape and Gauteng had the highest rate of ever having used alcohol, while Northern Province had the lowest rate.⁽³¹⁾

5.2.2. RESULTS

Ever used alcohol - See Table 12

Nationally 49.1% [46.2 - 52.0] of learners had drunk one or more drinks of alcohol (e.g. a beer, a glass of wine, or a 'tot' of brandy) in their lifetime (i.e. had ever used alcohol). Significantly more males (56.1% [52.6 - 59.6]) than females (43.5% [40.1 - 47.0]) had ever used alcohol, although this significant gender difference was only found within the "race" groups when comparing "Black" male learners (52.0% [48.2 - 55.9]) and "Black" female learners (37.8% [34.4 - 41.3]). Significantly more "White" (86.0% [82.4 - 89.5]) and "Coloured" learners (66.0% [59.8 - 72.2]) had ever used alcohol when compared to "Black" (44.0% [41.1 - 47.0]) and "Indian" learners (39.7% [27.6 - 51.7]). Significantly more "White" learners than "Coloured" learners had ever used alcohol.

Significantly more grade 11 (62.2% [55.1 - 69.4]) and grade 10 learners (54.5% [47.6 - 61.4]) compared to grade 8 learners (39.3% [34.9 - 43.7]) had ever used alcohol. Learners in the 13 years and under age category (32.8% [27.3 - 38.3]) had significantly lower rates of ever using alcohol than 14-year-olds (43.4% [39.1 - 47.8]), 15-year-olds (48.1% [44.1 - 52.1]), 16-year-olds (53.4% [48.6 - 58.2]), 17-year-olds (56.0% [51.6 - 60.4]), 18-year-olds (46.6% [40.9 - 52.3]) and learners aged 19 and older (50.2% [45.3 - 55.0]).

Northern Cape (71.5% [65.5 - 77.5]) and Gauteng (62.1% [57.4 - 66.8]) had significantly higher percentages of learners who had ever used alcohol when compared to the national average of 49.1% [46.2 - 52.0]. Limpopo Province (36.5% [27.4 - 45.6]) had a significantly lower prevalence of learners who had ever used alcohol than the national prevalence.

Age of initiation < 13 years - See Table 12

Nationally almost 1 in 8 learners (12.0% [10.4 - 13.6]) had drunk their first drink of alcohol before the age of 13 years. Significantly more male (15.8% [13.5 - 18.0]) than female learners (9.0% [7.6 - 10.4]) had used alcohol before the age of 13 years.

Significantly more "White" (25.7% [20.8 - 30.6]) and "Coloured" learners (19.4% [15.7 - 23.0]) had used alcohol before the age of 13 years when compared to "Black" learners. Significantly more "White" (25.7% [20.8 - 30.6]) than "Indian" learners (14.5% [9.6 - 19.4]) had used alcohol before the age of 13 years. There were no significant differences in the prevalence of using alcohol before the age of 13 years among learners in different grades. However, significantly more learners who were 13 years old and younger (16.5% [12.7 - 20.2]) than 17-year-olds (8.6% [6.8 - 10.5]), 18-year-olds (8.1% [4.8 - 11.3]) and learners aged 19 and older (6.4% [4.7 - 8.0]) had used alcohol before the age of 13 years.

There was no significant variation in the prevalence of learners using alcohol before age 13 by province. Limpopo Province (8.2% [5.4 - 10.9]) had the lowest provincial prevalence of having used alcohol before the age of 13 years, while the Western Cape (18.6% [12.1 - 25.1]) had the highest provincial prevalence.

Used alcohol in the past month - See Table 12

Nationally 31.8% [29.3 - 34.3] of learners had drunk alcohol on one or more days in the past month. Significantly more males (38.5% [35.5 - 41.5]) than females (26.4% [23.7 - 29.1]) had drunk alcohol in the past month, although this significant gender difference was only found within the "race" groups when comparing "Black" male learners (34.3% [31.3 - 37.3]) and "Black" female learners (15.8% [12.9 - 18.7]). Significantly more "White" (61.4% [54.2 - 68.6]) and "Coloured" learners (46.4% [38.6 - 54.3]) had used alcohol in the past month when compared to "Indian" (29.4% [21.7 - 37.0]) and "Black" (27.3% [25.0 - 29.6]) learners.

There was an increase in the prevalence of use of alcohol in the past month by learners from grade 8 to grade 11. Significantly more learners in grade 11 (39.9% [34.8 - 45.0]) than learners in grade 8 (25.9% [22.6 - 29.3]) had used alcohol in the past month. Learners in the 13 years and under age category (21.7% [18.7 - 24.7]) had significantly lower rates of alcohol use in the past month when compared to the 15-year-olds (30.1% [26.8 - 33.5]), 16-year-olds (33.7% [29.8 - 37.7]), 17-year-olds (33.8% [28.6 - 39.1]), 18-year-olds (36.3% [31.8 - 40.7]) and the learners aged 19 years and older (36.1% [31.6 - 40.6]).

Northern Cape (54.4% [42.3 - 66.5]) and Western Cape (44.3% [35.1 - 53.6]) had significantly higher percentages of alcohol use in the past month when compared to the national average of 31.8% [29.3 - 34.3]. KwaZulu-Natal (24.2% [18.1 - 30.2]) had the lowest provincial prevalence (see Graph 12).

Past month binge drinking - See Table 12

Nationally 23.0% [20.9 - 25.0] of learners had drunk five or more drinks of alcohol within a few hours on one or more days in the past month (binge drinking in the past month). Significantly more males (29.3% [26.7 - 31.9]) than females (17.9% [15.6 - 20.3]) had engaged in binge drinking in the past month, although this significant gender difference was only found within the "race" groups when comparing "Black" male (27.1% [24.1 - 30.0]) and "Black" female learners (15.7% [13.3 - 18.1]). Significantly more "White" (35.9% [29.7 - 42.1]) and "Coloured" learners (32.3% [25.8 - 38.8]) had engaged in binge drinking in the past month when compared to "Black" learners (20.7% [18.5 - 22.8]).

Significantly more grade 11 learners (29.0% [24.7 - 33.3]) than grade 8 learners (19.6% [16.7 - 22.5]) had engaged in binge drinking in the past month. Learners in the 13 years and under age category (16.1% [13.9 - 18.2]) had significantly lower rates of past month alcohol use when than the 15-year-olds (21.9% [18.9 - 24.9]), 16-year-olds (23.0% [19.9 - 26.1]), 17-year-olds (23.9% [20.1 - 27.6]), 18-year-olds (27.7% [22.2 - 33.3]) and those learners aged 19 and older (28.0% [24.4 - 31.5]).

Significantly more learners in the Western Cape (33.9% [27.7 - 40.2]) had engaged in binge drinking in the past month when compared to the national average of 23.0% [20.9 - 25.0]. Limpopo Province (17.5% [12.6 - 22.5]) had the lowest percentage of learners who had engaged in binge drinking in the past month (see Graph 13).

5.2.3. OVERVIEW

Nationally 1 in 2 learners (49.1%) had drunk at least one drink of alcohol in their lifetime. With regard to age of initiation, 12.0% of learners reported having had their first drink before the age of 13. In the 30 days preceding the survey, 31.8% used alcohol on one or more days, while 23.0% had had five or more drinks within the space of a few hours on one or more days.

Significantly higher percentages of "White" (86.0%) and "Coloured" learners (66.0%) had ever drunk alcohol compared to "Black" learners. Males had significantly higher rates than females in all of the measures of alcohol use. However, this gender difference was not found among "White" and "Coloured" learners.

Rates of ever using alcohol, alcohol use in the past month and binge drinking in the past month increased with age and grade. However, in some cases the oldest group or those in the highest grade had lower rates. More learners in younger age groups had their first drink of alcohol before the age of 13 years than learners in older age groups, suggesting that the initiation of alcohol use is occurring at younger ages.

Provincial alcohol consumption prevalences were wide-ranging, with Gauteng, Western Cape and Northern Cape reporting the highest rates. The Northern Cape was the only province where

more females than males had used alcohol in their lifetime and in the past month. Additionally, it was the only province where there was a significantly greater proportion of past month drinkers than of past month binge drinkers, which suggests that there was a large proportion of learners in this province who had drunk alcohol during the previous month but whose drinking did not constitute binge drinking. However, in all the other provinces the rates of past month use and past month bingeing were not significantly different from one another, raising a concern because past month alcohol bingeing was no less common than past month use.

5.3. Use of illegal and other drugs

This section focuses on:

- Ever having used cannabis (dagga)
- Age of initiation of using cannabis (dagga)
- Use of cannabis (dagga) in the past month
- Ever having used other specified drugs: inhalants, methaqualone (Mandrax), cocaine, heroin club drugs, over-the-counter and prescription drugs

5.3.1. INTRODUCTION

Cannabis (Dagga)

Cannabis is the most widely used illegal drug globally with an estimated 144 million annual users, and is described as the main problem drug in Africa.⁽⁷²⁾ In South Africa cannabis is sometimes smoked in combination with tobacco and Mandrax, and is called a "white pipe". The use of these drugs results in a variety of negative consequences ranging from dependence to property crime and interpersonal violence. While data from national surveys are limited, the South African Community Epidemiology Network on Drug Use has demonstrated that the proportion of patients with cannabis as their primary drug of abuse has fluctuated across treatment sites, ranging from 5-30% of the total demand for substance abuse treatment. A similar trend has been seen for Mandrax in certain parts of the country, for example the Western Cape.⁽⁷³⁻⁷⁴⁾

Inhalants

Inhalants, or volatile substances, commonly used among young people in South Africa include glue, paint thinners, benzine and petrol. Their use is often considered to be most common among children who live on the streets, but it is not confined to this group. A study among "Black" youth aged 10-21 years revealed that 7.4% had used inhalants in their lifetime.⁽⁷⁵⁾ However, until now there have been no national studies on the extent of their use among learners in schools.

Mandrax

The use of Mandrax, a drug consisting of methaqualone and antihistamine, is illegal in South Africa. This drug appears in the form of a tablet that is typically smoked in combination with dagga in a pipe known as a "white pipe". More than 80% of Mandrax use is confined to the Southern Africa region, and South Africa in particular.⁽⁷³⁾ However, until now there have been no national studies on the extent of their use among learners in schools.

Cocaine and heroin

The widespread availability and use of cocaine and heroin by South African youth has increased in the past decade. There is a dearth of studies concerning the use of these drugs by learners in schools in South Africa, but various indicators reveal steady increases in rates of use, particularly among young people, since the monitoring of drug use trends began in 1996.⁽⁷⁶⁾ Again, until now there have been no national studies on the extent of their use among learners in schools.

"Club drugs"

A range of drugs, including ecstasy, amphetamines ("speed") and lysergic acid ("LSD"), is associated with the rave culture, and little research is available on the extent of their use among learners in South Africa. There is evidence that "club drugs", like cocaine and heroin, have been increasing in availability and use in South Africa since studies on their use have been initiated.⁽⁷⁶⁾ Once again, until now there have been no national studies on the extent of their use among learners in schools.

Over-the-counter and prescription drugs

The main drugs in this category include benzodiazepines and analgesics. Some are easily available from pharmacies, while others can only be obtained through a prescription or illegally. There are indications that young people's access to these drugs has been increasing, but research has not extensively examined their use in South Africa.⁽⁷⁶⁾

5.3.2. RESULTS

Cannabis (Dagga)

Ever used dagga - See Table 13

Nationally 12.8% [11.4 - 14.2] of learners reported ever using dagga in their lifetime. Significantly more males (20.2% [18.4 - 22.1]) than females (7.0% [5.6 - 8.4]) had ever used dagga. Significantly more "Coloured" (21.0% [15.8 - 26.2]) and "White" learners (19.5% [14.3 - 24.6]) than "Black" learners (11.2% [9.9 - 12.6]) had ever used dagga. "Coloured" males (27.9% [22.0 - 33.9]) and "Black" males (18.5% [16.6 - 20.5]) had significantly higher prevalences of lifetime dagga use than "Coloured" females (15.1% [9.6 - 20.5]) and "Black" females (5.6% [4.3 - 6.8]) respectively.

Lifetime dagga use increased with increase in grade. Significantly more grade 11 learners (18.9% [15.1 - 22.7]) than grade 9 learners (11.8% [9.9 - 13.7]) and grade 8 learners (10.1% [8.3 - 11.8]) had ever used dagga. Significantly fewer learners who were 13 years and younger (4.2% [2.9 - 5.6]) and 14 years old (7.6% [5.3 - 9.8]) had ever used dagga compared to 16-year-olds (16.4% [13.3 - 19.4]), 17-year-olds (16.1% [12.8 - 19.3]), 18-year-olds (16.7% [12.8 - 20.5]) and those 19 years and older (15.1% [11.8 - 18.4]).

Learners in the Western Cape (18.6% [11.8 - 25.4]) and Gauteng (17.8% [14.2 - 21.5]) had the highest provincial rates of dagga use in their lifetime, even though neither was significantly higher than the national rate of 12.8% [11.4 - 14.2]. Limpopo Province (9.2% [6.2 - 12.1]) had the lowest provincial prevalence of learners ever using dagga.

Age of initiation < 13 years - See Table 13

Nationally 4.2% [3.4 - 5.1] used dagga for the first time before 13 years of age, with no significant variation by gender at a national level. "White" male learners (4.7% [1.6 - 7.8]) had a significantly higher prevalence of using dagga before the age of 13 compared to "White" female learners (0.8% [0.0 - 1.6]). There was no significant variation in the prevalence of using dagga before the age of 13 years by grade.

The prevalence of using dagga before the age of 13 years varied for different ages. Eighteen-year-olds (9.3% [1.5 - 17.0]) had the highest prevalence, followed by those aged 13 and under (6.5% [4.7 - 8.2]). Those that were 13 years old and younger had a significantly higher prevalence of using dagga before age 13 than 14-year-olds (2.7% [1.7 - 3.8]), 15-year-olds (3.3% [2.4 - 4.3]), 16-year-olds (3.4% [2.3 - 4.6]) and 17-year-olds (2.6% [1.6 - 3.7]).

The prevalence of ever using dagga before age 13 in KwaZulu-Natal (6.1% [5.1 - 7.1]) was significantly higher when compared with the national prevalence of 4.2% [3.4 - 5.1], while the Northern Cape (2.0% [1.0 - 3.1]) had a significantly lower provincial prevalence than the national rate.

Used dagga in the past month - See Table 13

Nationally 9.1% [7.7 - 10.5] of learners had used dagga on one or more days in the past month. "Coloured" males (16.2% [12.0 - 20.5]) and "Black" males (13.4% [11.4 - 15.4]) had significantly higher prevalences of using dagga in the past month than "Coloured" females (8.3% [5.2 - 11.4]) and "Black" females (5.3% [3.4 - 7.1]) respectively. There was no significant variation in the prevalence of using dagga in the past month by "race" or by grade.

There was an increase in the prevalence of lifetime dagga use from the age category of 13 years and younger to the 18-year-old category. Thereafter, past month dagga use of school-going learners seems to plateau. Significantly fewer learners who were 14 years old (4.6% [2.8 - 6.3]) used dagga in the past month than 16-year-olds (9.3% [7.4 - 11.2]), 17-year-olds (11.6% [8.9 - 14.3]), 18-year-olds (13.2% [9.9 - 16.5]) and those aged 19 and older (10.8% [8.6 - 13.1]).

Gauteng (12.0% [9.6 - 14.4]) had the highest provincial prevalence, while Northern Cape had the lowest provincial prevalence (5.4% [1.9 - 9.0]).

Other drugs**Ever used inhalants - See Table 14**

Nationally 11.1% [9.9 - 12.3] of learners had ever used inhalants such as glue, aerosols, paint thinners, petrol or benzene. Significantly more males (13.1% [11.2 - 14.9]) than females (9.5% [8.2 - 10.9]) had ever used inhalants. More, but not significantly more, "White" learners (17.6% [11.8 - 23.4]) had ever used inhalants than "Black" learners (10.6% [9.4 - 11.8]).

There was no significant variation in the prevalence of ever using inhalants by grade. Significantly fewer learners aged 13 younger (5.2% [3.4 - 7.0]) had ever used inhalants compared to 15-year-olds (11.2% [8.1 - 14.2]), 16-year-olds (13.0% [10.1 - 15.9]), 17-year-olds (11.2% [8.2 - 14.2]), 18-year-olds (16.7% [9.2 - 24.1]) and learners aged 19 and older (10.8% [7.8 - 13.8]).

KwaZulu-Natal (17.8% [14.8 - 20.7]) had the highest provincial prevalence of learners ever using inhalants, and it was significantly higher than the national average of 11.1% [9.9 - 12.3]. Significantly fewer learners in North West (5.9% [2.8 - 9.1]) and the Northern Cape (5.3% [0.8 - 9.7]) had ever used inhalants compared to the national prevalence.

Ever used Mandrax - See Table 14

Nationally 6.0% [4.8 - 7.2] of learners had ever used Mandrax. More, but not significantly more, males (7.6% [6.3 - 8.9]) than females (4.8% [3.2 - 6.3]) had ever used Mandrax. There was no significant variation in the prevalence of ever using Mandrax by grade, by age or by province.

Limpopo Province had the highest provincial rate of ever using Mandrax (8.2% [3.2 - 13.2]), while the Eastern Cape had the lowest provincial prevalence (3.6% [2.3 - 4.9]).

Lifetime cocaine use - See Table 14

The national prevalence of ever using cocaine was 6.4% [5.1 - 7.6], with no significant variation in this prevalence by gender. "White" learners (2.4% [1.2 - 3.7]) reported a significantly lower prevalence of ever using cocaine compared to "Black" (6.6% [5.1 - 8.1]) and "Coloured" learners (6.3% [4.0 - 8.5]).

There was a decrease in the prevalence of ever using cocaine with an increase in grade. Significantly more grade 8 learners (8.9% [6.1 - 11.7]) reported ever using cocaine than grade 11 learners (3.5% [1.2 - 5.7]). The prevalence of ever using cocaine varied with age, with the only significant difference arising with the comparison of 15-year-olds (5.1% [3.8 - 6.3]) with those 13 years and younger (8.0% [6.5 - 9.6]).

Limpopo (10.7% [5.1 - 16.3]) reported the highest provincial prevalence of learners ever using cocaine, while Gauteng (3.2% [2.5 - 3.9]) reported a significantly lower prevalence of learners ever using cocaine than the national average of 6.4% [5.1 - 7.6].

Ever used heroin - See Table 14

The national prevalence of learners reporting having ever used heroin was 11.5% [9.8 - 13.2], with no significant variation in this prevalence by gender. "White" learners (2.9% [1.4 - 4.4]) reported a significantly lower prevalence of ever using heroin compared to "Coloured" learners (6.9% [4.5 - 9.3]), who in turn reported a significantly lower prevalence of ever using heroin than "Black" learners (12.8% [10.9 - 14.6]).

There was a decrease in the prevalence of ever using cocaine with an increase in grade. Significantly more grade 8 learners (14.7% [11.9 - 17.5]) reported ever using cocaine compared to grade 11 learners (5.7% [3.1 - 8.2]). There was no significant variation in the prevalence of ever using heroin by age.

KwaZulu-Natal (15.2% [11.2 - 19.2]) reported the highest provincial prevalence of learners ever using heroin, while the Northern Cape (5.6% [2.6 - 8.7]), Western Cape (5.8% [3.6 - 8.0]) and Gauteng (7.6% [5.7 - 9.5]) learners reported prevalences significantly lower than the national average of 11.5% [9.8 - 13.2].

Ever used "club drugs" - See Table 14

The national average for ever using "club drugs" was 5.8% [4.8 - 6.8]. Significantly more males (7.6% [6.5 - 8.8]) than females (4.4% [3.1 - 5.6]) ever used these drugs, although this significant gender difference was only found within the "race" groups when comparing "Black" male (6.9% [5.7 - 8.1]) and "Black" female learners (4.2% [2.8 - 5.6]).

There was a decrease in the prevalence of ever using "club drugs" with an increase in grade, although this tendency was not significant. There was an increase in the prevalence of the use of these drugs with an increase in age. Eighteen-year-olds (8.4% [5.6 - 11.1]) and learners aged 19 and older (6.9% [4.6 - 9.1]) reported a significantly higher rate of ever using "club drugs" than those aged 13 and younger (2.3% [1.5 - 3.2]). There was no significant difference in the prevalence of ever using "club drugs" by province.

Ever used over-the-counter or prescription drugs - See Table 14

Nationally the prevalence of ever using over-the-counter or prescription drugs "to get high" was 15.5% [13.8 - 17.2]. There was no significant variation in this prevalence by gender. The prevalence of ever using over-the-counter or prescription drugs among "Black" learners (16.3% [14.5 - 18.1]) was significantly higher than that among "Coloured" (8.8% [6.1 - 11.6]) and "White" learners (8.6% [5.2 - 11.9]). There was no significant variation in the prevalence of ever using over-the-counter or prescription drugs by grade or by age.

Learners in KwaZulu-Natal (24.8% [20.2 - 29.4]) had a significantly higher prevalence of ever using over-the-counter or prescription drugs than the national average of 15.5% [13.8 - 17.2]. The prevalences of ever using over-the-counter or prescription drugs in the Eastern Cape (11.2% [8.7 - 13.6]), Western Cape (9.5% [7.0 - 12.0]), Northern Cape (6.4% [4.0 - 8.7]) and Gauteng (9.0% [7.4 - 10.5]) were significantly lower than the national average.

5.3.2. OVERVIEW

Cannabis (Dagga)

The percentage of learners who reported ever having used dagga was 12.8%, while 9.1% of learners had used dagga in the month preceding the survey. With respect to age of initiation, 4.2% of learners had used dagga for the first time at the age of 13 or younger. Dagga use varied according to "race" and gender. "White" and "Coloured" learners showed significantly higher prevalences than "Black" learners with respect to all measures of dagga use. Males showed a higher prevalence than females for ever having used and current use of dagga. As with alcohol use, rates of lifetime dagga use and past month dagga use increased with age and grade, except for the in the highest grade and age groups. The Western Cape and Gauteng reported the highest rates of ever using and using it in the month prior to the survey.

Illegal and other drugs

The percentage of learners who reported ever having used inhalants was 11.1%, Mandrax 6.0%, cocaine 6.4%, heroin 11.5%, club drugs 5.8%, and over-the-counter or prescription drugs" 15.5%. This suggests that the proportion of illicit drug use is not negligible, and places young people at risk of negative health and legal consequences that may impact on their education.

5.4. Substance abuse on school property

5.4.1. INTRODUCTION

This section focuses on:

- Use of alcohol on school property over the past month
- Use of cannabis (dagga) on school property over the past month
- Whether learners had been offered, sold or given illegal drugs on school property over the past 6 months

The Department of Education has implemented a policy that bans the possession, use and distribution of illegal drugs as well as alcohol and tobacco on school property.⁽¹²⁾

5.4.2. RESULTS

Used alcohol on school property - See Table 15

The national average of learners who had used alcohol (e.g. a beer, a glass of wine or a "tot" of

brandy) on school property in school time during the month preceding the survey was 9.1% [7.6 - 10.6]. Significantly more males (12.5% [10.6 - 14.4]) than females (6.4% [4.7 - 8.0]) had used alcohol on school property in school time during the past month.

Significantly fewer "White" learners (5.2% [3.0 - 7.3]) had used alcohol on school property in school time during the past month when compared to "Black" learners (9.5% [7.9 - 11.0]). Significantly more "Black" (12.8% [10.9 - 14.7]) and "Coloured" males (11.9% [8.4 - 15.3]) had used alcohol on school property in school time during the past month when compared to "Black" (6.8% [4.9 - 8.8]) and "Coloured" females (5.8% [3.5 - 8.1]).

There was no significant variation by grade or by age.

Significantly fewer learners who were 14 years old (6.0% [4.0 - 7.9]) had used alcohol on school property in school time during the past month when compared to 18 year olds (13.4% [9.6 - 17.1]) and 19 years and older learners (12.4% [9.5 - 15.3]).

Mpumalanga learners (12.1% [9.0 - 15.2]) reported the highest provincial prevalence of having used alcohol on school property in school time during the past month and learners in the Northern Cape (6.9% [3.8 - 10.1]), the lowest.

Used cannabis (dagga) on school property - See Table 15

Nationally 6.1% [5.1 - 7.2] of learners had used cannabis on school property in school time during the month preceding the survey, with male learners (9.1% [7.4 - 10.7]) reporting a significantly higher prevalence than female learners (3.8% [2.6 - 5.0]).

There was no significant variation by "race" or by grade.

Significantly more learners aged 18 years (15.2% [7.1 - 23.3]) than learners aged 13 years or under (2.5% [1.0 - 4.0]), 14 years (4.0% [1.6 - 6.4]) and 15 years (3.5% [2.2 - 4.8]) had used cannabis on school property in school time during the past month.

KwaZulu-Natal learners (9.1% [6.2 - 12.0]) had the highest, and Northern Cape learners (2.7% [0.5 - 4.9]) the lowest provincial prevalence of having used cannabis on school property in school time during the past month.

Was offered, sold or given an illegal drug on school property - See Table 15

The national prevalence of learners who had been offered, sold or given an illegal drug on school property during the six months preceding the survey was 17.2% [15.4 - 18.9]. Significantly more males (20.2% [18.5 - 21.9]) than females (14.8% [12.5 - 17.0]) had been offered, sold or given an illegal drug on school property.

There was no significant variation by "race", grade or age.

Northern Cape learners (26.8% [0.0 - 53.6]) had the highest provincial prevalence of having been sold or given an illegal drug on school property during the past six months, and KwaZulu-Natal learners (14.5% [9.4 - 19.6]), the lowest.

5.4.3. OVERVIEW

In the month preceding the survey, 9.1% of learners reported having used alcohol on school grounds and 6.1% reported having used dagga. During the six months before the survey, 17.2% of learners had been offered, sold or given an illegal drug while at school. As in the case of alcohol and dagga usage in general, more males than females used alcohol and dagga on school property. Even though "White" learners reported significantly higher rates of alcohol use in general, significantly fewer "White" learners used alcohol on school property than "Black" learners. While there are "race" differences in alcohol and dagga usage on school property, these differences do not manifest in learners being offered, sold or given an illegal drug on school property.

CHAPTER 6

Sexual Behaviour

This chapter presents results on behaviours related to sexuality, namely sexual practices, partner pattern, contraceptive use, pregnancy experience, abortion, and sexually transmitted infections.

6.1. Introduction

The chapter focuses on the following specific aspects of sexual behaviour:

- Whether learners have ever had sex
- Age of first sexual encounter
- Number of sexual partners
- Sexual activity in the past month
- Use of alcohol and drugs before sex
- Choice of contraception method
- Consistent condom use (always using a condom)
- Pregnancy experience
- Abortion experience
- Where abortions took place
- Sexually transmitted infections experience
- Knowledge about protection against HIV

Heightened sexual awareness is part of adolescent development. While this is a normal process, it is often characterised by experimentation, which has the potential of placing adolescents at risk of unprotected sexual activity, unplanned pregnancy, and sexually transmitted infections including HIV.

Literature on studies of sexual behaviour of African students reflects that for a sample of 14- and 15-year-olds, between 10% and 24% of girls and 18% and 63% of boys have had sexual intercourse. There is at least a one-year difference in initiation age by gender, with boys reporting an earlier age of first having had sex than girls.⁽⁷⁷⁾ Large-scale South African studies on young people aged 13-19 years are limited and where data do exist the samples appear to have grossly unequal representations of males and females.^{(31) (51)}

The South African Demographic and Health Survey of 1998 presented findings about female sexual behaviour. It reported that among women aged 15-19 years, 8.5% have had sex by the age of 15, and of those who have ever had sex, 21.2% report using a condom when they last had sex with an unmarried partner. On the other hand, among currently sexually active women aged 15-19 years, 51% use injectables as contraception, 33.6% use no method, and 4% report using a condom. Similar figures for males were not presented in the report.⁽³¹⁾ In a more recent study of 15-24-year-olds, 57.1% of men and 46.1% of women reported using a condom at last sexual intercourse.⁽⁷⁸⁾ In addition, a study has shown that gender was found to be a predictor of condom use, with more males than females reporting having used condoms. Past sexual behaviour was found to be a predictor of intention to have sex; i.e. once learners have had sex they are much more likely to have sex again.⁽⁷⁹⁾

Recent data on South African women attending antenatal clinics indicate that women in their 20s represent the group with the highest number of individuals with HIV infection.⁽⁸⁰⁾ A substantial number of young people are engaging in unprotected sex. Furthermore, by the age of 19 years at least 1 in 3 of all teenagers have been pregnant or had a child. Also, 11% of termination of pregnancies

was by women under 18 years old.⁽⁸¹⁾ From the above it is clear that a substantial number of young people, as a result of the sexual choices they make or situations they find themselves in, are at risk in terms of their sexual health and subsequently their physical and mental health.

With regard to sexuality education within the school, there have been several attempts to include it in school curricula, and various reasons have been cited for the discrepancy in implementation in different schools.⁽⁸²⁾

6.2. Results

Ever had sex - See Table 16

The national prevalence for learners who reported ever having had sex (where the penis enters the vagina or anus) was 41.1% [38.6 - 43.7], with significantly more male learners (50.1% [47.0 - 53.2]) than female learners (34.1% [31.1 - 37.1]) reporting ever having had sex.

Significantly fewer "White" learners (25.9% [20.2 - 31.5]) reported ever having had sex compared to "Black" learners (43.6% [41.2 - 46.0]). Significantly more "Black" (53.9% [50.6 - 57.1]) and "Coloured" male learners (41.2% [34.4 - 48.0]) than "Black" (35.6% [32.7 - 38.5]) and "Coloured" female learners (30.9% [18.5 - 43.4]) respectively, reported ever having had sex.

When comparing ever having had sex by grade, there was an increase in the prevalence from grade 8 to grade 11, with significantly more learners reporting having had sex in grade 11 (54.2% [48.4 - 60.1]) than in grade 8 (32.6% [29.5 - 35.7]) and grade 9 (40.9% [37.8 - 43.9]). In each of the grades significantly more males reported ever having had sex than females.

Significantly more learners aged 17 years (49.8% [43.3 - 56.3]), 18 years (59.8% [53.7 - 66.0]) and 19 years or older (60.2% [54.7 - 65.7]) reported ever having had sex than learners aged 13 years or under (21.8% [18.7 - 24.9]), 14 years (26.2% [22.6 - 29.9]) and 15 years (33.6% [30.0 - 37.1]). In all of the age groups aged 17 years and under there was a significant difference between the genders, with more males than females reporting ever having had sex.

North West Province (35.2% [30.0 - 40.4]) had the lowest provincial prevalence of learners who reported ever having had sex, while Gauteng (47.0% [42.0 - 52.0]) and the Free State (47.0% [43.6 - 50.5]) had the highest provincial prevalences.

Age of initiation < 14 years - See Table 16

Nationally the prevalence of learners who reported having first had sex before the age of 14 years was 14.4% [13.1 - 15.7]. Significantly more males (25.4% [23.1 - 27.7]) than females (5.6% [4.6 - 6.6]) reported having had their first sexual experience at less than 14 years of age.

Significantly fewer "White" (6.4% [3.8 - 9.0]) than "Black" (15.6% [14.1 - 17.1]) and "Coloured" (12.0% [9.6 - 14.4]) learners reported first having sex before the age of 14 years. The gender difference was significant for all "race" groups except "White" learners. Grade 8 (14.5% [12.2 - 16.7]) learners were just as likely to have had their first sexual encounter before the age of 14 years as their fellow learners in grade 9 (14.9% [13.6 - 16.3]), grade 10 (13.1% [9.3 - 16.9]) and grade 11 (15.6% [13.1 - 18.2]) (see Graph 14). There was no significant variation by age.

Sexual initiation at less than 14 years of age varied in the provinces, from lowest in North West Province (9.9% [6.5 - 13.3]) to highest in Gauteng (19.1% [15.3 - 22.9]).

Had two or more sexual partners in lifetime - See Table 16

Of the learners who reported ever having had sex in their lifetime, 54.0% [51.3 - 56.7] reported having had two or more sexual partners. Significantly more male (66.4% [63.5 - 69.3]) than female (38.1% [34.4 - 41.8]) learners reported having had two or more sexual partners in their lifetime. There was no significant difference between the different "race" groups in the prevalence of having had two or more partners among learners who had ever had sex.

The percentage reporting two or more sexual partners in their lifetime increased with grade. Significantly more grade 11 learners (61.6% [56.6 - 66.5]) reported having had two or more sexual partners when compared to grade 8 learners (52.4% [47.5 - 57.4]). There was no significant variation by age.

Learners in the Western Cape (48.1% [31.4 - 64.9]) had the lowest prevalence of having had two or more sexual partners in their lifetime, and learners in Gauteng had the highest (61.3% [55.8 - 66.9]).

Had one or more sexual partners in the past 3 months - See Table 16

Among those who have ever had sex, the national prevalence for having had one or more sexual partners in the past 3 months was 70.2% [67.7 - 72.8]. There was no significant variation by gender, "race" group or grade. However, learners aged 19 years or older (76.3% [72.5 - 80.1]) had a significantly higher prevalence than learners aged 13 years old or younger (46.8% [30.5 - 63.2]).

The provincial prevalence of having had one or more sexual partners in the past 3 months among learners who have ever had sex was lowest in the Free State (62.0% [57.1 - 66.9]) and highest in KwaZulu-Natal (77.8% [72.4 - 83.1]).

Used alcohol or drugs before sex - See Table 16

Among those learners who had ever had sex, the national prevalence of learners who reported having used alcohol or drugs before sex was 13.8% [12.0 - 15.6]. Significantly more male (17.9% [15.8 - 20.1]) than female learners (8.7% [6.6 - 10.8]) reported using alcohol or drugs before sex.

Significantly fewer "Black" (12.1% [10.3 - 13.9]) than "White" (25.7% [15.0 - 36.4]) and "Coloured" learners (23.6% [16.8 - 30.3]) who had ever had sex reported having used alcohol or drugs before sex. Significantly more "Black" male learners (17.0% [14.5 - 19.4]) than "Black" female learners (6.2% [4.6 - 7.9]), who had ever had sex reported having used alcohol and drugs before sex. There was no significant variation by grade or by age.

KwaZulu-Natal learners (15.2% [10.5 - 20.0]) who have had sex reported the highest prevalence of having used alcohol or drugs before sex, and those in Limpopo (10.7% [4.4 - 17.1]) reported the lowest.

Methods of contraception mostly used - See Table 17

Learners were asked to report a method that they or their partner mostly used to prevent pregnancy. The options were "no method", birth control pills, condoms, injection e.g. depo-provera, withdrawal (removal of the penis from the vagina before ejaculation), morning-after pill and some "other methods".

Of those who had sex, significantly more learners mostly used condoms 44.8% [41.5 - 48.2] as a method of contraception as compared to any of the other methods. There was no significant variation by gender, "race", grade or age.

The use of condoms as a contraceptive method was significantly higher in Gauteng (58.6% [54.5 - 62.8]), Free State (54.0% [48.7 - 59.3]) and the North West Province (55.0% [49.7 - 60.4]) compared to the national prevalence (44.8% [41.5 - 48.2]). The Eastern Cape (30.6% [24.2 - 36.9]) followed by KwaZulu-Natal (32.3% [24.1 - 40.4]) had the lowest provincial prevalence of learners who used condoms as a method of contraception.

"No method was used to prevent pregnancy" (28.1% [25.1 - 31.2]) was the second most common answer when learners who have had sex were asked which method of contraception they mostly used. There was no significant variation by gender. Significantly fewer "White" (11.0% [6.2 - 15.8]) and "Indian" learners (8.6% [-0.3 - 17.5]) who have had sex preferred no method of contraception than "Black" (29.6% [26.2 - 33.0]) and "Coloured" learners (25.3% [18.7 - 31.9]).

The choice of no method of contraception was significantly higher among learners who have had sex in grade 8 (34.5% [28.7 - 40.3]) compared to those in grade 11 (22.5% [17.2 - 27.8]) (see Graph 15). The percentage of learners who used no method of contraception also decreased with an increase in age from 14 to 18 years. Significantly more 14-year-old learners (44.6% [37.9 - 51.2]) did not use any method of contraception when compared to 15-year-old (26.2% [20.6 - 31.8]), 16-year-old (25.6% [21.6 - 29.6]), 17-year-old (23.4% [19.6 - 27.2]), 18-year-old (33.4% [20.9 - 45.9]) and the 19 years and older (25.1% [19.5 - 30.7]) learners.

Significantly more learners in KwaZulu-Natal (47.1% [37.6 - 56.6]) did not use any method of contraception compared to the national prevalence, and the Northern Cape (20.9% [14.3 - 27.5]) had the lowest provincial prevalence.

Similar percentages of learners in the 14-year age group used condoms (39.6% [31.2 - 48.0]) as used no method of contraception.

The prevalences of other methods of contraception mostly used among learners who have had sex were as follows: injection 10.6% [7.8 - 13.3], birth control pills 7.3% [6.1 - 8.6], withdrawal

method 4.8% [3.7 - 6.0], some other methods 2.9% [2.2 - 3.6], and the morning-after pill 1.4% [0.9 - 1.9]. A significantly lower proportion of males (5.2% [3.5 - 6.8]) reported that their partners mostly used the injection as a method of contraception females (17.2% [13.0 - 21.4]) who reported that they mostly used the injection to prevent pregnancy. There was no significant variation by grade.

Eastern Cape learners (24.8% [12.5 - 37.2]) who have had sex had the highest provincial prevalence of mostly using the injection as a method of contraception, and those in KwaZulu-Natal (3.2% [0.9 - 5.6]) had the lowest.

Significantly more "White" (11.9% [6.7 - 17.1]) and "Coloured" (11.9% [7.3 - 16.4]) learners who have had sex mostly used withdrawal as a method of contraception than "Black" learners (3.7% [2.4 - 4.9]). There was no significant variation by gender, grade or age.

Always use a condom during sex - See Table 18

Among those who ever had sex, learners who responded that they "always use a condom" when they have sex were taken to be consistent condom users. The national prevalence for consistent condom use was 28.8% [26.0 - 31.5]. There was no significant variation by gender.

Significantly more "White" (49.8% [41.7 - 57.9]) and "Coloured" learners (39.5% [33.6 - 45.3]) than "Black" learners (26.9% [24.1 - 29.7]) reported using condoms consistently. Consistent condom use increased with grade. Significantly more grade 11 (32.6% [26.2 - 38.9]) than grade 8 (24.3% [20.4 - 28.3]) learners reported using condoms consistently (see Graph 16). Significantly more 15-year-old learners (37.0% [30.0 - 44.0]) who have had sex consistently use condoms than 14-year-old (22.8% [16.2 - 29.4]) and 18-year-old learners (23.2% [17.5 - 28.9]) who have had sex.

North West Province learners (38.8% [30.0 - 47.6]) who have had sex had the highest consistent condom use. Consistent condom use was significantly lower than the national average for learners in KwaZulu-Natal (14.5% [10.4 - 18.6]) who have had sex.

Have been pregnant or made someone pregnant - See Table 18

Learners were asked whether they had been a partner in a pregnancy, that is whether they had either made someone pregnant (male) or been pregnant (female). Nationally 16.4% [13.9 - 18.8] of learners who have had sex have either been pregnant or made someone pregnant. Among those who have had sex, there was no significant difference between the proportion of male learners that have made someone pregnant and the proportion of female learners that have been pregnant.

A significantly smaller percentage of "White" learners (8.5% [3.5 - 13.5]) reported having made someone pregnant or having been pregnant than "Black" learners (17.0% [14.1 - 19.8]). Significantly more grade 8 learners (26.4% [20.1 - 32.7]) who have had sex reported having made someone pregnant or having been pregnant compared to grade 9 (13.3% [10.7 - 15.9]), grade 10 (12.6% [9.9 - 15.4]) and grade 11 (13.3% [10.4 - 16.1]) learners. The prevalence of having made someone pregnant or been pregnant, among learners aged 13 years or under (38.0% [28.9 - 47.2]) who have had sex was significantly higher than for learners of all older ages who have had sex.

Significantly fewer learners in Gauteng (10.6% [8.8 - 12.4]) who have had sex have made someone pregnant or been pregnant compared to the national prevalence. The provincial prevalence for learners who have had sex reporting having made someone pregnant or having been pregnant was highest in Mpumalanga (21.5% [13.6 - 29.5]) (see Graph 17).

Had an abortion or partner had an abortion - See Table 19

Learners were asked if they or their partner had had an abortion and about the place where the abortion took place. The national prevalence of learners who had had an abortion was 8.1% [5.7 - 10.6], with more males (8.2% [6.2 - 10.2]) reporting that their partners had had an abortion than females (8.1% [4.0 - 12.2]) reporting that they had had an abortion. Among those who have had sex, significantly fewer "White" learners (3.2% [1.1 - 5.2]) reported an abortion than "Black" (8.5% [5.6 - 11.3]) learners.

Reported abortions were significantly higher for grade 8 learners (17.9% [10.6 - 25.3]) who have had sex than for grade 9 (7.4% [5.3 - 9.5]), grade 10 (3.1% [1.6 - 4.7]) and grade 11 (5.1% [1.3 - 8.8]) learners who have had sex. Among those learners who have had sex, the prevalence of abortion for learners aged 13 years or under (29.7% [21.7 - 37.7]) was significantly higher than for learners aged 19 years or over (9.2% [4.6 - 13.8]).

Abortion prevalence among those that have ever had sex for the Northern Cape (3.1% [1.0 - 5.3]) was significantly lower than for the nation as a whole; Gauteng (4.2% [2.6 - 5.9]) and the Western Cape (4.3% [2.2 - 6.4]) also had comparatively low rates of abortion among learners that had ever had sex.

Where the abortion took place - See Table 19

Among learners who reported an abortion, 62.5% [52.7 - 72.2] reported that the abortion took place at a hospital/clinic and 16.3% [8.8 - 23.8] reported using a traditional doctor/healer, with no significant variation between male and female learners or between learners of different "race" groups.

Significantly more grade 8 learners (74.5% [64.9 - 84.1]) who had had abortions used a hospital/clinic than grade 10 learners (32.3% [3.2 - 61.5]). Among learners who have had abortions, significantly more aged 13 years or under (88.0% [81.6 - 94.3]) and 14 years (80.5% [72.1 - 89.0]) used a hospital/clinic than learners aged 18 years (49.9% [29.8 - 70.0]) and 19 years or under (43.0% [23.4 - 62.6]).

Limpopo Province learners (80.5% [66.0 - 95.1]) who have had abortions reported the highest provincial prevalence of using a hospital/clinic, and KwaZulu-Natal learners (51.5% [30.7 - 72.2]) who have had abortions had the highest provincial prevalence of using a traditional doctor/healer.

Sexually transmitted infections - See Table 20

Received treatment for a sexually transmitted infection - See Table 20

The national prevalence of ever having had a sexually transmitted infection (STI) was 7.4% [6.0 - 8.7]. Of those who have had an STI, 63.6% [54.4 - 72.8] reported receiving treatment for an STI. There were no significant differences between male and female learners.

Significantly fewer "White" (1.2% [-0.8 - 3.3]) and "Coloured" learners (3.2% [1.0 - 5.5]) who have had sex reported having had an STI compared to "Black" learners (7.7% [6.3 - 9.1]) who have had sex. There was no significant variation by grade, but learners aged 19 years or over that have had sex reported a significantly higher rate of having had an STI than all learners aged 17 years and under.

The reported prevalence of having had an STI among KwaZulu-Natal learners (14.6% [11.0 - 18.2]) who have had sex was significantly higher than the national prevalence, while Gauteng learners (3.4% [2.7 - 4.1]) who have had sex reported the lowest prevalence.

Think they could get HIV in lifetime - See Table 21

The national prevalence of learners who responded that they thought they could "get the HIV infection" in their lifetime was 12.2% [10.4 - 13.9], with no significant difference between male and female learners. Significantly more "Black" (12.9% [11.0 - 14.8]) than "White" learners (6.9% [3.2 - 10.5]) reported that they thought they could get HIV infection in their lifetime.

Significantly more grade 8 (14.5% [11.8 - 17.3]) than grade 10 learners (9.3% [6.9 - 11.7]) reported that they thought they could get HIV infection in their lifetime. Significantly more learners aged 19 or over (17.7% [14.3 - 21.2]) than 17-year-olds (10.5% [7.9 - 13.1]), 15-year-olds (9.1% [7.2 - 10.9]) and 14-year-olds (10.9% [8.2 - 13.6]) reported that they thought they could get HIV infection in their lifetime.

Mpumalanga learners (16.7% [12.3 - 21.1]) had the highest and Northern Cape learners (6.6% [1.9 - 11.3]) the lowest prevalence of reporting that they thought they could get HIV infection in their lifetime.

Able to protect themselves from getting HIV - See Table 21

Nationally learners' response to whether they thought they were able to protect themselves against HIV infection was 65.9% [63.4 - 68.3], with no significant difference between male and female learners. For "White" learners (78.3% [75.3 - 81.2]) this finding was significantly higher than for "Black" learners (64.8% [61.7 - 67.8]).

Significantly more grade 11 (73.0% [68.4 - 77.5]) than grade 8 (60.0% [56.2 - 63.9]) and grade 9 learners (64.8% [61.6 - 67.9]) reported that they thought they were able to protect themselves against HIV infection. There was no significant variation by age.

Prevalences of thinking they were able to protect themselves against HIV infection among learners in Gauteng (76.3% [72.6 - 80.1]) and the Northern Cape (76.1% [68.6 - 83.6]) were significantly higher than the national average, while learners in the Eastern Cape (60.2% [54.9 - 65.5]) and KwaZulu-Natal (60.8% [54.9 - 66.7]) had the lowest provincial prevalences.

Ever received HIV/AIDS education in school - See Table 21

The national prevalence for learners indicating that they were taught about HIV and/or AIDS in school was 72.3% [69.4 - 75.2], with no significant difference between male and female learners. Significantly more "White" (85.0% [81.2 - 88.8]) and "Coloured" learners (84.5% [81.2 - 87.7]) than "Black" learners (70.1% [67.0 - 73.2]) reported being taught about HIV and/or AIDS at school. There was no significant variation by grade or by age.

Northern Cape learners (86.7% [80.9 - 92.4]) reported a significantly higher prevalence of having been taught about HIV and/or AIDS than the national prevalence, while Limpopo learners (60.7% [51.8 - 69.6]) reported the lowest provincial prevalence.

6.3. Overview

Nationally 41.1% of learners in grades 8 to 11 reported having had sex; 14.4% of learners had their first sexual encounter at age 13 or younger. Among learners that have had sexual intercourse, 54.0% had more than one sexual partner in their lifetime, 70.2% had sexual intercourse in the month preceding the survey, 13.8% used alcohol or drugs before sexual intercourse, and 28.1% used no method of contraception most of the time. While 44.8% of learners who have had sex usually used condoms, 28.8% reported always using condoms, 16.4% had been pregnant or had made someone pregnant, and 8.1% had been involved in an abortion; 62.5% of learners who had been involved in an abortion had used a hospital or clinic, while 16.3% used traditional healers. Of learners who had sex, 7.4% had experienced a sexually transmitted infection, and 63.6% of learners who had had an infection had received treatment for their infection. These findings show that substantial numbers of school-going learners are engaging in unprotected sexual activity.

Among all grade 8-11 learners, 12.2% felt that they could get HIV in their lifetime; 65.9% felt they were able to protect themselves against contracting HIV, and 72.3% had received some form of HIV education at school.

Significantly more male than female learners reported ever having had sex, having first had sex before age 14, and having had two or more partners in their lifetime.

When compared to the other "race" groups "White" learners had lower rates of ever having had sex, and a lower proportion who have had sex before the age of 14. Those of them that have had sex had higher rates of using alcohol or drugs before sex and of always using a condom, and lower rates of having been pregnant or having made a partner pregnant. However, as a proportion of only those learners who have had sex, there are no significant "race" differences in having had more than one partner in their lifetime, and having had sex in the past three months.

Learners in lower grades who engaged in sexual activity appeared to be inadequately prepared for the responsibility that goes with it. This is evidenced in the statistically different findings of grade 8 learners compared to other grades with regard to questions on condom use, pregnancy, abortion and contraception. Sexually active grade 8 learners reported lower rates of consistent condom use, and higher rates of pregnancies, abortions and unprotected sex than the sexually active learners in the higher grades. Grade 8 learners also reported feeling less able to protect themselves against HIV, and felt it was more likely that they might get HIV in their lifetime than learners in higher grades. This finding is important when considering that perception of vulnerability is fundamental to understanding precautionary behaviour.

It has been observed that for males the prevalences of ever having sex, initiating sex before the age of 14, having two or more sexual partners, and using alcohol or drugs before sexual intercourse were significantly higher than for females.

CHAPTER 7

Nutrition, Dietary Behaviours and Physical Activity

Both being underweight and overweight feature in the top ten risks in terms of the global burden of disease. Changes in consumption and production of food, alcohol, tobacco and other substances have pervaded societies around the world as a result of globalisation. Dietary changes are also accompanied by changes in working and living patterns, resulting in greater levels of physical inactivity. Together these factors have resulted in a "risk transition" where there is an increase in non-communicable diseases such as cancer, diabetes, cardiovascular disease and obesity.⁽¹³⁾

7.1. Nutrition and dietary behaviours

7.1.1. INTRODUCTION

The nutritional status of learners in terms of both under- and overnutrition was objectively measured. This anthropometric survey was complemented by the collection of self-reported data on perception of body weight and food consumption behaviours.

Anthropometric measures obtained were:

- Undernutrition
 - Underweight (low weight for age)
 - Stunting (low height for age)
 - Wasting (low weight for height)
- Overnutrition
 - Overweight
 - Obesity

Self-reported measures obtained were:

- Perceptions of being underweight and overweight
- Consumption of various food types on 4 days or more during the past week:
 - Fresh fruit and vegetables
 - Dairy products
 - Maize products
 - Meat
 - Fast food, cakes, biscuits, sweets and sweetened non-alcoholic beverages

Undernutrition, characterised by poor anthropometric status, is often a consequence of inadequate diet and frequent infection, and leads to calorie, protein, vitamin and mineral deficiency.⁽¹³⁾ In particular, stunting is a consequence of chronic poor nutrition, while wasting is a reflection of an acute poor nutritional condition. Calculation of the prevalence of undernutrition was based on the National Centre for Health Statistics recommendations using a Z-score threshold

of -2 in respect of weight for age (WAZ) height for age (HAZ) and weight for height (WHZ).

Overweight and obesity measures used in this study were those derived from the body mass index (BMI) projections developed by Cole et al. for children aged 2-18 years, based on the adult overweight and obesity cut-offs of 25 kg/m² and 30 kg/m² respectively.⁽³³⁾

It has been estimated that worldwide approximately 27% of children under the age of 5 years are underweight.⁽¹¹⁾ The global prevalence of being overweight is estimated at 5-18%, and of obesity at 0.1-4.0%.⁽³³⁾ The prevalence of stunting in SA has been declining from 48.8% in 1980 to 39.9% in 1995.⁽³²⁾

Among South Africans aged 15-24 years, 21.3% of men and 9.5% of women are underweight, while 8.4% of men and 20.0% of women are overweight.⁽³¹⁾

7.1.2. RESULTS

NUTRITION

Underweight – weight for age - See Table 22

The national average for being underweight, as indicated by weight for age, was 9.0% [7.8 - 10.2]. Significantly more males (15.6% [13.6 - 17.6]) than females (3.9% [3.1 - 4.7]) were underweight. Significantly more "Black" (9.5% [8.1 - 10.9]) and "Coloured" (10.6% [8.3 - 12.8]) learners were underweight compared with "White" (1.9% [0.8 - 3.0]) and "Indian" (4.8% [2.0 - 7.7]) learners. Significantly more "Black" (17.0% [14.6 - 19.3]) and "Coloured" males (15.5% [12.3 - 18.8]) were undernourished when compared to "Black" (3.9% [3.1 - 4.8]) and "Coloured" females (6.2% [3.8 - 8.5]). Although there was no significant variation by age, significantly fewer grade 11 (7.5% [5.7 - 9.3]) and grade 10 learners (5.4% [3.7 - 7.1]) were undernourished compared to grade 8 learners (11.3% [9.5 - 13.1]).

The lowest provincial prevalence of being underweight was found in the Western Cape (6.0% [4.0 - 8.0]), and the highest prevalences were found in the Northern Cape (14.3% [9.9 - 18.7]) and North West Province (14.2% [10.0 - 18.5]) (see Graph 18).

Stunting – height for age - See Table 22

Nationally 11.4% [10.1 - 12.7] of learners were stunted as indicated by height for age. Significantly more males (15.6% [13.9 - 17.4]) than females (8.1% [6.6 - 9.7]) were stunted. Significantly more "Coloured" (13.8% [11.3 - 16.3]) and "Black" learners (11.8% [10.3 - 13.3]) were stunted compared to "White" learners (3.9% [2.2 - 5.7]). Significantly more "Black" males (16.4% [14.5 - 18.2]) than "Black" females (8.4% [6.7 - 10.1]) were stunted. While there was no significant variation by age, significantly fewer grade 11 (8.1% [5.8 - 10.4]) than grade 8 (15.1% [13.1 - 17.0]) and grade 9 learners (13.1% [11.5 - 14.7]) were stunted.

Mpumalanga (9.3% [6.0 - 12.6]) and the Western Cape (9.5% [7.3 - 11.7]) had the lowest provincial prevalence of stunting, while Northern Cape (15.6% [11.1 - 20.2]) had the highest (see Graph 19).

Wasting – weight for height - See Table 22

The national prevalence of wasting as indicated by weight for height was 4.0% [3.3 - 4.7]. Significantly more males (7.6% [6.3 - 8.8]) than females (1.3% [0.9 - 1.6]) were wasted. Significantly more "Black" (4.1% [3.3 - 4.9]) and "Coloured" learners (5.3% [3.8 - 6.8]) were wasted compared to "White" learners (1.4% [0.2 - 2.7]). While there was no significant variation by age, fewer grade 11 (3.0% [2.1 - 3.9]) than grade 8 (4.5% [3.7 - 5.4]) and grade 9 learners (5.4% [4.0 - 6.8]) were wasted.

Significantly more learners in the Northern Cape (8.6% [5.7 - 11.4]) and the North West Province (7.0% [4.7 - 9.4]) were wasted compared to the national average of 4.0% [3.3 - 4.7]. The Eastern Cape (2.4% [1.2 - 3.7]) had the lowest provincial prevalence (see Graph 20).

Overweight - See Table 22

Nationally 17.2% [14.3 - 20.1] of learners were overweight. Significantly more females (25.0% [20.1 - 29.9]) than males (6.9% [5.5 - 8.4]) were overweight. Significantly more "Indian" learners (25.3% [20.1 - 30.5]) were overweight when compared to "Black" (16.6% [13.8 - 19.4]) and "Coloured" (13.0% [10.7 - 15.4]) learners. Significantly more "White" learners (23.4% [19.3

- 27.4]) were overweight when compared to "Coloured" learners. Significantly more "White" males (20.2% [14.0 - 26.3]) were overweight when compared to "Coloured" (8.5% [5.5 - 11.6]) and "Black" males (5.2% [4.0 - 6.3]). Significantly more "Black" (25.1% [20.5 - 29.8]) and "Coloured" females (16.9% [12.9 - 20.9]) were overweight when compared to "Black" (5.2% [4.0 - 6.3]) and "Coloured" males (8.5% [5.5 - 11.6]).

The prevalence of being overweight is significantly higher among grade 10 (25.1% [16.6 - 33.7]) and grade 11 learners (18.7% [15.8 - 21.7]) than among grade 8 (12.8% [10.7 - 15.0]) and grade 9 learners (13.6% [11.5 - 15.7]). Although the variation by age was not significant, the highest prevalence of being overweight was in the 19 years and older age group (20.7% [14.2 - 27.3]), and the lowest prevalence in the 13 years and younger age group (12.8% [9.8 - 15.7]).

KwaZulu-Natal (22.9% [11.7 - 34.1]) had the highest provincial prevalence of learners who were overweight. Significantly fewer learners in Limpopo Province (10.5% [7.3 - 13.7]) were overweight compared to the national average (see Graph 21).

Obesity - See Table 22

The national average of obesity was 4.0% [3.3 - 4.7]. Significantly more females (5.3% [4.3 - 6.4]) than males (2.2% [1.5 - 2.9]) were obese. Significantly more "Indian" learners (10.2% [6.0 - 14.5]) were obese compared to "Black" (3.8% [3.1 - 4.5]) and "Coloured" learners (3.3% [1.6 - 5.1]). Significantly more "Black" females (5.3% [4.1 - 6.4]) than "Black" males (1.9% [1.2 - 2.5]) were obese, while there were no significant gender differences among "Coloured", "White" and "Indian" learners. There was no significant variation by grade or by age.

The highest provincial prevalence of obesity was in the Western Cape (7.1% [5.3 - 8.9]), and the lowest was in KwaZulu-Natal (2.2% [1.2 - 3.3]) (see Graph 22).

PERCEPTIONS OF BODY WEIGHT

Perception of underweight - See Table 23

Nationally 23.8% [21.9 - 25.6] of learners described themselves as being underweight. Significantly more males (27.8% [25.5 - 30.1]) than females (20.5% [17.5 - 23.6]) perceived themselves to be underweight.

Significantly fewer "White" learners (15.2% [12.2 - 18.3]) considered themselves to be underweight compared to "Black" (24.5% [22.6 - 26.3]) and "Coloured" learners (26.7% [19.6 - 33.9]). There was no significant difference between "Coloured" female (28.1% [15.6 - 40.6]) and "Coloured" male learners (25.2% [21.4 - 28.9]). While there was no significant variation by age, significantly more grade 8 learners perceived themselves as being underweight compared to grade 10 (19.7% [16.1 - 23.3]) and grade 11 learners (21.1% [17.8 - 24.3]).

Northern Cape (32.5% [6.4 - 58.7]) had the highest provincial prevalence of learners who considered themselves to be underweight while the Eastern Cape (19.5% [13.7 - 25.2]) had the lowest prevalence.

Perception of overweight - See Table 23

Nationally 14.1% [12.7 - 15.4] of learners considered themselves to be overweight. Significantly more females (17.5% [15.8 - 19.2]) than males (9.7% [8.1 - 11.3]) considered themselves overweight.

Significantly more "White" learners (29.0% [26.2 - 31.9]) considered themselves overweight than "Black" (12.3% [11.0 - 13.6]) and "Coloured" learners (16.4% [13.4 - 19.3]). Significantly more "White" (39.6% [34.2 - 45.0]) and "Black" females (15.2% [13.8 - 16.6]) described themselves as overweight compared to "White" (15.9% [11.4 - 20.3]) and "Black" males (8.6% [6.9 - 10.3]). There was no significant variation by grade or by age.

The Western Cape (18.5% [14.8 - 22.1]) had the highest provincial prevalence of learners who considered themselves overweight, while Eastern Cape (11.6% [6.4 - 16.8]) had the lowest prevalence.

FOOD CONSUMPTION

Fresh fruit - See Table 24

Nationally 57.8% [55.5 - 60.1] of learners had eaten fresh fruit frequently (4 or more days) during the week preceding the survey. There were no significant variations by gender, grade or age. Significantly

fewer "Coloured" (46.5% [40.8 - 52.3]) and "White" learners (51.1% [45.5 - 56.6]) had eaten fresh fruit frequently in the past week when compared to "Black" learners (59.4% [56.9 - 61.9]).

Significantly fewer learners in the Eastern Cape (39.5% [33.6 - 45.4]) had eaten fresh fruit frequently in the week preceding the survey compared to the national average. KwaZulu-Natal (66.4% [60.1 - 72.7]) had a prevalence of learners who had eaten fresh fruit in the past week that was significantly higher than the national average.

Fresh vegetables - See Table 24

Across the country 58.2% [55.6 - 60.7] of learners had eaten fresh vegetables that were cooked or were in a salad frequently (4 or more days) during the week preceding the survey. There were no significant gender differences. Significantly more "White" learners (67.2% [62.9 - 71.6]) had eaten fresh vegetables frequently in the week preceding the survey compared to the national average and compared to "Black" (57.4% [54.6 - 60.2]) and "Coloured" learners (53.0% [47.4 - 58.6]). There were no significant variations by grade or by age.

Significantly fewer learners in the Eastern Cape (41.6% [33.9 - 49.3]) had eaten fresh vegetables frequently in the week preceding the survey compared to the national average. Gauteng (69.2% [65.6 - 72.8]) had the highest provincial prevalence of learners who had eaten fresh vegetables frequently in the week preceding the survey and it was significantly higher than the national average.

Milk - See Table 24

Nationally 44.9% [42.7 - 47.1] of learners had drunk milk/‘amasi’ frequently (4 or more days) during the week preceding the survey. "Had drunk milk" included milk drunk in a glass, in a cup, from a carton, or with cereal. There were no significant gender differences.

Significantly more "White" (70.2% [65.2 - 75.1]) and "Indian" learners (74.0% [65.5 - 82.5]) had drunk milk frequently in the week preceding the survey compared to "Coloured" (46.7% [40.5 - 52.8]) and "Black" learners (41.7% [39.2 - 44.1]). The percentage of learners who had drunk milk frequently in the week preceding the survey decreased with an increase in grade. Significantly more grade 8 learners (49.8% [46.5 - 53.1]) had drunk milk frequently in the week preceding the survey compared to grade 11 learners (38.4% [33.8 - 43.1]). Significantly more 13-year-old or younger learners (51.2% [45.7 - 56.8]) had drunk milk frequently in the week preceding the survey, compared to 19 year old and over learners (39.4% [33.4 - 45.5]).

Significantly fewer learners in Limpopo Province (37.5% [32.4 - 42.7]) had drunk milk frequently in the week preceding the survey compared to the national average of 44.9% [42.7 - 47.1]. North West Province (53.5% [46.2 - 60.8]) had the highest prevalence.

Maize - See Table 24

Across the country almost two-thirds of learners (64.7% [61.8 - 67.5]) had eaten maize in any form, e.g. pap or porridge, frequently (4 or more days) during the week preceding the survey, with no significant difference between male and female learners. Significantly fewer "Indian" (40.3% [24.5 - 56.2]), "White" (51.3% [44.0 - 58.7]) and "Coloured" learners (55.4% [50.0 - 60.9]) had eaten maize frequently in the week preceding the survey when compared to "Black" learners (67.1% [63.3 - 70.8]). There were no significant variations by grade or by age.

Significantly fewer learners in the Eastern Cape (47.1% [40.1 - 54.1]) and Western Cape (52.6% [46.4 - 58.7]) had eaten maize frequently in the week preceding the survey compared to the national average. More learners in the Free State (73.4% [66.3 - 80.5]) had eaten maize frequently in the week preceding the survey than in any other province.

Meat - See Table 24

Nationally 63.2% [60.0 - 66.4] of learners had eaten meat frequently (4 or more days) during the week preceding the survey, with no significant differences between male and female learners. Significantly more "White" learners (79.5% [75.0 - 83.9]) had eaten meat frequently during the week preceding the survey compared to "Black" (60.7% [57.1 - 64.3]), "Coloured" (68.2% [61.5 - 74.9]) and "Indian" (60.5% [48.8 - 72.1]) learners. While there were no significant variations by grade, significantly fewer 14-year-old learners (68.4% [64.7 - 72.1]) had eaten meat in the previous week than learners aged 19 or older (53.5% [47.2 - 59.8]).

Significantly more learners in Gauteng (76.4% [73.3 - 79.6]) had eaten meat frequently during

the week preceding the survey compared to the national average. Significantly fewer learners in the Eastern Cape (41.3% [29.7 - 52.9]) had eaten meat frequently during the week preceding the survey than the national rate.

Fast food - See Table 24

Nationally 38.8% [36.9 - 40.8] of learners had eaten fast foods or 'luxuries' like a hamburger, fried chicken, boerewors roll, hotdog, hot chips, 'gatsby', pies, vetkoek or polony roll frequently (4 or more days) during the week preceding the survey. There were no significant differences between male and female learners.

Significantly fewer "White" learners (21.9% [17.6 - 26.3]) had eaten fast foods frequently during the week preceding the survey compared to "Black" (40.0% [37.6 - 42.5]) "Coloured" (43.9% [38.2 - 49.6]) and "Indian" learners (49.2% [39.6 - 58.8]). The proportion of learners who had eaten fast foods frequently during the week preceding the survey fell with an increase in grade.

Significantly fewer learners in the Eastern Cape (27.8% [23.1 - 32.6]) had eaten fast foods frequently in the week preceding the survey compared to the national average (38.8% [36.9 - 40.8]). KwaZulu-Natal (46.5% [41.6 - 51.4]) had a significantly higher prevalence than the national average.

Cakes and/or biscuits - See Table 24

Nationally 47.4% [45.0 - 49.7] of learners had eaten cakes and/or biscuits frequently (4 or more days) during the week preceding the survey. There were no significant differences between male and female learners. Significantly fewer "White" learners (26.0% [21.8 - 30.3]) had eaten cakes and/or biscuits frequently compared to "Coloured" (44.5% [38.1 - 50.8]), "Black" (49.8% [47.3 - 52.3]) and "Indian" learners (50.0% [35.4 - 64.7]). While there was no significant variation by grade, learners aged 13 years or under (52.1% [46.8 - 57.3]) had a significantly higher prevalence of having eaten cakes and/or biscuits frequently in the past week compared to learners aged 16 (39.9% [36.5 - 43.2]).

Significantly fewer learners in the Eastern Cape (34.3% [27.4 - 41.2]) had eaten cakes and/or biscuits frequently in the week preceding the survey compared to the national average of 47.4% [45.0 - 49.7]. The Northern Cape (55.6% [37.2 - 74.1]) and KwaZulu-Natal (55.1% [50.3 - 59.9]) had the highest provincial prevalences of having eaten cakes/biscuits, with KwaZulu-Natal's prevalence being significantly higher than the national average.

Cooldrinks and sweets - See Table 24

Nationally 52.0% [50.0 - 54.0] of learners had eaten chocolates or sweets or drank cooldrinks such as Coca-cola ('Coke') frequently - i.e. on 4 or more days during the 7 days preceding the survey. There were no significant differences between male and female learners. Significantly more "Indian" learners (63.2% [53.7 - 72.7]) drank cooldrinks and had eaten sweets frequently compared to "Black" learners (51.1% [48.7 - 53.5]). The variation by grade was not significant, although significantly more learners in the 13 years or under age group (58.8% [54.1 - 63.6]) drank cooldrinks and had eaten sweets frequently than learners in the 18-year (45.5% [39.0 - 51.9]) and 19 years and over (45.8% [40.5 - 51.1]) age groups.

Significantly fewer learners in the Eastern Cape (39.4% [34.0 - 44.8]) had sweets and/or cooldrinks frequently in the week preceding the survey compared to the national average. Significantly more learners in Gauteng (61.6% [57.3 - 65.8]) had eaten sweets and/or drunk cooldrinks frequently in the week preceding the survey compared to the national average. The Western Cape (56.4% [53.5 - 59.4]) also had a high proportion of learners who had eaten cakes and biscuits in the week preceding the survey.

7.1.3. OVERVIEW

ANTHROPOMETRIC FINDINGS

The prevalence of underweight (weight for age) was 9.0%; stunting (height for age) was 11.4%; and wasting (weight for height) was 4.0%; 17.2% of learners were found to be overweight and 4.0% of learners were classified as obese (Table 22).

These findings show the co-existence of stunting and being overweight as a public health problem among adolescents in SA. The high prevalence of stunting reflects the levels of poverty

and underdevelopment especially in the "Black" communities; while the rising prevalence of overweight suggests increased consumption of fatty foods and increased levels of physical inactivity. ⁽⁸³⁾ While the prevalence of wasting and obesity appear to be low, it must be noted that in the context of South Africa's "obesogenic" environment, the rate of obesity is expected to increase. ⁽⁸⁴⁾

With regard to the gender distribution, males demonstrated higher levels of undernutrition compared to females in the "Black" and "Coloured" groups. For overnutrition, females demonstrated a higher prevalence of being overweight or obese in general. Among males, "White" males demonstrated a higher level of being overweight than males in all other "race" groups.

Levels of undernutrition decrease with increasing age. Overnutrition is evenly distributed across all age ranges.

The Northern Cape, North West, Limpopo and Free State, the less urbanised and industrialised provinces in South Africa, displayed higher levels of undernutrition. The Western Cape, KwaZulu-Natal and Gauteng, the more industrialised provinces, had learners with higher levels of being overweight and obesity. ⁽⁶⁾

PERCEPTION OF BODYWEIGHT

With regard to perceptions of bodyweight, 23.8% of learners described themselves as underweight, and 14.1% as overweight.

The comparison between learners' reported prevalence of perceiving themselves to be overweight and their measured prevalence of being overweight showed that fewer females perceived themselves to be overweight (17.5%) than were actually measured to be overweight (25.0%). "Black" females underestimated being overweight, and overestimated being underweight five-fold when compared to their actual body weight. There was also a four-fold overestimation of being underweight compared to their actual body weight among "Coloured" females. In contrast to these findings, "White" females by far overestimated their level of being overweight compared to their measured body weight. In contrast, males' perception of being underweight (27.8%) was significantly higher than their actual measured underweight prevalence (15.6%). More "White" learners perceived themselves to be overweight (29.0%) than their true body measurements (23.4%).

This is consistent with the "obesogenic" environment, which promotes the stereotypical image of the "slim" female and "macho" male figure, in which adolescents are growing up.

DIETARY BEHAVIOUR

Food consumption behaviour reflected that, during the week preceding the survey, learners had frequently consumed fresh fruit (57.8%), fresh vegetables (58.2%), milk (44.9%), maize (64.7%) and meat (63.2%). On the other hand, the frequency of consumption of other foods ranged from fast foods (38.8%), cakes and biscuits (47.4%) to cooldrinks and sweets (52.0%).

7.2. Physical activity

7.2.1. INTRODUCTION

This section focuses on the following aspects of physical activity:

- Participation in at least 20 minutes of activity which constitutes vigorous physical exercise on at least 3 days in the past week
- Participation in at least 30 minutes of activity which constitutes moderate physical exercise on at least 5 days in the past week
- Participation in levels of exercise that are insufficient to gain any health benefit in the past week
- Physical education (PE) classes allocated in the school timetable
- Types of activities performed during PE classes
- Reasons for abstaining from physical activity in the past week
- Watched television or played computer games for more than three hours per day

Physical activity has been defined as all movements in everyday life, including work, recreation, exercise and sporting activities. This encompasses activities that range in intensity from taking the

stairs regularly, dancing and walking briskly, to jogging, biking and practicing sports. The level of physical activity needed to obtain a health benefit does not have to be strenuous. It has been recommended that regular physical activity of moderate intensity practiced at least five days a week has the equivalent positive effect on health as vigorous exercise performed three times a week.⁽¹³⁾

Vigorous physical exercise comprises participation in activities for at least 20 minutes that would make the participant sweat and breathe hard. For the purposes of this survey, learners are taken to have participated in sufficient vigorous physical activity if they reported having engaged in activities such as soccer, netball, rugby, basketball or running for 20 minutes or more on at least three of the seven days preceding the survey. Moderate physical exercise comprises participation in activities for at least 30 minutes that would not make the participant sweat or breathe hard. Learners are taken to have participated in sufficient moderate physical activity if they reported having engaged in activities such as walking, slow bicycling, skating, pushing a lawn mower, mopping, polishing or sweeping the floors for 30 minutes or more on at least five of the seven days preceding the survey.⁽⁸⁵⁾ Insufficient physical activity is not participating in enough vigorous or moderate physical exercise as defined above. For the purposes of this report, for individuals who were involved in different combinations of both moderate and vigorous physical activity the frequencies were aggregated.

Physical inactivity has become a major public health problem, contributing to the chronic, non-communicable disease epidemic. Physical activity is necessary to maintain good emotional and physical health as well as to prevent disease. Individual behaviours which feature recommended levels of physical activity, especially if practised from childhood, can improve self-esteem and reduce the risk of obesity, which is closely associated with diabetes and certain types of cancer, anxiety, stress, high blood pressure and elevated cholesterol, which contribute to heart disease and stroke.⁽⁸⁶⁻⁸⁸⁾

This Youth Risk Behaviour Survey is the first nationally representative study about the prevalence of physical activity and inactivity among high school learners in South Africa.

7.2.2. RESULTS

Participated in sufficient vigorous physical activity - See Table 25

The national average for learners who had participated in sufficient vigorous activity in the week preceding the survey was 44.6% [42.3 - 46.8]. Significantly more males (57.1% [54.6 - 59.6]) than females (34.7% [31.7 - 37.6]) participated in sufficient vigorous physical activity. Significantly fewer "Coloured" learners (38.8% [34.3 - 43.2]) participated in sufficient vigorous physical activity than "White" learners (56.7% [50.1 - 63.2]). "Coloured" female learners (24.8% [19.8 - 29.9]) had a significantly lower prevalence than "White" female learners (50.3% [41.4 - 59.2]).

Grade 11 learners (38.6% [34.4 - 42.8]) had a significantly lower prevalence of learners who participated in sufficient vigorous physical activity when compared to grade 8 (46.9% [43.5 - 50.3]) and grade 9 (48.3% [45.8 - 50.9]) learners. Learners aged 13 years or under (50.0% [45.4 - 54.6]) had a significantly higher prevalence than learners aged 19 years or over (39.8% [36.8 - 42.9]).

Free State (52.0% [46.5 - 57.5]) had the highest provincial prevalence of learners who participated in sufficient vigorous physical activity, while KwaZulu-Natal (38.3% [32.4 - 44.2]) had the lowest.

Participated in sufficient moderate physical activity - See Table 25

Nationally 33.5% [32.2 - 34.8] of learners had engaged in sufficient moderate activity in the past week, with male learners (57.1% [54.6 - 59.6]) showing a significantly higher prevalence than female learners (34.7% [31.7 - 37.6]). There was no significant difference in participation in moderate physical activity among male learners in the different "race" groups, but "Coloured" female learners (25.4% [19.0 - 31.9]) had a significantly lower prevalence of engaging in sufficient moderate physical activity than "Black" females (35.0% [33.1 - 36.9]). Significantly more grade 10 (36.7% [33.6 - 39.9]) than grade 8 learners (29.9% [27.1 - 32.7]) participated in sufficient moderate physical activity. There was no significant variation by age.

Limpopo Province (37.9% [34.8 - 40.9]) had the highest prevalence of learners who participated in sufficient moderate physical activity, while the Eastern Cape (28.3% [23.2 - 33.3]) had the lowest.

Insufficient or no physical activity - See Table 25

Nationally 37.5% [36.0 - 39.0] of learners participated in insufficient or no physical activity. Significantly more females (43.0% [41.0 - 45.0]) than males (30.5% [28.5 - 32.6]) participated in insufficient or no physical activity. This higher prevalence of insufficient or no physical activity for females compared with males was significant within the "Black" and "Coloured" groups. Significantly more "Coloured" learners (45.6% [39.7 - 51.4]) participated in insufficient or no physical activity compared to "Black" (34.1% [32.7 - 35.5]) and "White" learners (33.0% [29.2 - 36.8]).

Gauteng (31.2% [28.0 - 34.4]) had the lowest provincial prevalence of learners who participated in insufficient or no physical activity, while the Northern Cape (46.2% [28.4 - 64.1]) had the highest.

PE classes on timetable - See Table 26

Nationally 54.3% [50.5 - 58.0] of learners had physical education on their school timetable on one or more days in the week preceding the survey, with no significant difference between male and female learners. Significantly fewer "White" learners (37.6% [29.0 - 46.3]) had physical education on their school timetable compared to "Black" learners (56.7% [52.9 - 60.5]). Significantly more grade 8 (61.6% [57.6 - 65.6]) than grade 10 (42.6% [34.7 - 50.6]) and grade 11 learners (50.6% [44.3 - 56.8]) had physical education on their school timetable. Learners aged 13 years or younger (62.4% [58.1 - 66.7]) had a lower prevalence than learners aged 16 years (49.8% [44.1 - 55.5]) and 17 years (49.8% [42.7 - 56.9]).

Northern Cape (40.6% [30.5 - 50.8]) had the lowest provincial prevalence of physical education on their school timetable. KwaZulu-Natal (59.7% [48.8 - 70.6]) had the highest provincial prevalence.

Activities during Physical Education classes - See Table 27

Engaged in vigorous activity

The national average of learners who engaged in vigorous activity during an average physical education class (such as soccer, running, rugby, netball, basketball or cricket) was 52.8% [48.8 - 56.7]. Significantly more males (60.8% [57.6 - 63.9]) than females (46.5% [41.4 - 51.5]) engaged in vigorous activity during an average physical education class. Significantly fewer "White" learners (24.4% [16.3 - 32.5]) engaged in vigorous activity during an average physical education class compared to "Black" (56.9% [53.0 - 60.7]) and "Coloured" learners (42.6% [36.0 - 49.2]). Significantly more grade 8 (60.3% [56.4 - 64.3]) and grade 9 learners (60.5% [56.5 - 64.6]) engaged in vigorous activity in physical education classes than grade 10 (42.8% [33.2 - 52.5]) and grade 11 learners (42.8% [37.7 - 47.8]), while there was no significant variation by age.

Western Cape (42.9% [35.3 - 50.5]) and Gauteng (44.3% [36.4 - 52.2]) had the lowest percentages of learners who engaged in vigorous activity during an average physical education class. Eastern Cape (60.7% [50.0 - 71.3]) had the highest provincial prevalence.

Engaged in lifeskills education/class discussion

Nationally 7.8% [6.8 - 8.8] of learners engaged in lifeskills education/class discussion during an average physical education class. Significantly more females (10.7% [9.3 - 12.1]) than males (4.2% [3.3 - 5.1]) engaged in lifeskills education/class discussion during an average physical education class. Significantly more "Coloured" learners (14.4% [9.6 - 19.1]) engaged in lifeskills education/class discussion during an average physical education class compared to "Black" learners (6.7% [5.9 - 7.6]). Significantly more "Black" females (9.4% [8.1 - 10.8]) than "Black" males (3.3% [2.4 - 4.1]) engaged in lifeskills education/class discussion during an average physical education class. There was no significant variation by grade or by age.

Eastern Cape (4.9% [2.5 - 7.3]) had the lowest prevalence of learners who engaged in lifeskills education/class discussion during an average physical education class. Significantly more learners in the Western Cape (13.7% [9.1 - 18.3]) engaged in lifeskills education/class discussion during an average physical education class compared to the national average.

Reasons why learners did not take part in physical activity - See Table 28

Did not want to take part in physical activity

Among those who did not take part in physical activity in the week preceding the survey, 25.9% [24.4 - 27.3] of learners reported that they had not wanted to take part in physical activity, with no significant difference between male and female learners. Significantly more "Coloured" (35.3% [31.8 - 38.8]) than "Black" learners (25.1% [23.4 - 26.8]) reported that they did not want to take part in physical activity. There was no significant variation by grade or by age.

Limpopo Province (22.2% [17.8 - 26.6]) had the lowest provincial prevalence of learners who reported that they did not want to take part in physical activity, while the Northern Cape (32.4% [27.9 - 37.0]) had the highest.

Was ill

Among those who did not take part in physical activity in the week preceding the survey, 19.1% [17.1 - 21.0] of learners reported that they had been ill, with no significant gender difference. There was no significant variation by "race", grade or age.

Mpumalanga (15.9% [10.9 - 20.9]) had the lowest provincial prevalence of learners who reported that they did not take part in physical activity because they were unwell, while the North West Province (23.8% [19.4 - 28.2]) had the highest.

Felt unsafe

Among those who did not take part in physical activity in the week preceding the survey, 7.0% [6.0 - 8.1] reported that they had felt unsafe, frightened and/or scared to go out to the ground or gym. Significantly more males (8.8% [7.5 - 10.0]) than females (6.0% [4.6 - 7.3]) felt unsafe, frightened and/or scared to go out to the ground or gym. Significantly fewer "White" learners (1.6% [0.6 - 2.6]) felt unsafe, frightened and/or scared to go out to the ground or gym compared to "Black" (7.4% [6.3 - 8.6]) and "Coloured" learners (7.3% [5.3 - 9.2]). There was no significant variation by grade or by age.

Western Cape (4.7% [3.3 - 6.1]) had the lowest prevalence of feeling unsafe and Eastern Cape (9.1% [4.8 - 13.3]) the highest.

No access to equipment

Among those who did not take part in physical activity in the week preceding the survey, 15.7% [12.9 - 18.4] reported not having equipment or grounds or a gym to take part in physical activity. Significantly more "Black" learners (17.0% [14.7 - 19.3]) reported not having equipment or grounds or a gym to take part in physical activity compared to "White" (5.6% [2.7 - 8.6]), "Indian" (6.1% [-1.7 - 13.9]) and "Coloured" learners (7.5% [5.8 - 9.2]). There was an increase in the prevalence of learners who reported not having equipment or grounds or a gym to take part in physical activity with an increase in grade. Significantly more grade 10 (20.8% [13.1 - 28.5]) and grade 11 learners (18.7% [15.3 - 22.0]) than grade 8 learners (10.2% [8.0 - 12.4]) reported not having equipment or grounds or a gym to take part in physical activity. Significantly more learners aged 19 years or over (20.6% [13.7 - 27.6]) reported not having equipment, grounds or a gym than learners aged 13 years or under (8.8% [5.6 - 12.0]) and 14 years (9.7% [6.9 - 12.4]).

KwaZulu-Natal (18.6% [10.3 - 26.9]) had the highest prevalence and Northern Cape (8.6% [5.8 - 11.4]) the lowest prevalence of learners whose reason for taking part in no physical activity in the past week was lack of access to equipment.

Don't know the reason for inactivity

Among those who did not take part in physical activity in the week preceding the survey, 32.3% [30.0 - 34.7] reported not knowing the reason for their inactivity, with no significant gender difference. Significantly more "White" learners (42.6% [36.5 - 48.7]) reported not knowing the reason for their inactivity compared to "Black" learners (31.6% [29.2 - 34.1]). There was no significant variation by grade, but learners aged 19 years or older (22.4% [18.2 - 26.6]) reported a significantly lower prevalence of not knowing the reason for their inactivity than learners aged 13 years or under (37.6% [31.5 - 43.7]), 14 years (39.0% [34.7 - 43.4]), 15 years (32.7% [28.2 - 37.3]) and 16 years (32.2% [28.2 - 36.2]).

Eastern Cape (28.8% [20.6 - 37.0]) had the lowest provincial prevalence of learners who did not know the reason for their inactivity, while learners in the Western Cape (34.9% [28.1 - 41.6]) had the highest prevalence.

Watched TV for more than 3 hours per day - See Table 29

Nationally 25.2% [22.7 - 27.7] of learners watched television or played video or computer games for more than 3 hours per day, with no significant difference between male and female learners at a national level.

Significantly more "Coloured" learners (29.6% [25.7 - 33.4]) watched television or played video or computer games for more than 3 hours per day compared to "White" learners (20.4% [16.0 - 24.7]).

While there was no significant variation by grade, there was a decrease in the prevalence of learners who watched TV or played video or computer games for more than 3 hours per day with an increase in age. Significantly fewer learners in the 19 years and older age group (17.1% [13.8 - 20.4]) than in the 14-year age group (28.9% [25.1 - 32.8]), 15-year group (25.4% [22.7 - 28.1]) and 16-year group (25.9% [21.3 - 30.6]) watched TV or played video or computer games for more than 3 hours per day.

Significantly more learners in Gauteng (34.1% [30.0 - 38.2]) and Western Cape (31.2% [28.2 - 34.3]) watched TV or played video or computer games for more than 3 hours per day compared to the national average of 25.2% [22.7 - 27.7]. Significantly fewer learners in the Eastern Cape (17.2% [13.7 - 20.6]) watched TV or played video or computer games for more than 3 hours per day than the national average.

7.2.3. OVERVIEW

Almost 1 out of 2 learners (44.6%) reported having participated in sufficient levels of vigorous activity, and 1 out of 3 (33.5%) participated in sufficient moderate activity. However, more than a third (37.5%) performed too little physical activity to gain any health benefit. Just over half (54.3%) of the learners had physical education on their school timetable on one or more days per week; and with regard to activities during PE classes, 52.8% of learners participated in vigorous activities, and 7.8% engaged in life skills education or class discussion during this time. The reasons given for not taking part in physical activity were: 32.3% had no reason, 25.9% did not want to participate, 19.1% were ill, 15.7% reported a lack of equipment and facilities, and 7.0% felt unsafe or too frightened to go to the grounds. In terms of sedentary behaviour, 1 in 4 learners (25.2%) watched television for 3 hours or more per day, and more than 1 in 3 (37.5%) did not participate in sufficient physical activities to promote a health benefit.

With regard to the scheduling of physical education classes, 29% of learners did not have such classes allocated on their timetables at all. Over 7% of the learners spent physical education classes in the classroom, receiving lifeskills education or taking part in classroom discussions. Significantly more grade 8 learners than grade 10 and 11 learners had physical education on their school timetable.

Sedentary lifestyle is both a matter of individual choice and a function of an environment that promotes inactivity. The outcomes of this survey reflect the choices made by the learners relating to their participation in physical activity, as well as the environmental factors which may influence these choices. It is not impossible that the substantial group of learners who chose not to take part in physical activity are unaware of the health benefits of participating.

CHAPTER 8

Hygiene

8.1. Introduction

This chapter focuses on four components of hygiene:

- Brushing of teeth at least once per day
- Ownership of a toothbrush
- Always washing hands after using the toilet
- Always washing hands before eating

Unsafe water, sanitation and hygiene are among the top ten risk factors in terms of the global burden of disease.⁽¹³⁾ It is estimated that 2 million children die each year from diarrhoeal diseases in developing countries, making it the second most serious cause of death for children under the age of 5 worldwide.⁽⁸⁹⁾ In South Africa diarrhoeal diseases are the fifth largest contributor to the burden of premature mortality.⁽⁹⁰⁾ Hand-washing has been shown to be an effective preventative measure against transmitting bacteria and viruses, which are causative agents for diseases such as cholera. The provision of clean water is vital for effective hygiene.

In South Africa it is estimated that 26 million or 66% of the population have access to an infrastructure for clean water.⁽⁹¹⁾ Currently 71.2% of schools are reported to have access to drinkable water. With regard to ablution facilities, 15.5% of schools lack operational toilets and 9.2% do not have access to toilets.⁽⁹²⁾

Oral health disease is relatively common and takes the form of pain, tooth loss, disfigurement, loss of function and even death. It has been reported that 62% of South Africans have lost some of their natural teeth.⁽³¹⁾ Brushing of teeth is considered the single most important measure to prevent periodontal disease, hence much of the burden of disease due to oral health problems can be drastically reduced by the promotion of regular brushing. Cogently, brushing one's teeth is closely linked to other hygiene factors such as bathing and hair washing. Research among school children shows that the primary reason for brushing teeth is related to personal appearance rather than the prevention of periodontal disease, and that brushing varies by gender and social class.⁽⁹³⁾ Regular dental hygiene behaviours are started in the formative years and are in all likelihood related to the social and cultural practices of the society.⁽⁹⁴⁾ However, these practices are determined by the availability and accessibility of clean water.

8.2. Results

Brush teeth at least once a day - See Table 30

Nationally 88.9% [87.1 - 90.7] of learners brushed their teeth at least once a day, with no significant difference between male and female learners. Significantly more "White" (97.3% [95.4 - 99.1]) learners brushed their teeth at least once a day compared to "Black" learners (88.2% [86.8 - 89.6]). There was an increase in the prevalence of learners who brushed their teeth at least once a day with an increase in grade. Significantly fewer grade 8 (85.4% [82.8 - 88.0]) than grade 10 (89.6% [85.3 - 94.0]) and grade 11 (93.1% [90.9 - 95.3]) learners brushed their teeth at least once a day. However, there was no significant variation between learners of different ages.

Significantly more learners in Gauteng (94.7% [93.0 - 96.4]), Free State (93.9% [91.3 - 96.4]), Western Cape (93.7% [91.1 - 96.3]) and Northern Cape (95.3% [93.5 - 97.0]) brushed their teeth at least once a day compared to the national average of 88.9% [87.1 - 90.7]. Eastern Cape (79.7% [73.3 - 86.0]) had a significantly lower provincial prevalence.

Own toothbrush that is not shared - See Table 30

The national average of learners who have their own toothbrush that is not shared was 88.8% [87.2 - 90.4], with no significant difference between the genders. Significantly more "White" (96.3% [94.6 - 98.1]) than "Black" (88.2% [86.8 - 89.6]) and "Coloured" learners (91.9% [89.8 - 94.1]) have their own toothbrush that is not shared. There was an increase in the prevalence of learners who have their own toothbrush that is not shared with an increase in grade. Significantly fewer grade 8 learners (85.4% [82.8 - 88.0]) than grade 11 learners (93.1% [90.9 - 95.3]) have their own toothbrush that is not shared. However, there was no significant variation by age.

Significantly more learners in Gauteng (94.2% [92.5 - 95.9]) and the Northern Cape (94.6% [92.5 - 96.6]) have their own toothbrush that is not shared compared to the national average of 88.8% [87.2 - 90.4]. Eastern Cape (83.3% [79.3 - 87.2]) had the lowest prevalence.

Always wash their hands after going to the toilet - See Table 31

The national average of learners who always wash their hands after going to the toilet was 75.5% [73.7 - 77.2], with no significant difference between the genders. Significantly fewer "White" learners (58.8% [54.6 - 63.0]) always wash their hands after going to the toilet compared to "Black" (78.4% [76.6 - 80.3]) and "Indian" learners (79.2% [64.8 - 93.5]) (see Graph 23). There was no significant variation by age or by grade.

The Free State (78.6% [74.7 - 82.5]) had the highest prevalence of learners who always wash their hands after going to the toilet. Northern Cape (56.8% [38.5 - 75.2]) had the lowest prevalence.

Always wash their hands before eating - See Table 31

Nationally 66.8% [64.3 - 69.4] of learners always wash their hands before eating, with no significant difference between the genders. Significantly fewer "White" learners (45.0% [39.1 - 51.0]) compared to "Black" (70.6% [67.8 - 73.5]) and "Indian" learners (71.5% [61.3 - 81.8]) always wash their hands before eating (see Graph 24). There was no significant variation by age or by grade.

Limpopo Province (73.6% [67.5 - 79.7]) had the highest prevalence of learners who always wash their hands before eating. Significantly fewer learners in the Northern Cape (47.5% [33.5 - 61.6]) always wash their hands before eating when compared to the national average.

8.3. Overview

The national prevalence of the four components of hygiene investigated in this study found that 88.9% of learners brushed their teeth at least once a day; 88.8% had their own toothbrushes; 75.5% of learners always washed their hands after going to the toilet; and 66.8% always washed their hands before eating.

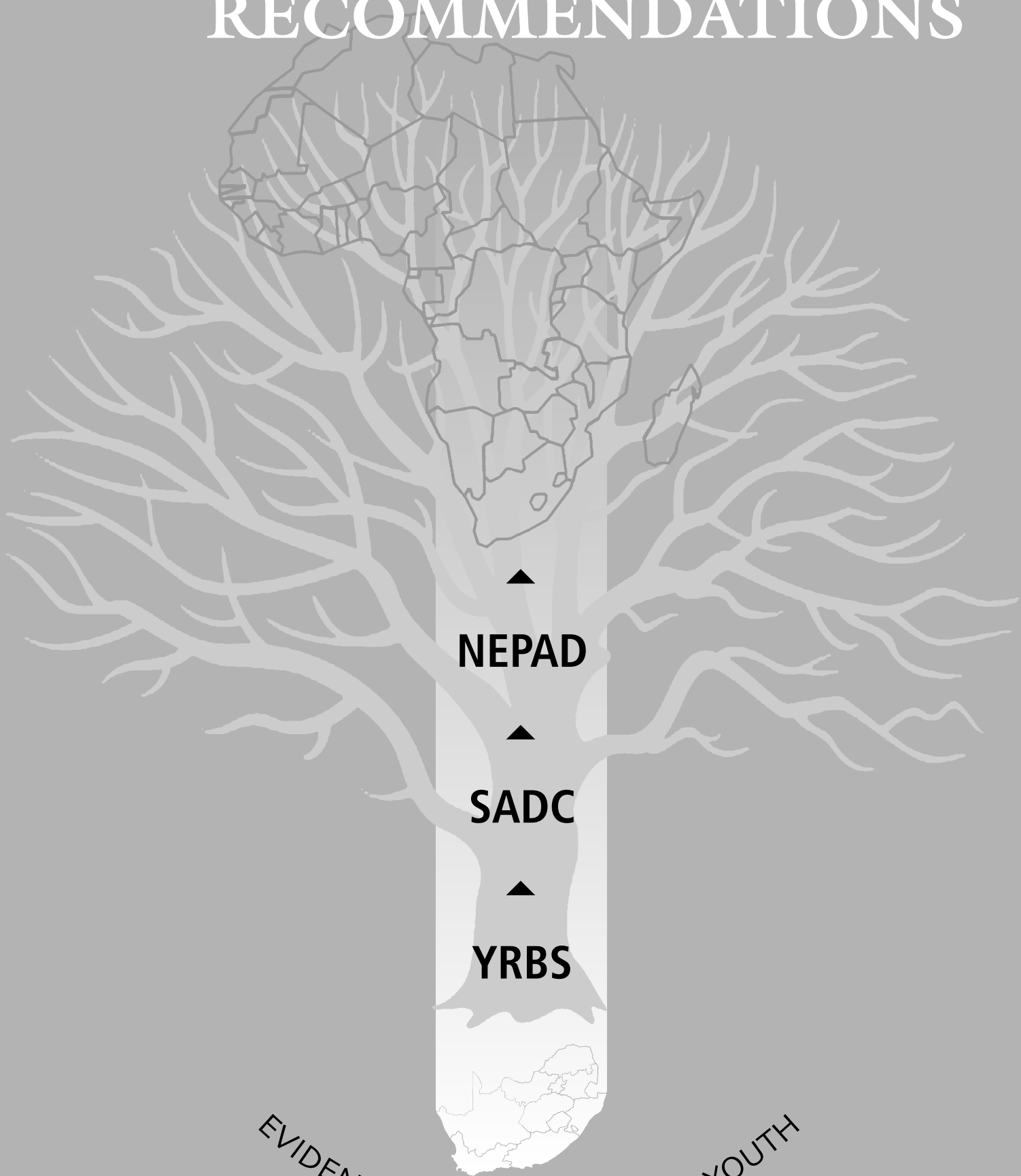
More than 11% of learners reported sharing their toothbrushes or not having access to one at all. Older learners were more likely to brush their teeth once a day as well as to possess their own toothbrush.

"White" learners reported lower rates of hand-washing than "Indian" and "Black" learners, both before eating and after going to the toilet. This is possibly due to cultural practices, such as using cutlery rather than fingers to eat. However the low rate of hand-washing after going to the toilet, particularly among "White" learners and learners in the Northern Cape, is a point for intervention as these learners are more prone to epidemics related to unsafe hygiene.

Eastern Cape, KwaZulu-Natal, Mpumalanga and Limpopo Province showed consistently lower rates of learners brushing their teeth at least once per day as well as of owning their own toothbrush that is not shared. Learners in the Western Cape, Eastern Cape and Northern Cape displayed lower levels of hand washing before eating and after using the toilet.

SECTION C

RECOMMENDATIONS



EVIDENCE BASE FOR AFRICA'S YOUTH

CHAPTER 9

Recommendations

9.1. Introduction

The behaviours that place young people at risk investigated in this national study account for a large proportion of the burden of disease and injury and social problems experienced among youth.^{(8) (13) (31)} This Youth Risk Behaviour Survey contributes to the second step in the planning framework namely identifying which health related and social behaviours place young people at risk in the school context, and measuring the prevalence of these behaviours (see Chapter One, Figure I). The next steps are to identify the determinants of the behaviours, map out the interventions, and implement and evaluate recommended changes that are identified. For designing interventions the Health Promotion Matrix (Chapter One, Figure II) can serve as a framework for implementation. Based on both of these models, this chapter presents a set of general and specific recommendations from the survey as a whole, and for each of the risk behaviours individually.

There is a need for more specific analyses of the determinants of the risk behaviours, and training of health education professionals in interpreting these findings and translating them into objectives for future interventions, followed by designing interventions, the need for pilot testing these interventions before considering large-scale implementation, and then evaluation of the effects of the interventions.⁽³⁶⁾

9.2. General Recommendations

These general recommendations are structured to provide a national and African framework for action aimed at developing the Youth Risk Behaviour Survey into a powerful policy development and planning tool for the social development of youth in Africa.

It is important to recognise that the constitutional, legislative, policy and programme foundations underpinning the health and social development of youth have been firmly established over the last decade of democratic government in South Africa. However, over the next few decades the broad contours of specific programme implementation targeting youth that have already been outlined,⁽⁹⁵⁻⁹⁶⁾ need to be refined and tailored based on the evidence provided by the Youth Risk Behaviour Survey Report. The optimum utilisation of available resources is likely to have maximal impact on the health, welfare and social development of youth in South Africa. For this reason it is important to improve the interdepartmental collaboration within government.

Furthermore, African governmental planning around the issues of health and development has become more important to ensure sustainable programmes for youth and others. It will therefore augur well to establish an African Youth Risk Behaviour Surveillance System both for South Africa and her neighbours, thereby making a contribution to the policy for youth within the NEPAD initiative.

IT IS RECOMMENDED THAT:

9.2.1.

The Youth Risk Behaviour Survey be repeated on a triennial basis. This timeframe is sufficient to complete, disseminate and act on survey results, while still being short enough to be informative. The survey will enable:

- Monitoring of the socio-demographic transition affecting youth risk behaviour
- Evaluation of the impact of interventions targeting youth

- Evaluation of the distribution of resource allocation
- Evaluation of the refining and sharpening of focused interventions by identifying gaps in current policies and programmes
- Deepening participatory democracy by placing youth at the vanguard of leadership and development
- Paving the way for other African countries to conduct similar research, thus enabling school-based surveillance and comparison across borders in the spirit of NEPAD.

9.2.2.

A revision of existing structures so as to create a Youth Development Programme (YDP) which would be responsible for the social development and programming for youth across social clusters. This potential line function department would work across government departments consisting of a multi-disciplinary, multi-sectoral, multi-departmental team. One of the government departments, or possibly the Office of the President, would need to take the lead role in this initiative. The Youth Risk Behaviour Survey would then provide an evidence-based scientific foundation for programming and monitoring, with systematic planning and evaluation. Currently different risk behaviours affecting the health of learners are usually studied in isolation, making it difficult to co-ordinate a coherent, holistic plan for behaviour change. The synergies arising from doing this are manifold, largely because of the way risk behaviours are known to be interrelated.⁽⁹⁷⁻¹⁰⁰⁾ This would allow the large numbers of vertically targeted single-behaviour interventions to be replaced with inter-departmental interventions aimed at addressing clusters of behaviours that place young people at risk.

9.2.3.

Adequate resource allocation across a cluster of YDP should be made available. These would allow optimum synergy between and among multiple interventions, avoid duplication, and create multiple implementation sites such as communities and schools.

9.2.4.

Full involvement and empowerment of youth in taking charge of their own destiny as part of the process of participatory democracy should be facilitated. The National Youth Commission needs to be centrally involved as the primary vehicle for mobilisation and organisation of youth.

9.2.5.

A well resourced and planned strategy for the dissemination of the results of the Youth Risk Behaviour Survey findings needs to be facilitated across social clusters in all nine provinces, to all stakeholders including local communities.

9.2.6.

The Youth Risk Behaviour Surveillance System could provide a platform for the development of a single integrated database in government for policy, planning and resource allocation with regard to motor vehicle crashes, sexual abuse, nutritional status, school surveys, child grants, etc. for policy and planning functions and resource allocation.

9.2.7.

The findings from this survey identify which determinant studies should be undertaken, and these will in turn inform the development of comprehensive intersectoral interventions which will reduce the prevalence of health-related and social behaviours that place learners at risk.

9.2.8.

The stakeholders involved in youth health and development should participate in the future Youth Risk Behaviour Surveillance Systems and in the ensuing programmes and interventions. The stakeholders and their respective roles, contributions, responsibilities and potential beneficial outputs are outlined in figure IV.

Stakeholder	Role/contribution	Responsibility	Benefits/outputs
South African Government - national - provincial - local government - district	Primary authority, Parliamentary/constitutional accountability	Governmental co-ordination in South Africa, Inter-governmental co- ordination in Africa	Policy and planning, resource allocation, programme implementation
E.g. Medical Research Council - health promotion group - YRBS unit	Research & development lead agency	Overall scientific co-ordination - Planning & conducting research	Participation in the essential national health research agenda
National Youth Commission	Mobilise youth for development	Youth participation	Optimum youth development, preparation for leadership
International Research Agencies	External reference panel, benchmarking evaluation of SA YRBS, scientific and technical support, methodological training, peer review	Creating opportunities for networking in Africa and internationally	Global database, NEPAD and SADC database

Figure IV: Proposed roles, responsibilities and contributions of stakeholders

9.2.9. THE RESEARCH AGENDA FOR YOUNG PEOPLE SHOULD BE EXPANDED.

The following specific research and development recommendations aim to complement the primary recommendation of a longitudinal triennial national Youth Risk Behaviour Survey, with sentinel site surveys for specialised studies.

9.2.9.1.

The first African versions of the CDC YRBS methodology and questionnaire developed by the research team need to be further adapted and validated both for conditions at district level in South Africa, as well as for other African countries. The Youth Risk Behaviour Survey research team from the MRC and the participating universities need to support an African initiative to develop, train, support and co-ordinate a continent-wide study.

9.2.9.2.

Determinant studies need to be undertaken of all the behaviours that place young people at risk, to complement this national prevalence study. These studies will provide critical information for development of socio-psychological interventions.

9.2.9.3.

Intervention studies to test hypotheses generated from these prevalence studies are required to deepen the evidence base for programme development and to further refine and validate the study methodology and instruments.

9.2.9.4.

Nested localised cluster studies which focus on districts are required because while the national studies and data are useful for macro-level policy and planning, they are not sufficiently sensitive or specific for local and district level variations or for designing provincial and district level intervention programmes.

9.2.9.5.

Creative methodologies including questionnaire development to obtain indigenous, culturally sensitive, valid and reliable data from young men and women living in the African context need to be developed.

9.3. Specific recommendations

In addition to applying conceptual and theoretical models for planning and evaluating interventions and strategies targeting specific levels of impact during implementation, a coherent mechanism for government departments and intersectoral solutions for youth health and development needs to be articulated (Figure V). Pivotal to having an impact on the behaviours that place young people at risk is the combined effort of all the government departments, each with their own paradigm towards problem solving. The recommendations are made to address the cluster of behaviours covered in this survey.

9.3.1. INTENTIONAL AND UNINTENTIONAL INJURY

9.3.1.1. Violence

It is essential that the school environment be safe and supportive of learning. To reduce the prevalence of violence-related behaviours it is necessary to improve the implementation of existing legislation and regulation of the laws governing under-age possession and access to firearms. Violence prevention programmes should be developed and should target all high school learners. Programmes focusing on conflict resolution should have a greater emphasis on learners in lower grades and older learners in each grade. The abhorrence of coercive sexual behaviours should be stressed from an early age, targeting both male and female learners. In addition, there should be a strong partnership between the law enforcement agencies and the educators to discourage learners from coming to school armed with weapons. Greater attention needs to be paid to male learners. With regard to gang membership, interventions targeting young learners in lower grades need special attention, for example, creating positive alternatives to joining gangs.

9.3.1.2. Traffic safety

Existing road safety education programmes for primary schools place an emphasis on road safety skills for pedestrians and passengers. These programmes should be extended to include aspects targeting all high school learners, emphasising skills and behaviours that will improve the learners' safety, not only as pedestrians and passengers but also as drivers. They also need to highlight the link between substance abuse and road traffic injuries.

9.3.1.3. Suicide and related behaviours

There are many stressful challenges faced by learners of both genders inside and outside of the schools in all provinces, thereby compromising their mental health status. It is therefore necessary to develop programmes that empower learners of all ages to cope with these challenges, and reduce the tendency towards suicidal behaviours when learners feel overwhelmed. There is a need to identify the determinants that influence the relatively low prevalence of suicide and related behaviours in the Eastern Cape, thus learning about the resilience factors and using this information to better inform the development of relevant programmes that will enhance the mental health of learners in all provinces.

9.3.2. SUBSTANCE ABUSE

Multiple strategies, such as legislative, behavioural and biomedical interventions, are required to deal with the health and economic consequences of substance abuse.

9.3.2.1. Tobacco

Responsible public health legislation such as banning the advertising of tobacco and the creation of smoke-free environments, are already in place. There is, however, a need to develop tailored interventions reinforcing existing cultural resilience factors among non-smoking learners. Also, suitable and sustainable cessation programmes particularly geared towards the youth should be developed to reduce the prevalence of current and frequent tobacco use.

9.3.2.2. Alcohol

It is necessary to control the advertising of alcoholic products as well as to introduce meaningful warning labels with the aim of protecting children and young people from the mass advertising



Figure V: Government departments and intersectoral solutions for youth health and development

An example of a comprehensive approach to intersectoral solutions: Violence prevention

Health: medical solutions, both preventive and curative

Education: solutions to promote knowledge and skills, development of courses for conflict resolution

Housing: solutions for prevention of overcrowding

Police: solutions to protect civil society and assist in enforcing legislation

Transport: solutions to provide safe travel environments

Sports & Recreation: solutions to create opportunities for utilisation of free time

Communication: solutions to set the mainstream agenda, for example, promoting the social norm for a non-violent society

of alcohol. It is also important to investigate the impact of alcohol abuse on school-related outcomes such as academic performance and school attendance.

9.3.2.3. Illegal and other drugs

The Departments of Safety and Security, Police, Defence and Education should collaborate to curb the supply and demand of illegal drugs in the learners' extended environment.

9.3.2.4. Substance abuse on school property

Through co-operation with the law enforcement agencies, programmes should aim to curb the supply and demand of prohibited substances on school property to ensure that the learning environment does not become a breeding ground for substance abuse of any kind.

9.3.3. SEXUAL BEHAVIOUR

Unsafe sex practices, associated with high prevalence of sexually transmitted infections and unplanned pregnancies, combined with the use of alcohol and drugs before sex, require a concerted national programme that goes beyond awareness to targeted and tailored behaviour change. Programmes need to be developed to target male learners, to encourage delaying their first sexual encounter, and to reduce their number of sexual partners. In addition to informing all learners about safe sexual practices, it is necessary to improve the negotiating skills, particularly of females, to reduce unplanned pregnancies.

9.3.4. NUTRITION, DIETARY AND PHYSICAL ACTIVITY

9.3.4.1. Nutrition and dietary behaviour

The co-existence of under- and overnutrition has been identified in this survey. Programmes should therefore be put in place to facilitate early diagnosis and urgent preventive measures aimed at preventing a chronic disease epidemic in adulthood. Further investigations are therefore required to establish the relationship between over- and under-consumption of foods and nutritional status outcomes. Through partnerships with local health facilities, schools need to create opportunities for male and female learners to measure appropriate anthropometric parameters on a regular basis so that dietary and physical activity decisions are made on a factual basis rather than on perceptions of body weight.

9.3.4.2. Physical activity

Co-ordinated efforts between all departments of government are required to further reduce physical inactivity and promote physical activity. It is believed that schools can help to counter the alarming trend of physical inactivity among learners through quality physical education programmes including recreation and sports. However, data suggest that physical education is being marginalised in schools, particularly in the higher grades.

The overarching goal of physical education programmes should be preparing the learners to adopt active lifestyles and discouraging excessive sedentary habits. Therefore the content of the physical education programme must be meaningful, and sufficient time must be provided for the daily physical activity that learners need as well as for instruction related to achieving and maintaining physical fitness.

9.3.5. HYGIENE

Learners should be encouraged to reach the optimum of brushing their teeth at least two times in a day. It is necessary to raise awareness among learners on the joint impact of high sugar intake, as seen in the food consumption patterns in this survey, and lack of regular tooth brushing. Access to preventive oral health care, such as regular dentist check-ups, should be examined.

Current interventions should be strengthened to improve the prevalence of hand-washing after using the toilet among learners.⁽⁹¹⁾

CHAPTER 10

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SECTION D

APPENDICES



APPENDIX I

HEALTH PROMOTION		MOTHER & CHILD		SCHOOL NURSE		NUTRITION		WELFARE		LIFE SKILLS		COMMUNITY MEMBERS		TOTAL PER PROVINCE	
T	P	T	P	T	P	T	P	T	P	T	P	T	P	T	P
Eastern Cape Province															
16	10	9	6	1	1	5	5	3	3	13	7	-	-	47	32
Free State Province															
27	25	-	-	-	-	28	22	-	-	3	3	14	-	72	50
Gauteng Province															
33	26	-	-	10	6	5	1	-	-	3	2	4	4	55	39
Kwazulu-Natal Province															
15	10	-	-	18	15	14	14	-	-	5	3	6	3	58	45
Limpopo Province															
19	13	-	-	1	1	18	18	-	-	12	11	20	8	70	51
Mpumalanga Province															
18	13	-	-	9	7	11	8	-	-	6	5	11	1	55	34
North West Province															
-	-	-	-	-	-	14	13	-	-	1	-	32	24	47	37
Northern Cape Province															
17	17	-	-	13	13	7	7	-	-	9	9	20	8	66	54
Western Cape Province															
19	17	-	-	10	8	1	1	-	-	7	6	3	3	40	35
TOTAL															
164	131	9	6	62	51	103	89	3	3	59	46	110	51	510	377

T = Trained P = Participated

Figure VI: Survey Administrators who were trained and who participated in conducting the survey by Government Department and Province

APPENDIX II

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