

# Umntshente Uhlaba Usamila



## The 2<sup>nd</sup> South African National Youth Risk Behaviour Survey 2008

(Follows from the 1st National Youth Risk Behaviour Survey of 2002)

Conducted by the  
HEALTH PROMOTION RESEARCH AND DEVELOPMENT UNIT  
MEDICAL RESEARCH COUNCIL



## Umthente Uhlaba Usamila

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

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

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

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

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

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

## Background

This 2nd National Youth Risk Behaviour Survey reports on the prevalence of behaviours that place secondary school learners at risk for disease and ill health. The results of this study will be helpful to government departments and non-governmental organisations who are interested in developing programmes that will address these risk behaviours and subsequently assist in alleviating some of the adverse consequences. It is important to intervene in a timely manner to ensure the positive and successful development of youth in South Africa.

## THE BEHAVIOURS INVESTIGATED WERE:

### Behaviours Related to Infectious Diseases

- Sexual behaviour
- Hygiene

### Behaviours Related to Chronic Diseases (Cancer, Diabetes and CVD)

- Nutrition and Dietary Behaviours
- Physical Activity

### Behaviours Related to Injury and Trauma

- Violence: intentional and unintentional injury
- Traffic Safety

### Behaviours Related to Mental Health

- Suicide-related behaviours
- Substance Use - tobacco, alcohol, hard drugs

## Methodology

Data was collected from 10 270 grades 8-11 learners from two randomly selected classes, within 192 randomly selected schools country-wide, by survey administrators. The survey administrators comprised of about 600 nurses and community health workers who were specifically trained to conduct the survey.

The SA YRBS questionnaire was initially adapted in 2002 from the Youth Risk Behaviour Surveillance System (YRBSS) developed by the Centers for Disease Control and

Prevention (CDC), in the United States. The questions were tailored to suit the needs of learners in the South African context. The 2008 questionnaire was further revised to include questions on infrastructure, learners health promoting decision making and their nutrition related behaviours, such as their detailed food and drink consumption. The questionnaire was translated into the 11 official languages and every learner was given the opportunity to respond to the questionnaire in the language of his or her choice.

## Results

Response Rate	2002	2008
School	94.2%	93.3%
Learner	72.5%	76.8%
<b>Overall</b>	<b>68.3%</b>	<b>71.6%</b>

## RESPONSE RATES

Of the 206 selected schools sampled 192 participated in the study and of the 13 379 learners eligible for the survey, 10 270 learners submitted completed questionnaires.

## Socio-demographic Characteristics

	GENDER		RACE				GRADE				AGE								
	M	F	Black "Coloured"	Indian	White	Other	8	9	10	11	<=13	14	15	16	17	18	>=19		
<b>NATIONAL</b>																			
n	10270	4949	5148	7999	1452	125	545	92	2389	2440	3001	2440	450	1508	2073	2103	1678	977	1177
%	100.0	48.5	51.5	78.1	14.2	1.1	5.7	0.9	23.4	23.9	29.8	22.9	4.3	14.6	20.7	21.4	17.1	10	11.9

# SOUTH AFRICAN 2002<sup>(1)</sup> AND 2008<sup>(2)</sup> YOUTH RISK BEHAVIOUR SURVEYS (YRBS) SUMMARISED COMPARISON OF RESULTS

## Behaviours related to Infectious Disease

### SEXUAL BEHAVIOUR

**02 08**

#### Sexual Activity

41%	38%	Ever had sex
14%	13%	Age of initiation <14 yrs <sup>3</sup>
54%	41%	Had ≥2 sexual partners in their lifetime <sup>3</sup>
70%	52%	Had ≥1 sexual partner/s (past 3months <sup>3</sup> )
14%	12%	Used alcohol or drugs before sex <sup>3</sup>

#### Contraception

29%	31%	Always used a condom during sex <sup>3</sup>
16%	19%	Have been pregnant or made someone pregnant <sup>3</sup>

#### Abortion

8%	8%	Had an abortion/partner had an abortion <sup>3</sup>
16%	21%	Had an abortion at a traditional healer <sup>3,4</sup>
63%	52%	Had an abortion at a hospital/clinic <sup>3,4</sup>

#### STIs

7%	4%	Ever had an STI <sup>3</sup>
64%	55%	Received treatment for an STI <sup>3,5</sup>

### HYGIENE

89%	-	Brush teeth at least once a day
89%	-	Own a toothbrush that is not shared
76%	70%	Always wash hands after going to the toilet
67%	63%	Always wash hands before eating

## Behaviours related to Injury & Trauma

### VIOLENCE

**02 08**

17%	15%	Carried any weapon (past 30 days)
41%	36%	Were bullied (past 30 days)
30%	31%	In a physical fight (past 6 months)
29%	34%	Injured in a physical fight (past 6 months)
14%	19%	Member of a gang (past 6 months)
10%	10%	Ever forced to have sex
8%	9%	Ever forced someone to have sex
32%	27%	Felt unsafe at school (past 30 days)

### TRAFFIC SAFETY

14%	15%	Always wear seatbelts when driven by someone else
35%	38%	Driven by someone who had been drinking alcohol (past 30 days)
8%	18%	Drove after drinking alcohol (past 30 days) <sup>6</sup>
11%	14%	Walked alongside a road after drinking alcohol (past 30 days) <sup>6</sup>

## Behaviours related to Mental Health

### DEPRESSION & SUICIDAL IDEATION

**02 08**

25%	24%	Had sad or hopeless feelings (past 6 months)
19%	21%	Ever considered attempting suicide (past 6 months)
16%	17%	Made a plan to commit suicide (past 6 months)
17%	21%	Made one or more suicide attempts (past 6 months)
28%	29%	Of attempted suicides required medical treatment (past 6 months)

### SUBSTANCE USE

#### Tobacco Use

21%	21%	Currently smoke (past 30 days)
47%	45%	Tried to quit cigarettes (past year)
11%	12%	Used smokeless tobacco (past 30 days)
84%	75%	Current smokers exposed to environmental tobacco smoke (past 7 days)

#### Alcohol Use

49%	50%	Ever used alcohol
32%	35%	Current alcohol use (past 30 days)
23%	29%	Past month binge drinking
12%	12%	Age of initiation <13 yrs

#### Illegal + Other Drug Use

9%	10%	Used dagga in the past month
6%	7%	Ever used mandrax
6%	7%	Ever used cocaine
12%	6%	Ever used heroin **
16%	12%	Ever used over-the-counter/prescription drugs

## Behaviours related to Chronic Disease

### NUTRITION

**02 08**

9%	8%	Underweight (weight for age)
11%	13%	Stunting (height for age)
4%	4%	Wasting (weight for height)
17%	20%	Overweight (Age-adjusted BMI > 25 kg/m <sup>2</sup> )
4%	5%	Obesity (Age-adjusted BMI > 30 kg/m <sup>2</sup> )
24%	25%	Describes themselves as underweight
14%	12%	Describes themselves as overweight

### PHYSICAL ACTIVITY

45%	43%	Participated in sufficient vigorous physical activity (>20 min ≥3 days within past week)
34%	29%	Participated in sufficient moderate physical activity (>30 min ≥5 times within past week)
38%	42%	Participated in insufficient or no physical activity (within past week)
25%	29%	Watch TV for more than 3 hours per day



Significant % change in the favourable/ less risk direction at the 95% confidence level



Significant % change in the unfavourable/ more risk direction at the 95% confidence level

1. YRBS 2002: 10 699 participants, Grades 8-11, 188 public schools, 9 provinces.
2. YRBS 2008: 10 270 participants, Grades 8-11, 192 public schools, 9 provinces.
3. Of those that ever had sex

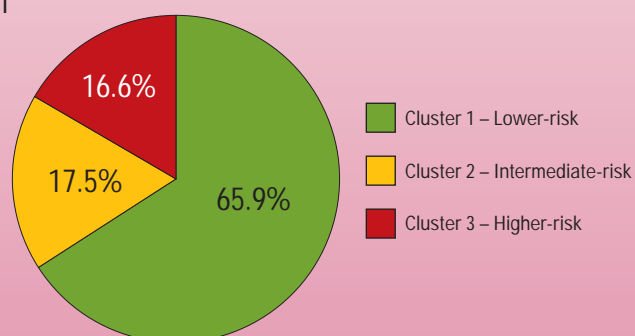
4. Of those that had an abortion / whose partner had an abortion
  5. Of those who ever had an STI
  6. 2002 methodology used here for comparison purposes => this 2008 figure is different from 2008 main report figure
- \*\* Decrease in prevalence may be due to revision of the question

## Clustering of Risk Behaviours

The results above describe the prevalence of single behaviours as reported by individual learners. Research showed that many risk or protective behaviours co-vary or cluster within individuals. If behaviours cluster it may indicate that underlying traits like risk-taking, rebelliousness and hopefulness may be driving multiple behaviours.

In this risk cluster analysis six groups of behaviours or domains, like substance use and sexual behaviours were examined to assess how they relate to each other. Cluster analysis allows for learners to be grouped or clustered according to the behaviours being engaged in by the same learners, meaning that learners engaging in one risk behaviour are more likely to engage in another.

Three distinct clusters of risk-taking were identified; the lower-, intermediate- and higher-risk clusters. The majority of the sample (65.9%) fell into the lower-risk cluster. Learners in this cluster had the lowest rates for all risk behaviour domains except for nutrition and physical activity, which was similar across all three clusters. The learners in the intermediate cluster had prevalence rates that were higher than the lower-risk cluster but lower than the higher-risk cluster for substance use, violence, sexual and traffic safety behaviour domains. Compared to the lower- and intermediate-risk clusters, the learners in the higher-risk cluster had the highest prevalence for all behaviour domain measures except hygiene.



## Recommendations

### The general recommendations include:

- The YRBS be repeated on a triennial basis - to monitor and track the prevalence of youth behaviours over time
- Design, implement and evaluate health promotion and behaviour change interventions that address the behaviours that place young people at risk of mortality and morbidity
- Interventions to address 'clusters' of behaviours, instead of individual behaviours need to be tested for cost effectiveness, in terms of time, financial resources, and the utilisation of trained personnel
- Interventions should be implemented in a manner that would contribute to the outputs of the National Planning Commission vision 2025.

### SPECIFIC RECOMMENDATIONS

- Sexual education needs to be tailored to individual group needs and a concerted effort needs to be made to increase correct and consistent contraception use
- Strategies addressing sports, recreation, exercise for health benefit and healthy diet need to be promoted, to address the high levels of overweight and physical inactivity.
- Institution of safety and security measures in schools
- Comprehensive prevention programmes for tobacco, alcohol and drug use, as well as learners engaging with counselors to address the issues underlying their substance use.