

SURVEY ON SUBSTANCE USE, RISK BEHAVIOUR AND MENTAL HEALTH AMONG GRADE 8-10 LEARNERS IN SCHOOLS IN THE WESTERN CAPE PROVINCE, 2011



Published by South African Medical Research Council
P O Box 19070, Tygerberg 7505, South Africa

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ISBN: 978-1-920618-07-0 Report

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Suggested citation: Morojele, N., Myers, B., Townsend, L., Lombard, C., Plüddemann, A., Carney, T., Petersen Williams, P., Padayachee, T., Nel, E. & Nkosi, S. (2013). *Survey on Substance Use, Risk Behaviour and Mental Health among Grade 8-10 Learners in Western Cape Provincial Schools, 2011*. Cape Town: South African Medical Research Council

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EXECUTIVE SUMMARY

In 2010/2011 the Provincial Government of the Western Cape (PGWC) in partnership with the United Nations Office on Drugs and Crime (UNODC) Southern Africa tasked the Alcohol and Drug Abuse Research Unit at the South African Medical Research Council with conducting a survey in order to determine the regional prevalence of drug and alcohol use, risk behaviours and mental health problems among school learners in grades 8-10.

More specifically, the objectives of the study were:

1. To estimate the prevalence of alcohol, tobacco and other drug (ATOD) use among grade 8-10 learners in the Western Cape
2. To estimate the prevalence of mental health problems and aggressive behaviour among grade 8-10 learners in the Western Cape
3. To estimate the prevalence of sexual risk behaviour among grade 8-10 learners in the Western Cape
4. To estimate the prevalence of delinquent-type behaviour and exposure to crime among grade 8-10 learners in the Western Cape
5. To identify the extent of service utilisation and the need for ATOD use and other services among grade 8-10 learners in the Western Cape

Methods

The study recruited learners in Grades 8, 9 and 10 attending public schools across the eight districts of the Western Cape province; including the Cape Town Metropole (North, Central, South and East districts) and non-Metro districts outside of Cape Town (the Cape Winelands, West Coast, Eden and Central Karoo, and Overberg districts). The study used a stratified 2-level sampling design. First, schools were randomly sampled proportional to total school size, with 240 schools being selected. Next, within selected schools, classes within grades (8, 9, 10) were randomly selected for sampling. All learners in these selected classes were sampled, with the final sample comprising 20227 learners. Between May and August 2011, learners in these selected classes completed a self-administered questionnaire available in English, Afrikaans or isiXhosa. The questionnaire assessed: (a) Demographic

factors; (b) School experiences; (c) Home circumstances; (d) Lifetime, past year, past 30 days and current ATOD use; (e) Treatment and rehabilitation experiences for alcohol and other drug problems; (f) Aggressive behaviour, mental health, sexual behaviour and delinquency; (g) Community crime; and (h) Services for youth. Data analysis involved estimating the prevalence of ATOD use, mental health problems, and risk behaviours for the total sample, and for male and female learners, stratified by grade, district, and repeating a school grade. In the analyses, non-Metro districts were combined due to the small numbers of schools within the non-Metro areas, while the metro-districts were kept separate. Ethical approval for this survey was obtained from the Faculty of Health Sciences Research Ethics Committee at the University of Cape Town (HREC REF: 006/2011) and permission to conduct the survey was obtained from the Western Cape Department of Education.

Results

Overall, 57.1% of the sample were female. About half of the sample reported Afrikaans as their home language, 19.4% reported English, 30.2% reported isiXhosa, and the remainder (1.3%) reported having another home language. Just over half the learners (55.7%) self-identified as Coloured; 32.9% as black African; 9.6% as white; and 0.6% as Indian.

ATOD Use

Tobacco, alcohol and cannabis (dagga) were the three most frequently reported substances used by the grade 8-10 learners in the Western Cape.

Alcohol use

1. Alcohol was the most frequently reported substance used, with 66% of learners reporting ever having used alcohol.
2. Among learners who reported lifetime use of alcohol, more than $\frac{1}{3}$ reported current use, almost $\frac{1}{4}$ reported alcohol use in the week preceding the study, and almost $\frac{1}{4}$ reported binge-drinking in the two weeks prior to the study.
3. Among those who drank alcohol, almost $\frac{1}{3}$ reported the early initiation of alcohol use (prior to age 13); at least 10% reported using alcohol on a weekly basis; and a small proportion reported being drunk on a daily (2%) or weekly (10%) basis.

4. Across all districts, males were more likely than females to report binge-drinking (25.4% vs 19.8%), weekly alcohol use (12.2% vs 8.3%) and weekly drunkenness (11.6% vs 7.9%). They did not differ from females on lifetime (66.6% vs 65.6%) and past year (59.3% vs 59.0%) drinking or on initiation of alcohol before 13 years (28.9% vs 27.2%).

Tobacco use

1. Tobacco was the second most frequently reported substance used, with 47.4% of learners reporting lifetime use of this substance.
2. Among learners who reported lifetime use of tobacco more than half had used tobacco in the past year (50.7%), roughly 40% were current (past 30-day) tobacco users, and more than a quarter (27.6%) reported daily smoking.
3. More than a third (37.5%) of the learners had first tried cigarettes before the age of 13.
4. Males were more likely than females to report lifetime smoking (51.3% vs 44.5%), and among smokers, males were more likely than females to report daily smoking (30.6% vs 25.1%), and smoking more than ten cigarettes per day (13.1% vs 6.7%).

Cannabis (Dagga) Use

1. Cannabis was the third most frequently reported substance used, with almost a quarter of learners (23.6%) reporting ever having used this drug.
2. Cannabis users reported high levels of past year (52.1%), current (34.6%), past week (29.6%) and daily use (13.8%); 14% reported initiation before the age of 13.
3. Prevalence rates for lifetime and past year cannabis use were highest for the Metro EastMetro Central (28.6% and 58.8%) and Metro South districts (28.2% and 58.7%), and lowest for the non-Metro districts (21.0% and 46.0%).
4. Males had higher prevalence rates than females on all measures of cannabis use. For example, males' and females' rates were 28.4% and 20.0%, respectively for lifetime use. Among male and female lifetime users they were 55.2% and 48.7% respectively for use in the past year; and 39.0% and 30.0% respectively for current use.

Use of Cocaine, Mandrax, Ecstasy, Heroin and Methamphetamine, and Drug Injecting

1. Lifetime prevalence rates for most of the “hard drugs” were lower than expected, and males were more likely than females to report lifetime use of all of the “hard drugs”.
2. Only 2% of the learners reported lifetime use of methamphetamine (males vs females = 3.1% vs 1.2%).
3. 2.1% of the learners reported lifetime Mandrax use (males vs females = 3.2% vs 1.2%).
4. 1% of learners reported lifetime use of cocaine (males vs females = 1.4% vs 0.7%).
5. Less than 1% of learners reported lifetime heroin use (males vs females = 1.1% vs 0.5%).
6. A total of 1.2% of the learners reported having injected any drug (males vs females = 1.5% vs 0.9%).
7. There were generally no differences in the proportions of learners reporting lifetime “hard drug” use by grade, with the exception of methamphetamine use at 1.4%, 2.1% and 2.6% for learners in grades 8, 9 and 10, respectively.
8. Having repeated a grade at school was strongly associated with lifetime use of each of the “hard drugs”.

Mental Health and Aggressive behaviour

1. 41.4% of the learners were classified as being at ‘medium risk’ and 14.9% at ‘high risk’ for mental health problems; similar proportions were found across the grades and districts.
2. Female learners (18.5%) were more likely than male learners (10.1%) to fall into the ‘high risk’ category for mental health problems.
3. Almost two thirds (63.9%) of learners were in the ‘medium risk’ and 6.9% were in the ‘high risk’ category for aggressive behaviour; this was consistent across the grades, districts and gender groups.
4. There was no significant difference between the proportion of males and females who were at ‘high risk’ for aggressive behaviours (7.4% vs 6.4%, respectively).

Sexual Risk Behaviour

1. Almost a third of learners (31.6%) reported having had sex in their lifetime. This finding was consistent across the districts and ranged from 30% to 35%.

2. A significantly higher proportion of male learners (38.9%) reported having had sex in their lifetime compared to female learners (26.2%).
3. Learners who reported lifetime sex had high levels of sexual risk taking behaviour. For example:
 - a. Close to 60% reported having had unprotected sex on at least one occasion; the prevalence of unprotected sex increased with grade: 50.8%, 57.9% and 64.0% in grades 8, 9 and 10, respectively.
 - b. Almost 30% reported having suspected that they or their partner was pregnant; rates were highest in the non-Metro (62.3%) and Metro North (57.8%) districts and lowest in Metro East (55.9%).
 - c. A relatively high proportion (25.3%) reported alcohol or drug use before sex; rates were particularly high among those in the non-Metro districts (30.4%) and lowest in Metro East (20.3%).

Delinquent-Type Behaviours

1. Almost one fifth of the learners (18.5%) reported that they had stolen something, and just over 5% (5.8%) reported having damaged property in the 12 months preceding the study.
2. About 10% (10.2%) of the learners reported having bullied fellow learners, 12.4% reported having been bullied, and 14.2% reported having participated in physical fights in the 12 months preceding the study.
3. The delinquent-type behaviours were significantly more prevalent among male learners than female learners for theft (23.4% vs 14.8%), property damage (8.5% vs 5.8%), bullying (13.4% vs 7.9%), and having experienced bullying (13.9% vs 11.4%).

Crime

Victimisation:

1. 15% of learners reported having been threatened by a gang, and more than one tenth (11.8%) reported that they themselves had been members of a gang in the 12 months preceding the study. Gang involvement was more prevalent among learners in the Metro Central (14.7%) and North (14.5%) districts than the non-Metro district (9.3%).

2. About 12% of learners had been offered drugs by someone in their community in the previous 12 months, irrespective of district. This was more common among males (14.6%) than females (9.6%), and among those in the higher grades (e.g. 14.0% in grade 10) than the lowest grade (8.3% in grade 8).
3. Just under 7% of learners reported having been forced to have sex in the 12 months preceding the study and almost 12.0% feared that they would be forced to have sex in the future; these reports were most common for the non-Metro district learners (7.9% and 15.4% for forced sex and feared forced sex, respectively). There were no significant gender differences in the prevalence of experienced forced sex (5.5% for males and 7.3% for females), but females were more likely than males to fear forced sex (15.2% vs 7.6%).

Witnessing community crime in the 12 months prior to the survey:

1. Almost two-thirds of the learners reported having witnessed someone being beaten and a similar proportion (61%) witnessed someone using drugs in their community.
2. Almost half of the learners (46.6%) reported having seen drugs being sold.
3. 40.4% of learners had seen a stabbing and almost a quarter (21.4%) had witnessed someone being shot.
4. 11.7% of learners had witnessed forced sex in the 12 months preceding the survey.

Need for Alcohol and Other Drug (AOD) Treatment and Other Services

1. Of the learners who reported AOD use in their lifetime, 6.2% had received previous treatment for AOD-related problems. There were no gender or district differences.
2. 12.8% of learners who had never been in treatment reported a perceived need for AOD treatment, and 24.6% who had previously received treatment felt they needed additional treatment services.
3. This need was greatest in the non-Metro district where 18.3% of treatment naïve learners reported a current need for treatment. Learners in the Metro Central (7.3%) and Metro South (7.5%) districts had the lowest rates of treatment need.
4. For those with treatment experience, the need for treatment was not different by gender, or grade, but highest in the non-Metro (30.2%), Metro East (30.1%) and Metro North (30.8%) districts.

5. Treatment experienced and treatment naïve learners who reported AOD use, indicated that they had not sought treatment for the following key reasons: (a) they did not have a drug problem (80.4% and 58.5%); (b) they could stop AOD use themselves without treatment (64.9% and 69.5%); (c) AOD treatment does not work (19.9% vs 47.6%); (d) treatment programmes were adult- rather than adolescent-oriented (16.7% vs 41%); and (f) there would be financial (20.7% and 33.9%), transport (19.1% and 33.7%) and distance (21.7% and 40.7%) barriers to treatment entry.

Service Needs

1. The most frequently endorsed services needed included recreational services: sports (49.9%), arts (41.8%), and recreation programmes (41.1%).
2. This was followed by a reported need for: career counselling (34.8%); help with academic difficulties (33.8%); and vocational training (27.5%) services.
3. About ⅓ of the learners reported a need for crime prevention services (21.3%), and for counselling services for family (19.7%) or school-related problems (17.8%).

Core Recommendations for Delivery of AOD Treatment and Mental Health Services

Alcohol, tobacco and other drug use

1. There is an urgent need for interventions to prevent or delay the initiation of ATOD use among learners. These preventative interventions should occur as early as possible, should be available in all provincial districts, and should target both genders.
2. Early screening and brief motivational interventions are needed to identify and intervene with adolescents who are using ATODs to reduce the risk of developing AOD use disorders in the future. For those learners who are abusing or dependent on alcohol or other drugs referrals to appropriate treatment services should be made.
3. Current efforts to address methamphetamine use should be strengthened to prevent a resurgence of previous high levels of methamphetamine (tik) abuse.

Mental Health

1. Mental health promotion and prevention services should be available for the large group of learners falling in the medium risk category for mental health problems; these

services should be available across all districts and particularly in the non-Metro districts.

2. School-based mental health promotion and prevention services should address gender-specific risk factors for mental health disorders, screen learners for mental health problems and refer learners at high risk for these problems to more intensive intervention services.
3. There is also a need for developmentally appropriate and accessible mental health assessment and treatment services for adolescents at high risk for mental health problems.

Sexual Risk and Delinquent-Type Behaviours

1. Given the high levels of sexual risk behaviour among the grades 8-10 learners, adolescent-friendly sexual risk reduction and family planning services are of great need throughout the province, and in the non-Metro districts particularly.
2. Learners need to be exposed at an early age to sex education and sex risk reduction programmes throughout the province due to their young age of sexual debut.
3. Screening and early intervention services are needed for those learners who are starting to demonstrate delinquent-type behaviours to prevent progression to more serious problems.

Crime Prevention

1. Crime prevention services are needed for learners in all districts. To be effective, these interventions should address individual risks as well as structural and contextual risks for involvement in crime.
2. Gang-related interventions are needed throughout the province, particularly in the Metro Central and South districts, and should focus on addressing norms and empowering communities via community partnerships to address crime and gangsterism.

Services

1. More adolescent-oriented AOD treatment and counselling services are required to meet the current service need, particularly in the non-Metro districts.

2. Since barriers hamper access to AOD treatment for adolescents, efforts to scale up services should consider how these barriers can be addressed.
3. More recreational services for learners are needed given the expressed need and association between substance use, other problem behaviours and leisure time boredom.
4. School-based health promotion programmes should address multiple risk behaviours and provide healthy recreational outlets for at-risk learners.
5. Training of school teachers and counsellors in early identification of drug use is to be promoted.

Recommendations for Future Research

Further studies are needed to:

1. Carefully continue monitoring ATOD use, via methodologically sound population- and school-based surveys, to continue to track trends and identify new emerging problems.
2. Collect community-level data on the nature, patterns and trends in ATOD use and other risk behaviours among young people using ethnographic methods.
3. Identify risk and protective factors for ATOD and other risk behaviours in order to inform policy and programmatic interventions in the province.

Conclusions

This survey of risk behaviour among 20227 learners in grades 8-10 in the Western Cape is the first representative survey of learners that has been large enough to detect district level differences in the prevalence of ATOD use and other problem behaviours, as well as the service needs of learners, in the Western Cape Province. Findings from this study have the potential to facilitate the evidence-based allocation of resources for adolescent ATOD use, mental health, sexual risk reduction, and crime prevention and intervention services to regions where these services are most needed. The findings will also provide valuable baseline data that can be used to monitor the impact of new policies, programmes and services for addressing adolescent risk behaviours.

ACKNOWLEDGEMENTS

This project would not have been possible without the expertise, support and assistance provided by the people listed here.

We are very grateful to all the learners who participated in the survey. Without their willing participation we would not have been able to compile this report. We also appreciate the willing participation of the many schools that were part of the survey. In particular, we would like to thank the principals, school secretaries and educators who facilitated the collection of data, and for their enthusiastic support of the project.

We are grateful to the Office of the Premier, the Department of Education and the Department of Social Development at Western Cape Provincial Government for providing us the opportunity to contribute to their vision in wanting to undertake this project. We would specially like to thank Dr Robert McDonald and Ms Ferial Soeker for their encouragement and instrumental assistance and support.

Our thanks are also extended to Ms Elisabeth Bayer, Mr Mpho Pitwane and Dr Rey Chad Abdool from the United Nations Office on Drugs and Crime for their technical assistance and support.

We are grateful to SADC Research Centre led by Darryn Durno and ably assisted by Gerald Claassen, Liam Wantenaar, Ntombi Mashwa, and all the members of their field staff who were responsible for data collection. Our thanks also go to Mike Nnachebe and his hard working team of data capturers.

We also wish to thank Xabiso Nokoyo, Shirley Ndwayana and Busi Zwane from the Health Systems Research Unit at the Medical Research Council for preparing the isiXhosa versions of the survey questionnaire and other study documents.

Finally, our special thanks go to Renay Venter for designing the cover and our colleagues at the Medical Research Council: Professor Charles Parry for his guidance and support; Nomtha Madlingozi for her assistance with questionnaire translation; Hendra van Zyl and Elmarie van Wyk for designing and printing the CDs on which the report was reproduced; and Belinda Chamberlain and Yolanda Williams for their operational and administrative support.

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CHAPTER 1: BACKGROUND

Adolescence is a period of stress for young people as they face numerous new challenges. During this developmental period, peer relationships start to take precedence over relationships with parents and caregivers, and teenagers develop more autonomy as they spend less time with parents and caregivers. Tobacco, alcohol and other drug use, mental health problems, sexual risk and other problem behaviours are among the challenges that young people first experience during this developmental period; all of which can have short- and long-term adverse consequences. Within low and middle income countries, such difficulties are compounded by structural factors, including high levels of poverty and unemployment; socio-economic inequalities; and inadequate access to health care; psycho-social and educational services.

The use of psychoactive substances by adolescents globally and in South Africa is of major concern, particularly given young people's increased access to legal and illegal substances, increases in rates of use of certain drugs, and resultant unintentional and intentional injuries and other problems (Flisher, Mathews, Mukoma, & Lombard, 2006; Jernigan, 2001; Parry, Myers, Morojele, Flisher, Bhana, Donson & Plüddemann, 2004). Tobacco, alcohol and cannabis are risk factors for violence and crime, injury, and other social problems. The use of these substances is also associated with sexual risk behaviours (Mpofo, Flisher, Bility, Onya & Lombard, 2005; Plüddemann, Flisher, Mathews, Carney & Lombard, 2008; Taylor, Dlamini, Kagoro, Jinabhai & de Vries, 2003; Vundule, Maforah, Jewkes & Jordaan, 2001), and earlier initiation of sex (McGrath, Nyirenda, Hosegood, & Newell, 2009), scholastic problems (Morojele, Parry, Ziervogel & Robertson, 2001; Townsend, Flisher & King, 2007), absenteeism and school drop-out (although the results are mixed; Flisher, Townsend, Chikobvu, Lombard & King, 2010), and mental and physical health problems (Brook, Morojele, Brook & Rosen, 2005; Degenhardt & Hall, 2006; Plüddemann, Flisher, Mathews, Parry, & Lombard, 2010; Russell, Donna, Dryden, Liang, Friesen, O'Gorman, Duree, Wild & Klassen, 2008; Yen & Chong, 2006).

Tobacco, alcohol and cannabis are the substances that are most commonly used by adolescents in South Africa. Among learners in Grades 8-11 in the national survey of high

schools conducted in 2008 (the Youth Risk Behaviour Survey; YRBS), current use (i.e. on one or more days in the previous month) of tobacco, alcohol, cannabis (dagga) and other illicit drugs was reported for 21.0%, 35.0%, 9.7% and 11.5% of participants, respectively (Reddy, James, Sewpaul, Koopman, Funani, Sifunda, Josie, Masuka, Kambaran & Ormadien, 2010). More than one quarter (28.0%) indicated having engaged in binge drinking (drunk five or more drinks on one occasion) during the preceding month (Reddy et al., 2010). Lifetime use of other illicit drugs such as heroin, Mandrax (methaqualone), and methamphetamine (tik) was reported by 11.5% of young people (Reddy et al., 2010). However, aggregated prevalence rates of substance use, mask inter-provincial variations. For example, the Western Cape had significantly higher rates of current cigarette (36.7% vs 21.0%), alcohol (53.0% vs 34.9%), and cannabis (16.2% vs 9.7%) use and alcohol bingeing (41.1% vs 28.5%) than the national average. As youth in the Western Cape use tobacco, alcohol and cannabis at much higher levels than their counterparts in other parts of the country, but they are also at increased risk of health and social problems related to their use of substances.

The mental health of adolescents is a neglected public health concern in developing countries including South Africa (Patel, Flisher, Hetrick & McGorry, 2007). However, mental health problems are a key risk factor for concurrent and future impaired functioning. About 15% of young people in the country are estimated to have a mental health problem (Flisher & Gevers, 2010). In its examination of mental health-related factors, the 2008 Youth Risk Behaviour Survey focussed on depressive symptoms and suicidality and found that 22.2% of learners in the Western Cape reported “sad or hopeless feelings”, 17.6% needed to see a doctor or counsellor for sad or hopeless feelings, as high as 22.8% had ever considered suicide during the six months preceding the survey; 19.0% had made a plan to commit suicide in the 6 months preceding the survey; and of those who had made one or more suicide attempt during the past 6 months, 27.5% had made a suicide attempt that required medical treatment. These rates for the Western Cape learners mirrored those of learners nationally, with one exception: the proportion of learners in the Western Cape who reported needing treatment to see a doctor or counsellor for sad or hopeless feelings was 17.6% (12.5-24.3), while the national prevalence rate was 38.3%. There were no significant gender differences on these variables.

Sexual behaviour is one of the risk behaviours that is of major concern among adolescents, because of its association with unplanned pregnancies and infection with HIV and other sexually transmitted infection (STIs). The rate of HIV infection among young people (15-24 years) in the Western Cape according to the most recent HSRC report is 3.0% (Shisana, Rehle, Simbayi, Zuma, Jooste, Pillay-van Wyk, Mbelle, Van Zyl, Parker, Zungu & Pezi, 2009), showing that rates of HIV infection among young people in the Western Cape have increased slightly from 2.3% in 2005 to 3.0% in 2008 and are still of major concern. The YRBS found that for learners in the Western Cape, just over one third (36.6%) had ever had sex. Among those who had had sex, 13.2% had first had sex prior to age 14 years, 48.5% had had 2 or more sexual partners in their lifetime, 50.3% had had one or more sexual partners in the past three months, 36.5% had used alcohol before sex, and 47.7% had used drugs before sex. Males were more likely than females to report ever having had sex and having first had sex before age 14 years.

High rates of unprotected sex have also been found among young people. The YRBS found that only 38.5% of learners who had initiated sex reported always using condoms when they engaged in sex, meaning that approximately two-thirds did not use condoms consistently. Of those who had initiated sex, 15.1% reported having been pregnant or having made someone pregnant, and 9.7% reported having a child or children of their own. Similar rates were found by Marteleto, Lam and Ranchod (2008) using data from the Cape Area Panel Study, in that 19% of coloured and 15% of African women when interviewed at age 22-25 years indicated having been pregnant by age 17 years. Very high rates of unplanned pregnancies (66%) have also been identified in a national survey of youth (Pettifor, Rees, Steffenson, Hlongwa-Madikizela, MacPhail, Vermaak & Kleinschmidt, 2004), although that study included adolescents as well as young adults who were classified as youth.

Youth exposure to crime and violence (and in particular sexual assault) is associated with post-traumatic stress disorder, and other negative outcomes (Seedat et al., 2004). The YRBS found that just under 10% of learners in the Western Cape (8.8%) reported having ever been forced to have sex, and 5.9% reported having forced another person to have sex. It also found that 14.3% of learners in the Western Cape reported having been assaulted by a

girlfriend or boyfriend, while 13.6% reported having assaulted a girlfriend or boyfriend. Interestingly, gender differences were not evident.

Delinquent-type behaviours are part of a cluster of problem behaviours which also includes substance use. The YRBS found that learners in the Western Cape had a higher prevalence rate (21.5%) than the national prevalence (15.1%) for weapon carrying in the past month. Western Cape learners' rates of past month knife carrying were also slightly higher than those of the national average at 20.4%, and their rate of gun carrying was 7.5% as compared with that of the national sample of 8.2%. Levels of assault (5.4%) or robbery (8.2%) have also been found to be among the highest in the country (Burton, 2008). Flisher, Ward, Liang, Onya, Mlisa, Terblanche, Bhana, Parry & Lombard (2006) also found that male students in Cape Town schools were especially more likely to carry knives as weapons, and this proportion increased concurrently with their grade (Grade 8 and 9: 10.3%; Grade 11: 11.2%). The YRBS also found that the rates of involvement in other forms of violence among the WC sample were high, although not different and in the case of gang membership, lower than the national rate. The YRBS found that for the Western Cape learners, prevalence rates of bullying experiences were 41.3%, physical fighting was 33.9%, injury in fights was 23.8%, and approaches to become part of a gang was 19.7%. The reported actual gang membership rate of 14.5% was lower than that of the national average of 19.4%. These rates were generally higher among males than females. In another study, high school learners in the Western Cape were the most likely out of all of the provinces to be threatened at school (21.2%). Townsend, Flisher, Chikobvu, Lombard and King (2008) also identified that a significant proportion of students in their Cape Town study (52% of boys, 37% of girls) had been involved in bullying and that this seemed to be related to school drop-out.

Numerous studies have identified inadequate provision of mental health and substance use services among young people in South Africa. For example, Myers, Louw and Pasche (2010) found that substance use service utilisation is limited in South Africa mainly due to the limited availability of these services as well as logistic barriers to service utilisation that include affordability, geographic accessibility and awareness barriers. Most existing substance use services are not developmentally-appropriate for adolescents. However,

adolescents are often treated in the same facilities as adults (Fakier & Myers, 2008; Myers & Fakier, 2007), and do not necessarily benefit from those treatment episodes. Similarly, Kleintjies, Lund, Flisher, and the MHaPP Research Consortium (2010) identified a relative lack of child and adolescent mental health services, programmes and human resources in South Africa. Among adults, Bruwer et al. (2011) identified the key barriers to accessing mental health services as including attitudinal and structural factors, while drop-out from treatment was mainly attributable to substance use disorders and financial constraints.

The Provincial Government of the Western Cape's Modernisation Blueprint on Substance Abuse (adopted by the Provincial Cabinet on 24 March 2010) has identified a gap in the current information regarding the regional prevalence of drug and alcohol use in the Western Cape school grades 8 to 12. A similar gap exists regarding information on related risk behaviours, causal factors and other relevant data. The Blueprint recognises the need for this information for the research community as well as to guide municipal and provincial policy formulation.

In addition to fulfilling the requirements of the Provincial Government's Modernisation Blueprint, research of this kind is needed to support the Premier's priority focus on child and youth development, led by the Advocateur for the Children, Youth, Gender and Disability office of the Premier, as well as the Provincial Government's Strategic Objectives 5 (Crime reduction) and 8 (Social cohesion), the implementation of the new Western Cape Liquor Act, and the Modernisation and restructuring of the Western Cape Department of Social Development.

The United Nations Office on Drugs and Crime (UNODC) Southern Africa in partnership with the Provincial Government of the Western Cape embarked on a large-scale quantitative study to close the gaps detailed above. In 2010/2011 the Provincial Government of the Western Cape tasked the Alcohol and Drug Abuse Research Unit at the South African Medical Research Council with conducting a survey among school learners in grades 8–10 in the Western Cape, in conjunction with a service provider (the SADC Research Centre) which was contracted by the UNODC to be responsible for field operations and data collection. The

survey was conducted from May to August, 2011. This report is compiled by the MRC and in light of the Blueprint, is expected to:

1. Guide resource allocation, as well as appropriate types of intervention, by region i.e. enabling targeted intervention;
2. Indicate the level of synergy between support services/interventions and need, the ideal levels of support services and interventions, and also allow government to determine more accurately the opportunity costs vis-à-vis benefits of providing support services and interventions in the context of fiscal restrictions and competing needs and priorities;
3. Set baselines to measure the impact or outcomes of policy and programme implementation, i.e. enabling monitoring and evaluation of projects, programmes and strategic objectives on the basis of actual outcomes.

Objectives

1. To estimate the prevalence of alcohol, tobacco and other drug use among grade 8-10 learners in the Western Cape
2. To estimate the prevalence of mental health problems and aggressive behaviour among grade 8-10 learners in the Western Cape
3. To estimate the prevalence of sexual risk behaviour among grade 8-10 learners in the Western Cape
4. To estimate the prevalence of delinquent-type behaviour and exposure to crime among grade 8-10 learners in the Western Cape
5. To identify the extent of service utilisation and the need for AOTD use and other services among grade 8-10 learners in the Western Cape

CHAPTER 2: METHODS

Study Setting and Population

The Western Cape comprises eight districts. The Cape Town metropole is divided into North, Central, South and East districts; and outside of Cape Town the districts include the Cape Winelands, West Coast, Eden and Central Karoo, and Overberg districts. Throughout the Cape metropole there are 214 public schools, and in Cape Winelands there are 57 schools, in West Coast 23 schools, in Eden and Central Karoo 45 schools, and in Overberg there are 20 public schools. The study population comprised learners in Grades 8, 9 and 10 attending public schools of the Western Cape.

Study Design and Sample:

The study was a cross-sectional survey conducted over a period of 60 days. The survey had a stratified 3-level sampling design initially. The 49 administrative and management school circuits in the Western Cape were stratified as high, moderate or low risk for adolescent alcohol and drug use using information from police records, PIMS, and social development offices in each circuit. In this way 19 circuits were identified as high risk, 15 as moderate risk and 15 as low risk areas. To ensure regional representation the low risk circuits were stratified (pooled) into five regional strata (pooled circuits) and the moderate risk circuits into seven regional strata. The high risk circuits were not stratified since all schools in this stratum were sampled. The number of study circuits (actual and pooled) was 31 in total.

The primary sampling unit within each stratum was a school. Schools were randomly sampled proportional to total school size (all grades) where applicable. The second level sampling unit was a class within a grade (8, 9, 10), and the third level sampling unit was a learner within a class.

For logistical reasons the third stage sampling was adapted and no sampling was done within a class. Instead, all learners per class were sampled to avoid giving the impression that learners who would have been randomly selected had been singled out to participate in the study. This changed the survey design to a stratified 2-level cluster sample design.

Sample size

The sample size of the study was determined by the number of school circuits to be studied and the precision of the estimated prevalence rate. Assuming an aggregate 20% prevalence rate of drug and alcohol use, to ensure a precision of 4%, the required sample size was calculated to be 660 school learners attending Grades 8–10 in a study circuit. Combined over all study circuits of the Western Cape the sample size of 20460 learners was planned. To account for the clustering and item non-response the following assumptions were made:

- 1) A design effect of 1.42 was assumed and this was based on using an intra-class correlation coefficient (ICC) of .02 as an index of the clustering effect of learners within a class (design effect= $1+(22-1)*ICC$). The precision of a prevalence of 20% for a sample size of 660 for the circuit taking the cluster design into account would be 3.6%.
- 2) However learner non-response or item non-response can occur and for this it was assumed that 2 students per class would have this label. Taking this into account the precision within a circuit would not be greater than 4%.

For an average prevalence within a circuit of 20% with complete response, the 95% confidence interval for the estimate would be 16.4% to 23.6%. If non-response occurs as expected the 95% confidence limits would be 16.2% to 23.8%

Sampling implementation

Ten schools from each study circuit were randomly sampled proportional to the size of the school in the moderate and low risk strata. In each school one class in each of three grades (8, 9 and 10) was randomly selected. The total number of schools sampled was 240.

Study Instrument

Learners completed a self-administered questionnaire (Appendix) which was available in the three dominant languages spoken in the Western Cape: English, Afrikaans and isiXhosa. The survey instrument was developed by scientists in the Alcohol and Drug Abuse Research Unit and the Health Systems Research Unit at the Medical Research Council (MRC) in consultation with representatives from the Western Cape Provincial government and the

United Nations Office on Drugs and Crime (UNODC). It includes some reliable and valid measures that have been used in previous school-based surveys on substance use and other risk behaviours (e.g. Plüddemann et al., 2008). It comprises a number of sub-sections that measure behaviours to address the objectives of the study. These sections include measures of the following:

- A. Demographic factors
- B. School experiences
- C. Home circumstances
- D. Lifetime, past year, past 30 days and current tobacco, alcohol and other drug use
- E. Treatment and rehabilitation for alcohol and other drug problems
- F. Aggressive behaviour, mental health, sexual behaviour and delinquency
- G. Community crime
- H. Services for youth

The questionnaire items were translated from English into isiXhosa and Afrikaans, and independently back-translated into English. Discrepancies in translations were resolved during consultations between translators and members of the MRC study team.

Procedures

Pilot study

Prior to the survey, a pilot study was conducted in two schools that were not included in the sample. Learners in Grades 8-10 representing all three language groups participated. The purpose of the pilot study was to test the data collection procedure and determine the face validity of the questionnaire. The study procedure and questionnaire were adjusted where necessary on the basis of feedback from learners and an examination of responses on the questionnaire.

Appointment of a fieldworker sub-contractor

The substance abuse co-ordinator in the office of the Premier, PGWC, together with members of UNODC appointed a sub-contractor to undertake the fieldwork in the selected schools. The sub-contractor was required to approach the selected schools; gain permission

from the principals; follow the information, consent and assent procedures; conduct questionnaire administration; and manage the data as set out in the study protocol.

Fieldworker training

Three separate sessions of fieldworker training took place for three days each; one before the commencement of the survey; another refresher course approximately one-third of the way through the survey; and one with fieldworkers who would be conducting the survey in schools remote from the Cape Town area. A comprehensive training manual was developed by the MRC and the training was conducted by the sub-contractor and the MRC. Training included research ethics, gaining permission from sampled schools, sampling procedures (including the use of a table of random numbers to sample classes within grades), managing classroom dynamics, and questionnaire administration. It emphasized the primary ethical standards: informed consent, anonymity, confidentiality and privacy, and doing no harm. Fieldworkers signed statements agreeing to protect the security and confidentiality of identifiable information.

School-level permission

Meetings were held with the principals of the selected schools at the beginning of the data collection period. The purpose of the meetings was to provide the principals and their duly assigned members of school staff with a letter from the Western Cape Department of Education endorsing the study, and information about the study and what would be required of the school, school staff and learners in the selected grades. Permission to conduct the study was gained from the principals.

Parental passive informed consent

Once school-level permission had been granted, the sub-contractor or duly assigned and fully-informed members of school staff addressed learners in the selected three classes in each school about the study, and what would be required of them. It was explained that parents/guardians would first need to agree for them to participate, and learners were given an information sheet to take home to their parents/guardians. The sheet contained a reply slip where parents/guardians were asked to sign should they not wish their child to participate in the study (passive informed consent). Parents/guardians were asked to return

the reply slip to school within three days. The information sheet also contained contact details of the principal investigator and the ethics committee so they could be contacted by any parents/guardians if they had any questions regarding the research.

Learners' informed assent

The sub-contractor returned to the school once the return slip deadline had passed. All learners who returned with forms indicating their parents' refusal were excluded from the study. All learners whose parents had not returned the reply slip were provided an information sheet and informed assent form. Members of the sub-contractor study team summarised the information sheet with the learners and answered all their questions. The assent forms clearly stated that participation was voluntary and there would be no negative consequences if learners refused to participate or wanted to discontinue at any time. Learners who did not understand what the study was about and could not clearly provide assent, did not participate in the study. Learners who wanted to participate were asked to complete the assent form attached to the information sheet. Signed parental consent and learner assent forms were collected and placed in a sealed envelope.

Questionnaire self-report instructions

Sub-contractor study team members provided instructions to learners before they began completing the questionnaire. These instructions:

- Stressed that learners' names would not be written anywhere in the questionnaire
- Provided information on skip patterns in the questionnaire
- Indicated the need to answer all questions as honestly and accurately as possible
- Advised learners to seek assistance from study team members should they require it
- Assured learners of study team members' respect for their privacy, confidentiality and anonymity
- Stressed learners' voluntary participation and ability to withdraw from the study at any time without any negative consequences.
- Emphasized the need not to discuss the contents of the questionnaire with other learners.

Once the learners had had the opportunity to ask questions, questionnaire administration began.

Questionnaire completion

Learners whose parents/guardians had refused permission for their child to participate and those who did not wish to participate remained in the class while the questionnaires were completed. Learners who had assented were seated such that they could not see the responses of fellow learners. Questionnaire completion was done either in individual classrooms or in a large venue such as a school hall, which was negotiated with the school principal as whichever was most convenient for the school and school staff. In most cases, where possible, three sub-contractor study team members were present to supervise questionnaire administration and answer questions or assist learners if necessary. No teachers or other school personnel were present or permitted to enter the venue while learners were completing the questionnaire. All conversations with learners were conducted outside of hearing distance of any of the other learners or study team members. After each learner completed the questionnaire s/he placed the completed questionnaire in an envelope and sealed it. After all learners had finished completing the questionnaire, they placed the sealed envelopes in a sealed box that resembled a post box. Once all questionnaires had been completed and “posted” the study team leader was solely responsible for delivery of the box to the off-site study office. Every learner was given a referral card containing contact details for appropriate organisations dedicated to assisting young people with substance use, family and other problems.

Monitoring of field work and quality assurance

The MRC conducted unannounced visits to a randomly selected 10% of participating schools to ensure that study procedures and ethical standards were strictly adhered to. The following checks were done:

- The random selection of the class within a grade (Grades 8-10)
- The gathering of consent and assent forms
- The confidentiality of the venue, completed questionnaires and learner participation.

Ethics Approval

Ethical approval was obtained from the Faculty of Health Sciences Research Ethics Committee at the University of Cape Town (HREC REF: 006/2011). Permission to conduct the survey was obtained from the Western Cape Department of Education.

Data Analysis

Questionnaire responses were double-entered independently using EpiData. Discrepancies between the two database entries were resolved by returning to the original hard copy of the questionnaire. Once data entry was complete, the questionnaires were stored at the PGWC. Access to the questionnaires was for data cleaning purposes only and required written permission from the substance abuse co-ordinator in the office of the Premier, PGWC. The password protected complete database was delivered to the MRC for statistical analysis.

The first step in the analysis was to calculate the final study weight. This weight is the product of two components:

1. A school level weight, which used the total number of learners (in 2010: all grades) in a stratum to adjust for the disproportionate sampling within the three risk strata. The total number of learners in a school, as provided by the Department of Education for 2010 was used as a proxy for the total number of learners in grade 8-10 in a school.
2. A grade specific weight for a school, which accounted for the probability of sampling a single class within a grade as well as an adjustment for the realisation within the selected class.

The second step in the analysis was to estimate the prevalence of substances used, mental health problems, problem behaviour, crime and access to treatment. This analysis was done for the total sample and for male and female learners, stratified by grade, district (i.e., Metro North, Metro Central, Metro South, Metro East and combined non-Metro), and having ever repeated a school grade. Non-Metro districts were combined because of the small numbers of schools and thus learners in each of the non-Metro districts separately. The levels of stratification were chosen to provide the PGWC with information at a level

detailed enough to offer optimal guidance on resource allocation, policy formulation, and appropriate types of support services and interventions.

Prevalence estimates were done using a survey analysis that took account of the stratification, cluster sampling and sample weights. In addition, 95% confidence intervals (95% CI) were calculated for all estimates. For estimates relating to subgroups, domain analysis was used to ensure the correct weighting and estimation of standard errors. In results presented in the tables, totals do not always correspond to the total sample due to missing data. The analysis was performed using SAS v9.3.

CHAPTER 3: DESCRIPTION OF THE SAMPLE

Sample Realisation

Sample realisation across the study districts is given in Table 3.1.

School level: All planned sample schools in the high risk stratum were situated in the four Cape Town metropolitan districts: North (29), South (23), East (35) and Central (33). In the moderate risk stratum, equal numbers of planned sample schools (10) were situated in the Metro East and South districts, Cape Winelands, and Eden and Central Karoo districts. Ten planned sample schools in each of Metro Central and Metro South, Cape Winelands, Eden and Central Karoo, Overberg and West Coast districts comprised the low risk stratum. In total 13 schools (5.4%) refused to participate in the study. The percentage of schools that refused to participate in the survey is similar across all three risk strata (high risk: 5.8%; moderate risk: 4.3%; low risk: 5.4%). Thus, the cluster sampling employed at the first, school level resulted in a total school sample size (227) that is close to the planned school sample size (240).

Class level: The total realised sample of learners was 20855. Six hundred and twenty-eight learners were excluded from the analysis due to the lack of school or grade indicators for them. Thus, the cluster sampling employed at the second, class level resulted in a total learner sample size for analysis (20227) that is close to the planned learner sample size (20460). There were similar numbers of realised sample learners in each grade (grade 8: 7346; grade 9: 6983; grade 10: 6526).

Half of the realised sample came from the high risk stratum (50.9%); 28.3% came from the moderate risk stratum; and 20.7% from the low risk stratum. While under-sampling of the moderate and low risk strata was by design, the sampling percentage of learners in the moderate and low risk strata showed an increase in the final realised sample (from 22.6% to 28.3% and from 16.1% to 20.7% respectively). Of the final realised sample, 6803 learners were from the combined non-Metro districts and 13424 were from the combined Cape Town metropole districts. Overall, 82% of learners on the class list of the selected class within each grade participated in the study.

Table 3.1 Sample realisation at school level

DISTRICT	NUMBER OF SCHOOLS	PLANNED SCHOOL SAMPLE	REALISED SCHOOL SAMPLE	NUMBER OF REFUSALS	REFUSAL %	TOTAL NUMBER OF LEARNERS : ALL GRADES	%	TOTAL NUMBER OF LEARNERS IN REALISED SCHOOLS: ALL GRADES	SCHOOL WEIGHT	PLANNED LEARNER SAMPLE	%	REALISED LEARNERS SAMPLE: GRADE 8	REALISED LEARNERS SAMPLE: GRADE 9	REALISED LEARNERS SAMPLED: GRADE 10	TOTAL REALISED LEARNERS SAMPLED	%	FINAL SAMPLE USED FOR ANALYSIS	%
High risk strata																		
Total	120	120	113	7	5.8	118880	36.8	110079	1.080	12540	61.3	3678	3563	3324	10565	50.7	10301	50.9
Moderate risk strata																		
Total	108	70	67	3	4.3	104718	32.4	71151		4620	22.6	2093	1985	1824	5902	28.3	5734	28.3
Metro E+S	18	10	9	1		18369		10035	1.830	660		270	219	246	735		710	
Metro North	21	10	10	0		21523		11976	1.797	660		314	264	250	828		825	
Metro South	17	10	10	0		16466		10637	1.548	660		344	322	277	943		935	
Cape Winelands_1	13	10	10	0		12141		10141	1.197	660		307	325	314	946		928	
Cape Winelands_2	13	10	10	0		11256		9705	1.160	660		315	342	317	974		917	
Eden & C Karoo_1	13	10	9	1		15042		10570	1.423	660		289	273	208	770		736	
Eden & C Karoo_2	13	10	9	1		9921		8087	1.227	660		254	240	212	706		683	
Low risk strata																		
Total	131	50	47	3	6.0	99633	30.8	39753		3300	16.1	1575	1435	1378	4388	21.0	4192	20.7
Metro C+S	38	10	8	2		31420		6416	4.897	660		254	235	226	715		653	
Cape Winelands	31	10	10	0		27119		9496	2.856	660		352	314	317	983		939	
Eden & C Karoo	19	10	9	1		11407		6767	1.686	660		301	281	256	838		814	
Overberg	20	10	10	0		13971		8586	1.627	660		347	322	281	950		870	
West Coast	23	10	10	0		15716		8488	1.852	660		321	283	298	902		916	
Overall	359	240	227	13	5.4	323231	100	110904		20460	100	7346	6983	6526	20855	100	20227	100

Demographic Characteristics of the Sample

Gender, religiosity and race

Table 3.2 shows the gender, religiosity (based on how often participants attended religious services or activities), language and race distribution of the final sample by district. Across the districts, learners were mainly female with the proportion of females ranging from 54.8% (non-Metro) to 61.2% (Metro South). Overall, 57.1% were female and 42.9% male.

A significantly greater proportion of learners attended religious services or activities 'weekly or more' compared to only attending such activities '1-2 times a month', 'rarely' or 'never', particularly in the Metro South and non-Metro districts. Therefore, in all the districts, just over half attended religious services or activities weekly or more (54.0%). This was followed by '1-2 times a month', 'rarely' and then 'never' in all districts apart from Metro South, where the figures for '1-2 times a month' (17.3%) and 'rarely' (17.5%) were very similar. Only 10.4% of learners, overall, never attended any religious services or activities.

Afrikaans was the most common language spoken at home (49.2%), followed by isiXhosa (30.2%) and English (19.4%). However this was not the case within each district. Only the Metro North and non-Metro districts had a majority of Afrikaans-speaking learners, followed by isiXhosa and then English speakers. In Metro South, 44.7% of learners spoke English, followed by 27.5% isiXhosa and 26.4% Afrikaans. In both Metro East and Metro Central, the majority of learners were isiXhosa speaking (58.9% and 39.1% respectively).

While 55.7% of the sample self-identified as Coloured and 32.9% as Black African, fewer (9.6%) self-identified as White and much smaller proportions as Indian (0.6%). The proportion of Indian learners remained lowest in each district followed by White being second lowest, with Coloured and Black African learners varying depending on the district. Coloured learners predominated in Metro South (63.6%), Metro North (54.0%) and the non-Metro districts (68.6%). Metro East had the largest group of Black African learners (60.1%). Metro Central had similar proportions of Black African (43.6%) and Coloured (43.1%) learners.

Grade repeated, attitude towards school, considered dropping out and expulsion

Table 3.3 shows whether or not respondents had repeated a grade, their general attitude towards their school, whether they had ever seriously considered dropping out of school, and whether they had ever been expelled, by district.

Three quarters of the sample had never repeated a grade (75.1%) and no significant differences existed between the districts. Overall the learners indicated a positive attitude towards their school. Eighty-nine percent liked their school. Mostly learners in the Metro South indicated that they did not like their school (14.4%), while the non-Metro district had the least amount of learners not liking their school (8.2%). Overall 90.1% thought their school was conducive to learning. The proportion of learners who thought their school was not conducive to learning was highest in the Metro Central (11.5%). For the overall sample, 72.7% felt safe at school. In the Metro South, this proportion was lower with 66.3% of learners feeling safe and 33.7% not feeling safe at school. In Metro Central and Metro East the feeling safe figures increased slightly to 71.0% and 71.4% respectively and in Metro North to 73.5% and 78.0% in the non-Metro district. Finally, 72.4% of the learners thought that teachers and administrators are fair in dealing with learners. Again, no major differences existed between districts, but the proportion of learners who did not think school staff were fair in dealing with learners was slightly higher in the Metro South (32.0%) than the other districts.

Twenty-three percent of the sample had ever seriously considered quitting or dropping out of school and only a small proportion (7.2%) had ever been expelled from school. The highest proportion of expulsions had occurred among learners in Metro North (9.1%), while the lowest proportion occurred among learners in the Metro South (5.1%).

House type, home circumstances and parents' education

Table 3.4 shows the respondents' family environment by district, including the type of house they lived in, home circumstances with regard to what they are able to afford, how many people sleep in the same room as them and the highest level of education of their parents. Most learners lived in a brick house or flat (74.6%) with far fewer living in more

informal housing (9.2% shack; 6.6% wendy house/backyard dwelling; 7.6% other). Within the sub-districts these proportions remained mostly the same with the Metro North and Metro Central learners living mostly in a 'brick house/flat', followed by a 'shack', 'other' and finally a 'wendy/backyard dwelling'. For the Metro South, Metro East and non-Metro districts, the majority of learners also reported living in a 'brick house/flat' (76.0%, 70.1% and 75.7% respectively), followed by a 'shack' for Metro South and Metro East, but 'other' for the non-Metro districts.

The learners reported mostly positive family/home environments with regard to the type of things they could and could not afford. Very few learners reported not having enough money for food (6.9%), and a small proportion reported having enough money for food but not for other basic items such as clothes (10.9%). About equal proportions of learners reported that their families had "the most important things, but few luxury goods" (27.6%) and "money for luxury goods and extra things" (28.8%). Twenty-three percent reported that their home had enough money for food and clothes but was short of many other things. There were few inter-district differences, but just over 10% (12.1%) of those in Metro East reported their family having not enough money to eat which was significantly greater than for the Metro South (5.8%), Metro Central (5.2%) and non-Metro districts (4.4%).

Within each district, the learners were most likely to report having their own room (31.5%), followed by sharing a room with one other person (23.9%), sharing a room with two other people (20.8%), three other people (12.6%), or more than 3 other people (11.1%).

Most learners' parents had more than a high school education. In terms of their fathers, 27.4% had secondary and 22.0% college/university education. Within each district a higher proportion of fathers had secondary compared to tertiary education except for Metro Central where 28.1% of the fathers had tertiary education and 23.2% had secondary. Among the mothers, 40.8% had secondary and 23.2% college/university education. Many learners did not know their parents' level of education (28.9% for fathers and 19.9% for mothers).

Figure 3.1 illustrates the people with whom the respondents lived by district. The majority of learners lived with their mother (84%) and/or father (78%), but many shared a household with extended family members.

Table 3.2 Grade, gender, religiosity, language, and race distributions by district (N = 20227)

	METRO SOUTH		METRO NORTH		METRO EAST		METRO CENTRAL		NON-METRO		TOTAL	
Total	20227											
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Gender (Q4)												
<i>Female</i>	61.2	55.0-67.3	57.4	54.9-60.0	57.9	55.4-60.3	56.2	45.9-66.6	54.8	51.9-57.7	57.1	54.8-59.4
<i>Male</i>	38.8	32.7-45.0	42.6	40.0-45.1	42.1	39.7-44.6	43.8	33.4-54.1	45.2	42.3-48.1	42.9	40.6-45.2
Attend religious services (Q5)												
<i>Never</i>	9.2	7.5-11.0	11.6	9.3-13.9	11.8	9.6-14.0	12.6	9.8-15.5	8.9	7.7-10.0	10.4	9.5-11.3
<i>Rarely</i>	17.5	15.4-19.6	16.0	13.7-18.3	16.7	15.0-18.4	19.4	17.5-21.2	12.6	11.3-13.8	15.7	14.9-16.5
<i>1-2 times a month</i>	17.3	16.0-18.6	19.4	16.9-21.9	19.3	18.0-20.6	20.2	17.5-23.0	21.7	20.1-23.2	19.9	19.0-20.8
<i>Weekly or more</i>	56.0	53.1-58.8	53.0	48.8-57.1	52.2	48.9-55.5	47.8	42.3-51.3	56.9	54.7-59.2	54.0	52.5-55.4
Language (Q6)												
<i>Afrikaans</i>	26.4	16.8-36.5	50.6	37.6-63.7	29.2	16.3-42.2	26.1	16.7-35.5	80.4	74.0-86.8	49.2	44.4-54.0
<i>English</i>	44.7	32.3-57.0	16.6	8.8-24.4	10.9	4.1-17.7	32.3	19.8-44.8	4.8	3.3-6.4	19.4	15.8-23.0
<i>isiXhosa</i>	27.5	13.8-41.1	31.1	16.3-45.9	58.9	43.2-74.7	39.1	26.1-52.1	14.1	7.9-20.3	30.2	24.8-35.6
<i>Other</i>	1.1	0.6-1.7	1.7	0.8-2.6	0.9	0.5-1.3	2.5	1.0-4.0	0.7	0.4-1.0	1.3	0.9-1.6
Race (Q7)												
<i>Black</i>	30.2	16.3-44.0	33.5	18.0-48.9	60.1	44.9-75.3	43.6	30.6-56.6	16.7	10.5-22.9	32.9	27.5-38.4
<i>Coloured</i>	63.6	50.5-76.8	54.0	39.7-68.3	32.7	19.1-46.4	43.1	32.1-54.2	68.6	61.0-76.3	55.7	50.3-61.2
<i>Indian</i>	0.9	0.4-1.4	0.7	0.2-1.2	0.4	0.1-0.6	1.2	0.1-2.2	0.4	0.2-0.5	0.6	0.4-0.8
<i>White</i>	4.6	0.0-11.0	10.7	1.6-19.7	6.1	0.4-11.7	10.9	1.6-20.1	13.0	7.3-18.6	9.6	6.5-12.7
<i>Other</i>	0.7	0.2-1.3	1.2	0.4-2.0	0.7	0.4-1.1	1.2	0.7-1.8	1.3	0.9-1.7	1.1	0.9-1.3

Table 3.3 Grade repeated, attitude towards school, considered dropping out, and expulsion distributions by district (N = 20227)

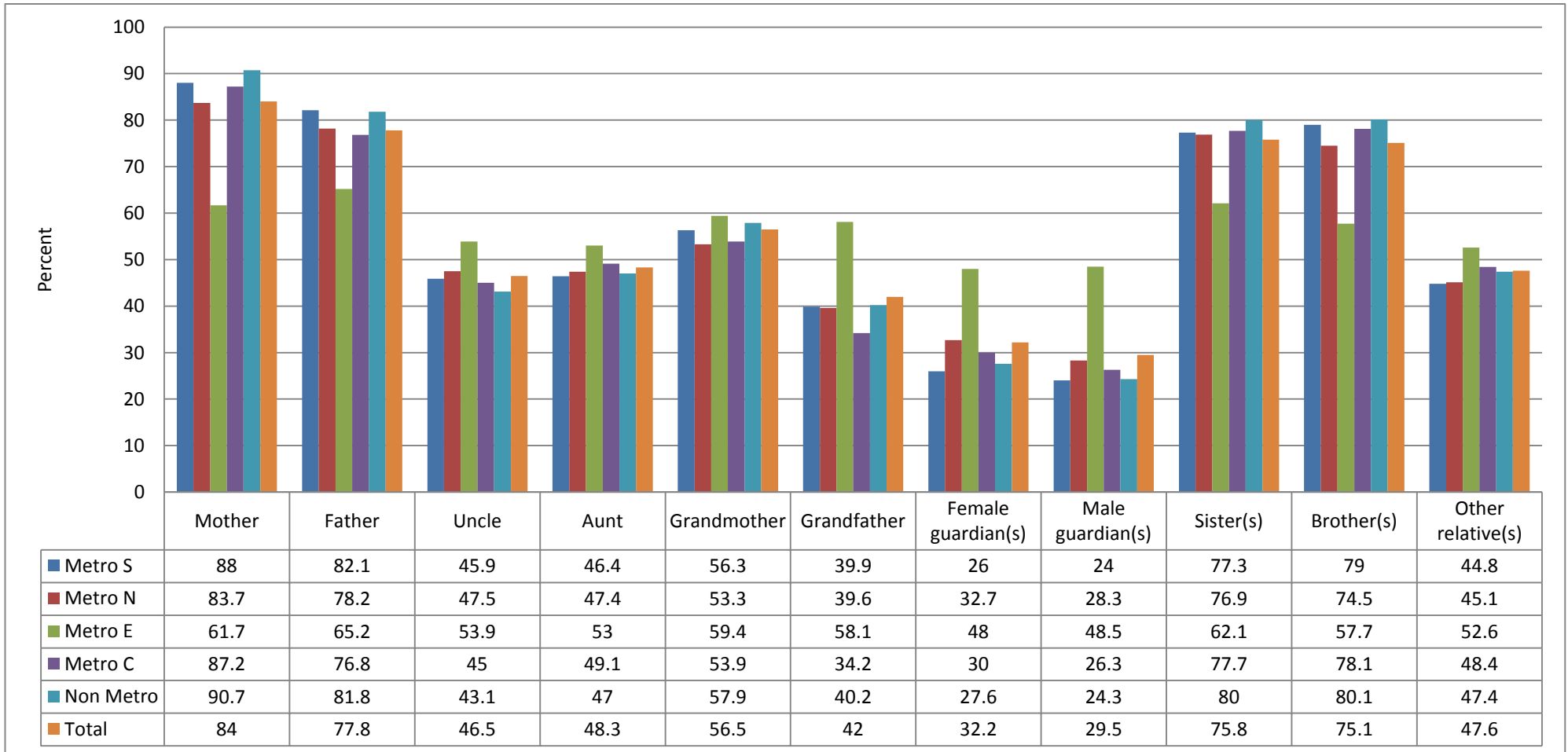
Total	METRO SOUTH		METRO NORTH		METRO EAST		METRO CENTRAL		NON-METRO		TOTAL	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Grade repeated (Q12)												
No	77.0	71.4-82.7	71.7	66.2-77.2	74.7	69.8-79.7	76.5	72.0-81.0	75.2	72.0-78.3	75.1	73.2-77.0
Yes	23.0	17.3-28.6	28.3	22.8-33.8	25.3	20.3-30.2	23.5	19.0-28.0	24.8	21.7-28.0	24.9	23.0-26.8
Attitude towards school												
Like school (Q14A)												
No	14.4	11.5-17.2	10.0	6.9-13.1	8.4	5.6-11.2	12.9	10.7-15.1	8.2	6.7-9.7	10.6	9.5-11.7
Yes	85.6	82.8-88.5	90.0	86.9-93.1	91.6	88.8-94.4	87.1	84.9-89.3	91.8	90.3-93.3	89.4	88.3-90.5
School conducive to learning (Q14B)												
No	10.3	7.7-12.9	9.1	7.1-11.1	8.7	5.9-11.6	11.5	9.1-13.9	7.7	6.1-9.3	9.2	8.2-10.2
Yes	89.7	87.1-92.3	90.9	88.9-92.9	91.3	88.4-94.1	88.5	86.1-90.9	92.3	90.7-93.9	90.8	89.8-91.8
Feel safe at school(Q14C)												
No	33.7	25.9-41.6	26.5	21.6-31.4	28.5	23.4-33.7	29.0	23.0-35.0	22.0	17.5-26.4	27.3	24.7-29.9
Yes	66.3	58.4-74.1	73.5	68.6-78.4	71.4	66.3-76.6	71.0	65.0-77.0	78.0	73.6-82.5	72.7	70.1-75.3
Fair dealing with learners (Q14D)												
No	32.0	27.7-36.3	25.9	22.7-29.0	26.2	22.6-29.8	28.8	25.2-32.5	25.7	22.7-28.6	27.6	26.0-29.3
Yes	68.0	63.7-72.3	74.1	71.0-77.3	73.8	70.2-77.4	71.2	67.5-74.8	74.3	71.4-77.3	72.4	70.7-74.0
Considered drop out (Q15)												
No	77.1	74.1-80.1	76.2	72.8-79.6	81.9	79.1-84.8	79.9	76.5-83.3	75.0	72.8-77.1	77.4	76.1-78.4
Yes	22.9	19.9-25.9	23.8	20.4-27.2	18.1	15.2-20.9	20.1	16.7-23.5	25.0	22.9-27.2	22.6	21.3-23.9
Expelled (Q16)												
No	94.9	93.1-96.7	90.9	88.7-93.0	91.8	90.0-93.5	92.4	90.4-94.4	93.2	91.9-94.4	92.8	92.0-93.6
Yes	5.1	3.3-6.9	9.1	7.0-11.3	8.2	6.5-10.0	7.6	5.5-9.6	6.8	5.6-8.1	7.2	6.4-8.0

Table 3.4 House type, home circumstances, room sharing, and parents' education distributions by district (N = 20227)

	METRO SOUTH		METRO NORTH		METRO EAST		METRO CENTRAL		NON-METRO		TOTAL	
Total	20227											
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
House type (Q10)												
<i>Shack</i>	8.3	4.9-11.8	8.3	5.0-11.6	16.2	12.0-20.4	8.6	4.9-12.4	7.1	5.5-8.6	9.2	7.8-10.5
<i>Wendy/backyard dwelling</i>	6.5	4.7-8.2	7.4	5.7-9.2	6.8	5.2-8.4	7.0	4.6-9.3	6.0	4.9-7.0	6.6	5.9-7.2
<i>Tent/traditional dwelling</i>	0.4	0.2-0.6	1.0	0.5-1.6	0.6	0.3-0.9	0.8	0.4-1.2	1.0	1.3	0.8	0.6-1.0
<i>Brick house/flat</i>	76.0	73.0-79.0	75.1	71.9-78.3	70.1	66.1-74.1	74.6	70.6-78.6	75.7	73.8-77.7	74.6	73.3-76.0
<i>Other</i>	7.9	5.7-10.0	6.7	4.6-8.9	5.0	3.2-6.8	8.0	4.7-11.4	8.8	7.2-10.4	7.6	6.7-8.5
<i>Not Applicable</i>	0.9	0.6-1.2	1.5	0.9-2.1	1.4	0.9-1.8	0.9	0.4-1.4	1.4	1.1-1.8	1.3	1.1-1.4
Home circumstances (Q11)												
<i>Not enough money for food</i>	5.8	3.7-7.9	9.8	5.7-13.9	12.1	8.1-16.0	5.2	3.1-7.4	4.4	3.3-5.5	6.9	5.7-8.0
<i>Not enough money for basic items like clothes</i>	9.2	6.2-12.1	13.4	9.3-17.5	14.8	11.3-18.4	10.4	7.7-13.1	9.1	7.7-10.5	10.9	9.7-12.1
<i>Short of many other things</i>	19.1	15.0-23.3	22.7	18.6-26.8	26.2	22.4-30.1	21.2	16.7-25.7	24.5	22.0-27.0	23.0	21.4-24.5
<i>Few luxury goods</i>	33.8	30.0-37.5	24.7	20.3-29.1	21.5	16.3-26.6	29.3	26.1-32.4	27.7	25.7-29.7	27.6	26.0-29.2
<i>Money for luxuries and extras</i>	29.3	23.4-35.1	26.8	19.9-33.7	21.2	15.2-27.3	31.7	25.2-38.3	31.6	28.5-34.7	28.8	26.6-31.0
<i>Not Applicable</i>	2.8	1.8-3.9	2.6	1.8-3.4	4.1	3.2-5.1	2.2	1.3-3.0	2.8	2.2-3.4	2.9	2.5-3.3
How many people share your room (Q18)												
<i>None</i>	34.1	26.1-42.2	31.5	23.4-39.5	31.5	25.8-37.3	36.1	27.8-44.3	28.0	23.0-33.0	31.5	28.6-34.4
<i>1</i>	27.2	24.3-30.1	22.6	20.2-25.0	25.2	22.8-27.5	25.1	22.3-28.0	21.7	20.2-23.2	23.9	22.9-25.0
<i>2</i>	19.2	16.1-22.3	20.5	17.8-23.3	18.5	16.1-20.9	17.6	14.5-20.8	24.2	21.9-26.5	20.8	19.5-22.0
<i>3</i>	11.3	9.1-13.6	13.4	10.5-16.3	11.3	9.1-13.5	10.8	8.5-13.1	14.5	12.4-16.5	12.6	11.6-13.7
<i>More than 3</i>	8.1	5.7-10.5	12.0	8.7-15.3	13.5	10.2-16.9	10.3	8.0-12.7	11.7	10.0-13.3	11.1	10.1-12.2
Parents' education												
Father's education (Q19)												
<i>None</i>	2.9	1.6-4.1	3.7	2.2-5.2	5.0	3.5-6.5	2.6	1.8-3.5	2.9	2.2-3.7	3.3	2.8-3.8
<i><Primary education</i>	1.5	0.9-2.0	2.0	1.3-2.7	2.1	1.2-3.1	1.5	0.8-2.1	1.9	1.5-2.4	1.8	1.5-2.1
<i>Primary education</i>	5.8	4.4-7.1	7.5	5.7-9.2	7.3	5.0-9.7	4.9	3.5-6.3	6.5	5.4-7.7	6.4	5.7-7.1
<i>Secondary education</i>	30.2	27.7-32.6	26.2	22.9-29.5	28.7	26.4-30.9	23.2	20.6-25.7	27.9	26.2-29.6	27.4	26.4-28.5
<i>College/university education</i>	22.2	15.3-29.0	21.4	14.3-28.5	19.0	13.3-24.8	28.1	19.6-36.6	20.7	16.2-25.2	22.0	19.3-24.6

Don't know	28.0	24.6-31.5	28.4	25.5-31.4	26.6	24.5-28.7	29.1	24.9-33.2	30.5	28.1-32.9	28.9	27.5-30.2
No father	9.5	7.2-11.9	10.8	8.6-13.0	11.2	9.2-13.2	10.7	8.7-12.7	9.5	8.3-10.7	10.2	9.3-11.0
Mother's education (Q20)												
None	1.9	1.2-2.7	3.1	2.1-4.1	3.7	2.5-4.9	1.8	1.2-2.4	3.1	2.4-3.7	2.8	2.4-3.1
<Primary education	1.9	1.3-2.6	2.3	1.7-2.8	2.1	1.4-2.8	1.1	0.7-1.6	2.3	1.8-2.9	2.0	1.8-3.1
Primary education	6.9	5.5-8.3	9.7	7.6-11.9	7.3	5.9-8.7	5.5	4.3-6.8	9.9	8.6-11.1	8.2	7.5-8.9
Secondary education	43.3	40.1-46.4	40.5	36.2-44.8	44.5	41.2-47.8	37.4	33.0-41.8	39.3	37.1-41.6	40.8	39.3-42.2
College/university education	24.0	17.2-30.7	22.2	15.7-28.7	19.9	15.1-24.8	31.0	23.0-39.0	21.2	16.6-25.8	23.2	20.7-25.7
Don't know	20.1	17.0-23.1	19.0	17.0-21.0	18.0	16.2-19.9	19.5	16.7-22.2	21.3	19.4-23.2	19.9	18.9-21.0
No mother	1.9	1.2-2.7	3.2	2.0-4.5	4.4	3.0-5.8	3.6	2.8-4.4	2.9	2.3-3.4	3.1	2.7-3.5

Figure 3.1 Living with family members (Q17A-K) by district



CHAPTER 4: TOBACCO (CIGARETTE) USE

This chapter describes the prevalence of lifetime tobacco (cigarette) use and then, among lifetime cigarette users, the prevalence of use during the following time periods: past year, past 30 days, and past 7 days (Tables 4.1 and 4.2). In Table 4.3 we report on first use of cigarettes below 13 years among lifetime cigarette users. The figures are broken down by gender, grade, district, and having ever repeated a grade. Figures 4.1 and 4.2 depict the frequency of cigarette use in the past year and the average number of cigarettes smoked by those who reported daily smoking, broken down by gender.

4.1 Lifetime use

Almost half (47.4%) of all learners had used tobacco (cigarettes) in their lifetime (see Table 4.1). Significantly more male than female learners (51.3% vs 44.5%) had ever used cigarettes. The proportion of lifetime cigarette users in the Metro East district was significantly lower (38.4%) than the proportion for the non-Metro (48.9%), Metro Central (49.9%) and Metro South districts (52.7%). The prevalence of lifetime cigarette use was not significantly different for the Metro East and Metro North districts. Significantly fewer grade 8 learners than grade 9 and 10 learners (39.9% vs 50.0% and 51.8%) reported lifetime cigarette use. Male compared to female learners in grades 9 and 10 reported greater lifetime cigarette use (53.6% vs 46.8% and 58.3% vs 47.3%), while there was no difference in rates of lifetime smoking between male and female learners in grade 8. While proportions of lifetime cigarette use for male and female learners were fairly consistent across four districts, significantly more male than female learners in Metro East district reported lifetime cigarette use (47.7% vs 31.7%). Fifty-five percent of learners who had repeated a grade reported lifetime cigarette use as compared with 45% of those who had not. There were no differences in the proportions of male and female learners who had repeated a grade who reported lifetime alcohol use.

4.2 Past year use

More than half (50.7%) of all learners who had ever smoked cigarettes had smoked cigarettes in the past year (see Table 4.1). This proportion was fairly consistent for both male and female learners with no significant differences by gender. The proportion of past

year cigarette use among learners from the Metro East district was significantly lower (46.1%) than that of learners from the Metro Central (53.4%) and Metro South districts (54.4%). The proportion of past year cigarette use was not significantly different for the combined non-Metro, Metro East and Metro North districts. Significantly fewer grade 8 learners than grade 9 and 10 learners (40.9% vs 52.1% and 56.5%) reported past year cigarette use. There were no significant differences in the proportions of past year cigarette use between male and female learners in each of the grades. Fifty-eight percent of learners who had repeated a grade reported past year cigarette use, compared with 47.8% of those who had not repeated a grade. There were no differences in proportions of male and female learners who had repeated a grade reporting past year tobacco use.

4.3 Current use (past 30 days)

Forty-one percent of all learners who had smoked in their lifetime reported current cigarette use (see Table 4.2). This proportion was fairly consistent for both male and female learners and across the five districts with no significant differences by gender or district. Significantly fewer grade 8 learners compared to grade 9 and 10 learners (31.5% vs 41.6% and 46.4%) reported current cigarette use. There were no significant differences in the proportions of past year cigarette use between male and female learners in each of the grades. Fifty-three percent of learners who had repeated a grade reported past year cigarette use compared with only 35.7% of those who had not repeated a grade. There were no differences in the proportions of male and female lifetime smokers who had repeated a grade who reported current smoking.

4.4 Past 7 day use

Thirty-nine percent of all learners who smoked reported smoking cigarettes in the past 7 days (see Table 4.2). This proportion was fairly consistent across the five districts with no significant differences by district. More male than female learners who reported lifetime smoking (41.4% vs 36.7%) reported current cigarette use; although this difference was only marginally significant. Significantly fewer grade 8 learners than grade 9 and 10 learners (28.9% vs 40.5% and 44.4%) reported current cigarette use. There were no significant differences in the proportions of past 7 day cigarette use between male and female learners in each of the grades. Fifty-four percent of learners who had repeated a grade

reported past year cigarette use as compared with 33% of learners who had not repeated a grade. There was no difference in the proportion of male and female learners who had repeated a grade who reported past 7 day smoking.

4.5 Age of onset <13 years

More than one-third (37.5%) of all learners who had ever smoked had first tried cigarettes below 13 years (see Table 4.3). This proportion was fairly consistent for both male and female learners and across the five districts with no significant differences by gender or district. There were significant differences between learners reporting early onset of cigarette use in each of the grades, with grade 8 learners reporting the highest proportion (55.4%), grade 9s the next highest (34.4%), and grade 10s the lowest proportion (27.4%). There were no significant differences in the proportions of male and female learners in each of the grades reporting early onset of cigarette use. In total, 26% of learners who had repeated a grade reported early onset of cigarette use, compared with 42.1% of those who had not repeated a grade. Significantly more males than females (45.7% vs 39.5%) who had ever smoked cigarettes reported this behaviour.

4.6 Frequency of cigarette use in the past year

More than a quarter (27.6%) of all learners who reported lifetime tobacco (cigarette) use smoked every day, and 22.3% of lifetime users reported not smoking in the past year (see Figure 4.1). Significantly more male compared to female learners (30.6% vs 25.1%) reported smoking daily, and fewer male compared to female learners reported minimal use i.e. once or twice in the past year (24.9% vs 30.2%). Similar proportions of males and females reported smoking weekly ($\pm 9\%$), monthly ($\pm 6\%$), and every few weeks ($\pm 4\%$).

4.7 Number of cigarettes smoked on average each day

Among lifetime cigarette users who smoked daily, the average number of cigarettes smoked per day was more than 10 cigarettes for 9.8%, and 1 or 2 cigarettes for 47.6% of the learners (see Figure 4.2). Significantly more male than female learners smoked more than 10 cigarettes on average per day (13.1% vs 6.7%) and significantly fewer male than female learners smoked 1 or 2 cigarettes daily (44.0% vs 50.9%). Similar proportions of males and females reported smoking 3 to 6 ($\pm 30\%$) and 7 to 10 (11%-12%) cigarettes per day.

Table 4.1 Proportion (%) of learners who reported lifetime and past year tobacco (cigarette) use by grade, district and repeated grade

		LIFETIME USE (Q21)									PAST YEAR USE (Q23)*								
		MALE			FEMALE			TOTAL			MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		4438	51.3	49.4–53.1	5130	44.5	41.4–47.6	9632	47.4	45.1–49.7	2206	51.7	49.8–53.6	2525	49.9	47.6–52.3	4761	50.7	49.1–52.4
Grade	8	1239	41.6	39.2–44.0	1505	38.9	35.0–42.8	2759	39.9	37.2–42.7	465	39.4	36.1–42.6	606	42.0	39.0–45.1	1079	40.9	38.5–43.3
	9	1650	53.6	50.8–56.4	1702	46.8	43.6–50.1	3381	50.0	47.4–52.5	853	53.4	50.1–56.7	833	51.1	47.6–54.6	1698	52.1	49.6–54.6
	10	1549	58.3	55.3–61.2	1923	47.3	42.9–51.7	3492	51.8	48.6–55.1	888	58.7	55.7–61.7	1086	54.6	50.7–58.5	1984	56.5	53.9–59.0
District	Metro North	660	47.4	43.3–51.5	848	42.3	33.8–50.7	1514	44.4	38.4–50.5	300	49.3	44.5–54.1	409	49.7	45.0–54.5	711	49.5	45.4–53.5
	Metro Central	857	55.4	51.5–59.3	1002	45.4	38.2–52.5	1874	49.9	44.6–55.1	455	52.9	47.9–58.0	514	53.6	46.7–60.6	977	53.4	48.8–57.9
	Metro South	780	57.4	53.2–61.6	950	49.8	42.2–57.3	1740	52.7	47.0–58.3	409	54.7	50.1–59.3	526	54.1	48.3–59.9	940	54.4	50.4–58.4
	Metro East	653	47.7	43.4–52.0	601	31.7	23.9–39.5	1266	38.4	32.8–44.0	292	46.7	42.7–50.6	265	45.3	39.9–50.7	564	46.1	42.5–49.7
	Non-Metro	1488	49.7	46.3–53.2	1729	48.1	44.0–52.2	3238	48.9	45.5–52.3	750	52.5	49.5–55.6	811	47.1	43.4–50.8	1569	49.5	47.0–52.0
Repeated grade	Yes	1622	62.0	58.9–65.0	1147	46.4	41.7–51.2	2784	54.6	51.2–58.0	931	59.8	56.7–62.9	635	56.3	52.9–59.7	1572	58.2	55.9–60.6
	No	2779	46.6	44.6–48.7	3949	44.0	41.0–47.1	6776	45.1	42.7–47.4	1257	47.1	44.5–49.7	1875	48.2	45.3–51.0	3156	47.8	45.7–49.9

*Among lifetime tobacco (cigarette) users

Table 4.2 Proportion (%) of learners who reported current (past 30 days) and past 7 day cigarette use, by grade, district and repeated grade

		CURRENT USE (Q24)*									PAST 7 DAY USE (Q25)*								
		MALE			FEMALE			TOTAL			MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		1846	42.9	40.5–45.2	1992	38.9	36.9–40.9	3860	40.7	39.0–42.4	1793	41.4	39.0–43.8	1872	36.7	34.5–39.0	3688	38.8	37.1–40.7
Grade	8	362	30.6	27.4–33.7	459	32.3	28.8–35.7	826	31.5	28.9–34.1	349	28.4	25.5–31.3	429	29.3	25.7–33.0	784	28.9	26.3–31.6
	9	711	44.1	40.8–47.5	652	39.4	35.5–43.3	1370	41.6	38.8–44.3	708	44.1	40.3–48.0	619	37.4	33.8–40.9	1334	40.5	37.7–43.4
	10	773	50.2	45.8–54.6	881	43.2	40.1–46.4	1664	46.4	43.6–49.3	736	47.6	43.5–51.7	824	41.7	38.4–44.9	1570	44.4	41.6–47.2
District	Metro North	241	38.3	33.6–43.0	322	38.0	34.1–41.9	565	38.1	34.2–41.5	228	35.8	31.8–39.8	307	35.5	31.5–39.4	537	35.6	32.3–38.9
	Metro Central	398	46.3	36.4–56.3	422	43.4	39.3–47.5	827	44.8	39.4–50.2	395	46.1	35.2–56.9	379	39.7	34.3–45.0	780	42.7	36.9–48.5
	Metro South	346	43.9	39.0–48.8	408	40.0	36.3–43.7	757	41.7	38.1–45.2	336	43.2	39.2–47.2	417	42.3	37.0–47.7	756	42.7	38.8–46.7
	Metro East	248	39.5	34.5–44.5	191	32.3	28.1–36.5	443	36.0	32.6–39.4	255	39.5	34.9–44.0	179	29.9	25.3–34.5	441	35.1	31.2–39.0
	Non-Metro	613	43.9	40.7–47.0	649	38.6	34.4–42.7	1268	40.9	38.1–43.8	579	41.1	37.8–44.5	590	34.5	30.7–38.4	1174	37.4	34.6–40.3
Repeated grade	Yes	857	55.2	52.1–58.4	565	49.9	46.2–53.5	1430	53.0	50.5–55.5	854	54.8	51.6–57.9	579	51.8	48.3–55.3	1440	53.5	50.9–56.0
	No	976	35.8	33.1–38.5	1415	35.7	33.8–37.6	2405	35.7	34.1–37.4	924	33.6	31.0–36.2	1281	32.5	30.3–34.8	2221	33.0	31.2–34.8

*Among lifetime tobacco (cigarette) users

Table 4.3 Proportion (%) of learners who reported age of onset of cigarette use < 13 years (Q22), by grade, district and repeated grade*

		MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		1694	39.4	37.0–41.7	1831	35.7	33.3–38.1	3552	37.5	35.4–39.5
Grade	8	641	57.1	53.1–61.1	797	54.2	50.9–57.4	1447	55.4	52.7–58.2
	9	597	36.3	33.0–40.0	557	32.4	29.5–35.3	1164	34.4	32.0–36.8
	10	456	30.2	27.2–33.3	477	24.9	20.9–28.9	941	27.4	24.8–30.1
District	Metro North	254	40.4	35.3–45.5	313	37.2	33.1–41.2	569	38.5	35.2–41.9
	Metro Central	341	39.8	35.4–44.2	375	36.4	31.3–41.6	723	38.2	34.3–42.0
	Metro South	338	45.2	38.6–51.9	397	40.8	33.7–47.9	740	42.8	36.3–49.2
	Metro East	211	33.1	27.8–38.4	187	31.9	26.9–36.9	402	32.6	28.2–37.0
	Non-Metro	550	38.0	34.3–41.8	559	32.7	29.3–36.2	1118	35.2	32.4–38.0
Repeated grade	Yes	460	28.4	25.6–31.3	255	21.7	18.8–24.6	719	25.7	23.6–27.8
	No	1223	45.7	42.9–48.5	1565	39.5	36.8–42.3	2811	42.1	39.8–44.4

*Among lifetime tobacco (cigarette) users

Figure 4.1 Frequency of past year cigarette use (by lifetime smokers) (Q26)

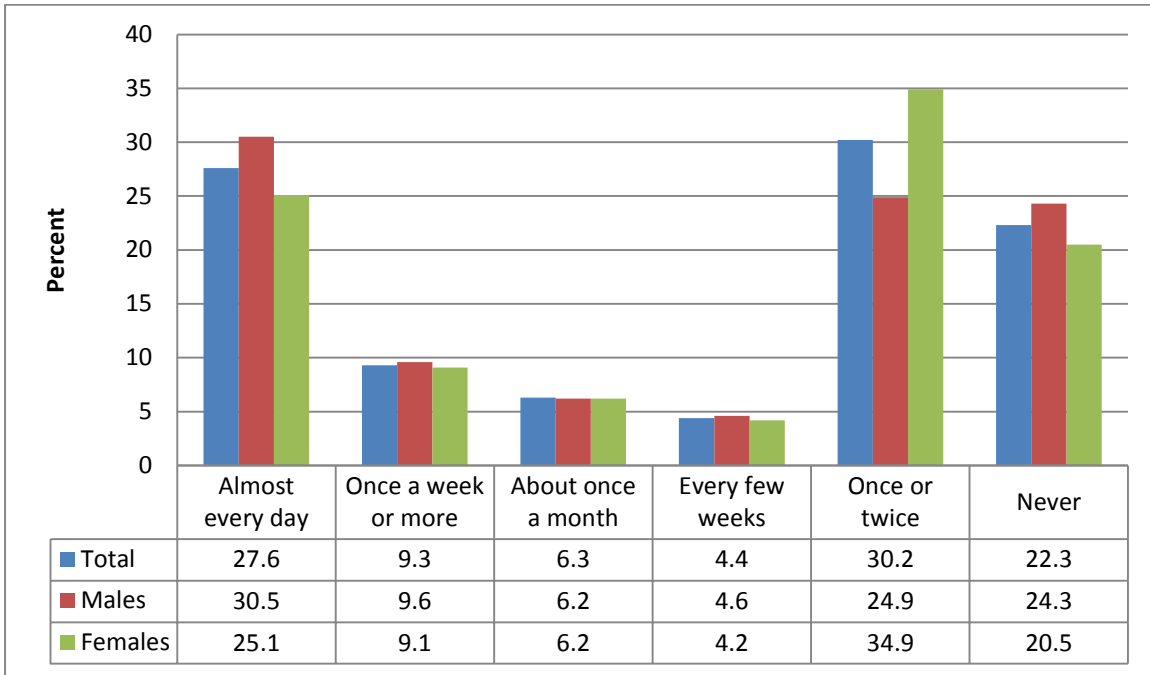
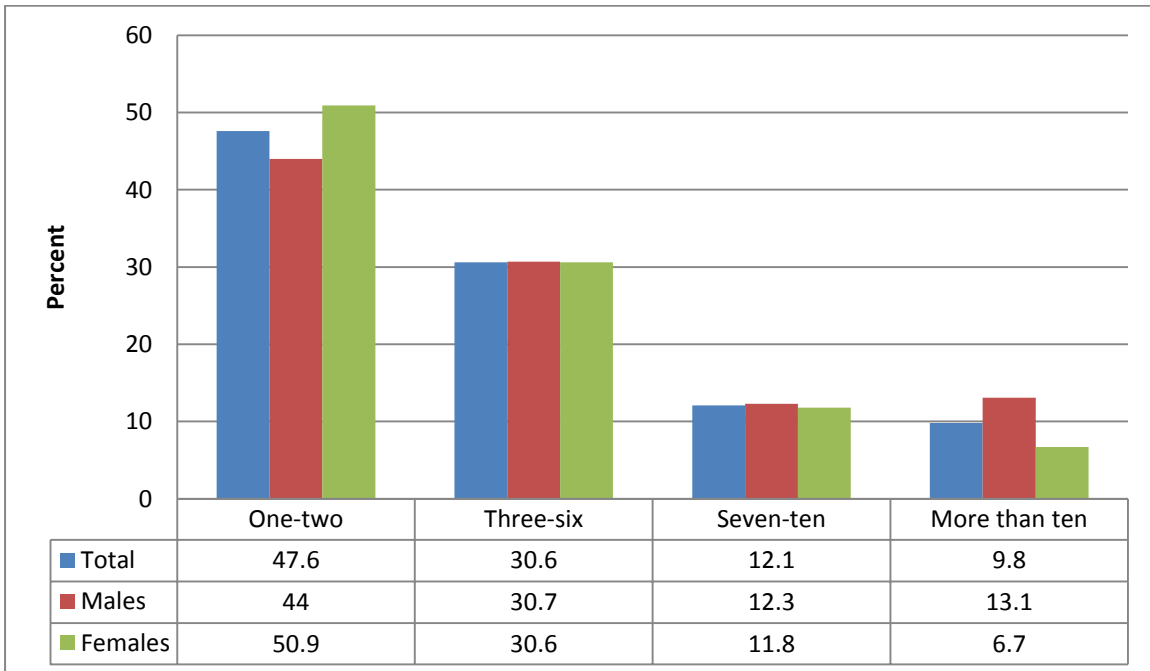


Figure 4.2 Number of cigarettes smoked daily (by lifetime smokers) (Q27)



CHAPTER 5: ALCOHOL USE

This chapter describes the prevalence of lifetime alcohol use, and then among lifetime alcohol users, the prevalence of alcohol use during the following time periods: past year, past 30 days (current use), and past 7 days (Tables 5.1 and 5.2). In Table 5.3 we report on the proportions of lifetime alcohol users who reported consuming 5 or more alcoholic drinks at once or during a short time (binge drinking) in the past two weeks, and first time use of alcohol at younger than 13 years of age (early initiation). These time periods and initiation of alcohol use are broken down by gender as well as by grade, district, and having ever repeated a grade. Figures 5.1 and 5.2 depict the frequency of alcohol use and the number of times in the past year that lifetime alcohol users had been drunk, broken down by gender.

5.1 Lifetime use

Sixty-six percent of all learners had used alcohol in their lifetime (see Table 5.1). This proportion was fairly consistent for both male and female learners, and across districts with no significant differences found by gender or district. There were statistically significant differences between learners reporting lifetime alcohol use in each of the grades, with grade 8 learners reporting the lowest proportion (53.6%), grade 9s the next lowest (69.0%) and grade 10s the highest (74.7%) proportion of lifetime alcohol use. There were no significant differences in the proportions of males and females reporting lifetime alcohol use in each of the grades, and in each of the five districts. Seventy-two percent of learners who had repeated a grade reported lifetime alcohol use, with no differences in proportions of males and females reporting this behaviour.

5.2 Past year use

Among those learners who reported lifetime alcohol use, 59.1% reported using alcohol in the past 12 months (see Table 5.1). This proportion was fairly consistent for both male and female learners, and across districts with no significant differences found by gender or district. There were statistically significant differences between learners reporting past year alcohol use in each of the grades, with grade 8 learners reporting the lowest proportion (48.4%), grade 9s the next lowest (58.8%) and grade 10s the highest (66.8%) proportion of past year alcohol use. There were no differences in the proportions of past year alcohol use

between male and female learners in each of the grades, and in each of the five districts. Fifty-nine percent of learners who had repeated a grade reported past year alcohol use, with no differences in proportions of males and females reporting this behaviour.

5.3 Current use (past 30 days)

Among those learners who reported lifetime alcohol use, 35.1% reported current alcohol use (See Table 5.2). This proportion was fairly consistent for both male and female learners, and across districts with no significant differences found by gender or district. There were statistically significant differences between learners reporting current alcohol use in each of the grades, with grade 8 learners reporting the lowest proportion (24.5%), grade 9s the next lowest (35.1%) and grade 10s the highest proportion (42.1%) of current alcohol use. While there were no differences in the proportions of males and females who reported current alcohol use in grades 8 and 9, significantly more grade 10 male learners compared to female learners reported current alcohol use (46.2% vs 39.0%). There were no differences in the proportions of male and female learners reporting current alcohol use in any of the five districts. Thirty-nine percent of learners who had repeated a grade reported past year alcohol use, with significantly more male compared to female learners reporting this behaviour (42.2% vs 36.1%).

5.4 Past 7 day use

Almost a quarter (22.4%) of lifetime alcohol users reported alcohol use in the past 7 days. This proportion was fairly consistent for both male and female learners, and across districts with no significant differences found by gender or district. Significantly fewer grade 8 learners compared to grade 9 and 10 learners (17.5% vs 22.4% and 25.7%) reported past 7-day alcohol use, with no significant differences in the proportions reported by grade 9 and 10 learners. While there were no differences in the proportions of past 7-day alcohol use between male and female learners in grades 8 and 9, significantly more grade 10 male compared to female learners reported current alcohol use (29.1% vs 23.5%). There were no differences in the proportions of male and female learners reporting past 7-day alcohol use in any of the five districts. Twenty-nine percent of learners who had repeated a grade reported past 7-day alcohol use, with no differences in proportions of male and female reporting this behaviour.

5.5 Binge drinking

Almost a quarter (22.3%) of lifetime alcohol users reported binge drinking (see Table 5.3). This proportion was fairly consistent across districts with no significant differences found by district. Significantly more male compared to female learners reported binge drinking (25.4% vs 19.8%). Significantly fewer grade 8 learners compared to grade 9 and 10 learners (17.1% vs 22.5% and 25.5%) reported binge drinking, with no significant differences in the proportions reported by grade 9 and 10 learners. While there were no differences in the proportions of binge drinking between male and female learners in grades 8 and 9, significantly more grade 10 male compared to female learners reported binge drinking (31.6% vs 20.9%). While there were no differences found by gender in four of the districts, significantly more male compared to female learners in Metro East district (26.2% vs 16.6%) reported binge drinking. Thirty percent of learners who had repeated a grade reported binge drinking, which was significantly greater than the 19.2% of males who had not. Among learners who had repeated a grade, significantly more males than females reported this behaviour (34.6% vs 25.3%).

5.6 Age of onset <13 years

Twenty-eight percent of lifetime alcohol users reported having first tried alcohol at younger than 13 years of age (see Table 5.3). This proportion was fairly consistent for both male and female learners with no significant differences found by gender. Only one significant difference in proportions across districts was found where more Metro South learners compared to non-Metro learners reported early alcohol initiation (33.3% vs 24.1%). There were statistically significant differences between learners reporting early alcohol use initiation in each of the grades, with grade 8 learners reporting the highest proportion (45.7%), grade 9s the next highest (26.9%) and grade 10s the lowest (17.3%) proportion of early alcohol use initiation. While there were no differences in the proportions of early alcohol use initiation between male and female learners in grades 8 and 9, more grade 10 male compared to female learners reported early alcohol use initiation (19.7% vs 15.3%) – although this was marginally significant. There were no significant differences in the proportions of male and female learners reporting early initiation of alcohol use in any of the five districts. Sixteen percent of learners who had repeated a grade reported early age

of alcohol use, with significantly more male compared to female learners reporting this behaviour (18.3% vs 13.2%).

5.7 Frequency of alcohol use in past year

Of the learners who reported lifetime alcohol use, 10% reported using alcohol every week and 13% reported never using alcohol in the past year (See Figure 5.1). Similar proportions of male and female learners reported using alcohol once or twice per month (28% and 27%), a few times a year ($\pm 26\%$), and never using alcohol (12% and 15%). Significantly more male compared to female learners reported using alcohol every week (12.2% vs 8.3%), and fewer male learners reported using alcohol hardly ever (20.3% vs 25.4%).

5.8 Frequency of drunkenness in past year

A small proportion of all lifetime alcohol users (2.1%) reported getting drunk every day, and 29.5% reported never getting drunk in the past year (See Figure 5.2). Similar proportions of male and female lifetime alcohol users reported getting drunk once per month every few weeks and never. However, significantly more males compared to females reported getting drunk every day (2.9% vs 1.4%) and once per week (11.6% vs 7.9%), and fewer male compared to female learners reported getting drunk once or twice in the previous year (30.8% vs 36.8%).

Table 5.1 Proportion (%) of learners who reported lifetime and past year alcohol use, by grade, district and repeated grade

		LIFETIME USE (Q28)									PAST YEAR USE (Q30)*								
		MALE			FEMALE			TOTAL			MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		5631	66.6	64.6-68.6	7387	65.6	63.5-67.7	13099	66.0	64.2-67.8	3302	59.3	56.9-61.7	4234	59.0	56.9-61.0	7589	59.1	57.5-60.9
Grade	8	1562	53.3	50.2-56.3	2125	53.9	50.9-56.9	3708	53.6	51.1-56.1	712	45.5	42.0-48.9	1022	50.5	47.5-53.5	1744	48.4	45.9-50.9
	9	2067	68.4	65.9-70.9	2466	69.6	66.8-72.4	4569	69.0	66.8-71.2	1217	59.2	56.0-62.4	1395	58.4	55.1-61.6	2636	58.8	56.5-61.1
	10	2002	77.9	75.6-80.2	2796	75.5	69.8-75.3	4822	74.7	72.5-77.0	1373	68.9	65.5-72.3	1817	65.1	62.6-67.7	3209	66.8	64.5-69.1
District	Metro North	905	68.6	64.4-72.8	1225	67.9	61.4-74.4	2141	68.2	63.0-73.4	545	62.2	57.7-66.8	742	62.3	58.8-65.8	1294	62.2	59.1-65.4
	Metro Central	977	65.3	60.7-69.9	1331	63.3	60.4-66.2	2323	64.2	61.1-67.2	578	61.2	51.6-70.8	755	58.1	51.9-64.2	1341	59.3	53.1-65.6
	Metro South	822	63.6	56.45-70.6	1220	65.3	60.7-70.0	2054	64.6	59.5-69.7	474	58.4	53.3-63.4	705	60.9	54.5-67.2	1187	60.1	55.5-64.6
	Metro East	906	66.1	62.2-70.1	1130	61.2	55.5-66.9	2051	63.1	58.9-67.3	539	63.3	59.2-67.5	635	57.9	54.0-61.9	1185	60.4	57.3-63.5
	Non-Metro	2021	67.8	64.6-71.1	2481	67.8	64.7-71.0	4530	67.9	65.1-70.7	1166	56.0	52.3-59.6	1397	57.2	54.2-59.9	2582	56.6	53.9-59.9
Repeated grade	Yes	1906	73.9	71.2-76.8	1687	70.6	67.3-73.9	3612	72.3	69.9-74.9	1124	60.4	57.1-63.8	954	58.1	55.3-60.9	2092	59.4	57.1-61.7
	No	3675	63.4	60.9-65.9	5654	64.4	62.4-66.4	9390	64.0	62.1-65.9	2156	59.1	55.8-62.3	3262	59.3	57.0-61.7	5456	59.3	57.2-61.4

*Among lifetime alcohol users

Table 5.2 Proportion (%) of learners who reported current (past 30 days) and past 7 days alcohol use by grade, district and repeated grade*

		CURRENT USE (Q31)									PAST 7 DAY USE (Q32)								
		MALE			FEMALE			TOTAL			MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		1978	35.9	34.1-37.7	2392	34.3	32.6-36.1	4399	35.1	33.7-36.4	1319	23.8	22.2-25.3	1538	21.3	20.0-22.6	2877	22.4	21.4-23.5
Grade	8	353	22.7	20.2-25.2	509	25.8	23.2-28.4	868	24.5	22.6-26.4	280	17.4	15.2-19.6	376	17.7	15.7-19.7	657	17.5	16.0-19.1
	9	717	34.6	31.7-37.5	812	35.6	32.6-38.6	1539	35.1	33.0-37.2	476	22.8	20.1-25.5	519	22.1	19.8-24.3	1004	22.4	20.7-24.1
	10	908	46.2	43.0-49.4	1071	39.0	36.2-41.7	1992	42.1	40.0-44.2	563	29.1	26.3-32.0	643	23.5	21.0-25.1	1216	25.7	23.9-27.5
District	Metro North	324	35.9	33.1-38.8	428	35.9	31.5-40.3	759	36.1	33.2-38.9	209	22.1	18.7-25.4	289	23.0	20.1-25.9	503	22.7	20.1-25.3
	Metro Central	351	36.5	30.1-42.9	408	34.0	27.8-40.2	761	34.9	30.2-39.6	267	28.3	22.8-33.7	274	21.3	18.0-24.6	542	24.2	20.6-28.0
	Metro South	290	37.4	33.4-41.5	388	35.5	31.0-40.0	682	36.3	32.8-39.8	205	25.9	23.0-28.8	259	23.3	20.0-26.5	467	24.3	21.9-26.8
	Metro East	313	36.0	31.7-40.4	348	32.3	28.0-36.7	667	34.0	30.8-37.2	215	23.8	19.9-27.8	211	19.0	15.2-22.9	430	21.2	18.6-23.8
	Non-Metro	700	34.9	31.9-38.0	820	33.9	31.4-36.5	1530	34.4	32.2-36.7	423	21.6	19.6-23.6	505	20.3	18.2-22.4	935	21.0	19.5-22.4
Repeated grade	Yes	772	42.2	39.5-44.9	589	36.1	33.0-39.1	1370	39.4	37.4-41.5	574	30.5	27.8-33.3	444	26.8	23.6-30.0	1027	28.9	26.9-31.0
	No	1192	32.8	30.2-35.5	1793	33.9	31.9-35.9	3004	33.5	31.9-35.1	734	20.4	18.2-22.6	1086	19.7	18.3-21.0	1830	20.0	18.8-21.1

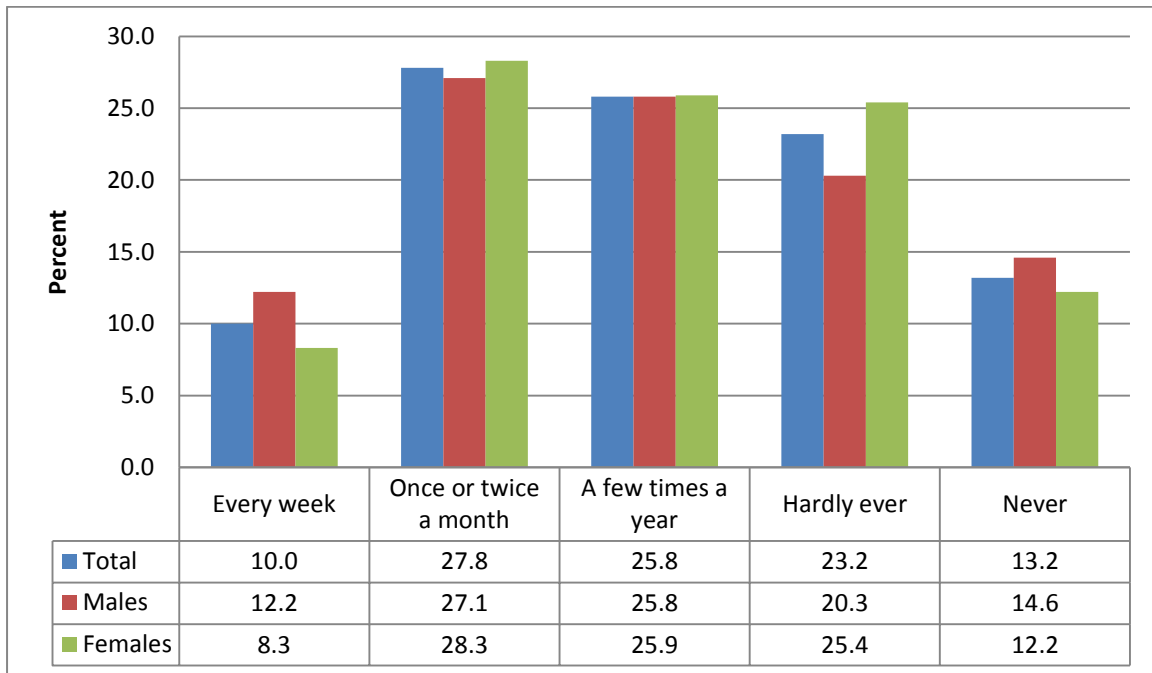
*Among lifetime alcohol users

Table 5.3 Proportion (%) of learners who reported binge drinking and age of onset before age 13, by age, district and repeated grade*

		BINGE DRINKING (Q33)									AGE OF ONSET <13 YEARS (Q29)								
		MALE			FEMALE			TOTAL			MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		1380	25.4	23.8–27.0	1398	19.8	18.4–21.2	2797	22.3	21.1–23.5	1614	28.9	26.7–31.0	1949	27.2	25.4–29.1	3591	28.0	26.4–29.6
Grade	8	266	16.9	14.5–19.3	353	17.3	14.8–19.7	621	17.1	15.3–18.9	644	44.5	41.1–48.0	909	46.3	42.9–49.9	1564	45.7	43.0–48.3
	9	501	24.9	22.4–27.5	458	20.5	18.0–22.9	968	22.5	20.6–24.5	559	27.5	24.6–30.5	620	26.3	23.6–29.0	1189	26.9	24.8–29.0
	10	613	31.6	29.1–34.1	587	20.9	18.8–23.0	1208	25.5	23.8–27.2	411	19.7	17.5–22.0	420	15.3	13.2–17.5	838	17.3	15.6–19.0
District	Metro North	232	25.3	21.8–28.8	269	22.3	18.0–26.5	504	23.6	20.3–27.0	261	29.9	23.9–36.0	360	29.4	24.6–34.1	624	29.7	25.3–34.0
	Metro Central	254	27.3	24.3–30.3	237	19.4	16.0–22.7	491	22.7	19.9–25.6	289	31.1	24.7–37.5	371	29.3	24.5–34.2	666	30.2	26.1–34.3
	Metro South	215	27.6	22.7–32.4	239	20.4	17.1–23.6	457	23.2	19.7–26.7	262	33.6	26.6–40.5	376	32.7	28.0–37.5	644	33.3	28.3–38.3
	Metro East	233	26.2	22.0–30.5	186	16.6	13.7–19.4	425	20.9	18.6–23.3	260	27.6	23.3–31.9	287	25.8	21.1–30.5	552	26.6	22.8–30.5
	Non-Metro	446	23.3	20.8–25.9	467	19.8	17.6–22.1	920	21.5	19.8–23.2	542	26.0	23.4–28.5	555	22.6	19.7–25.5	1105	24.1	22.0–26.3
Repeated grade	Yes	636	34.6	31.9–37.3	417	25.3	22.3–28.3	1062	30.5	28.3–32.6	375	18.3	16.1–20.6	233	13.2	11.2–15.1	613	16.0	14.5–17.6
	No	736	20.8	19.0–22.6	968	18.2	16.8–19.6	1714	19.2	18.0–20.4	1224	34.0	31.5–36.4	1703	31.2	29.1–33.2	2950	32.4	30.6–34.1

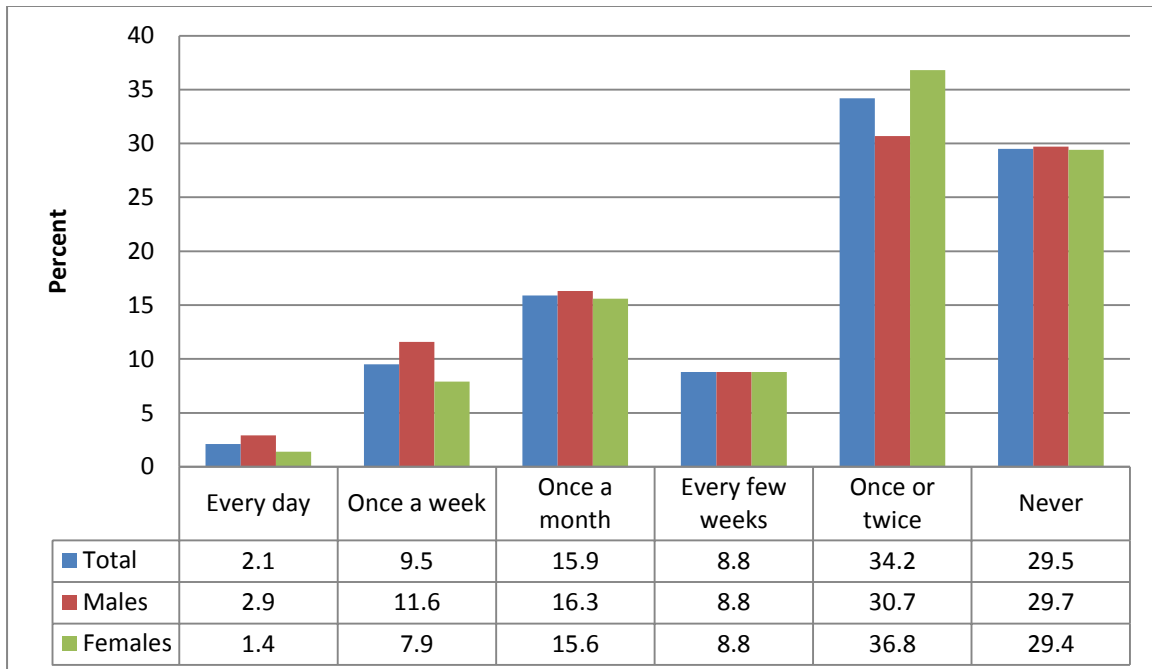
*Among lifetime alcohol users

Figure 5.1 Frequency of alcohol use in the past year* (Q34)



*Among lifetime alcohol users

Figure 5.2 Drunkenness in the past year* (Q35)



*Among lifetime alcohol users

CHAPTER 6: CANNABIS USE

This chapter describes the prevalence of lifetime cannabis (dagga) use and then, among lifetime users, the prevalence during the following time periods: past year, past 30 days, and past 7 days (Tables 6.1 and 6.2). The time periods and initiation of cannabis use are broken down by gender as well as by grade, district, and having ever repeated a grade. Figure 6.1 depicts first time cannabis use at younger than 13 years of age among lifetime users and Figure 6.2 depicts the frequency of cannabis use in the past year broken down by gender.

6.1 Lifetime use

Almost a quarter (23.6%) of all learners had used cannabis in their lifetime (see Table 6.1). Significantly more male compared to female learners (28.4% vs 20.0%) had ever used cannabis. The proportion of lifetime cannabis users in the Metro East (19.0%) and non-Metro (21.0%) districts was significantly lower compared to those in the Metro Central (28.6%) and Metro South districts (28.2%). The prevalence of lifetime cannabis use was not significantly different for the Metro East, non-Metro and Metro North districts. Significantly fewer grade 8 learners compared to grade 9 and 10 learners (14.2% vs 26.3% and 29.7%) reported lifetime cannabis use. Male compared to female learners in all three grades reported greater lifetime cannabis use (grade 8: 17.0% vs 12.1%; grade 9: 30.5% vs 22.8%; grade 10: 37.3% vs 24.5%). Significantly more male compared to female learners in the Metro South (35.1% vs 23.7%), Metro East (25.7% vs 14.1%) and non-Metro (24.7% vs 17.8%) districts reported lifetime cannabis use. There were no significant differences between male and female learners in the prevalence of lifetime cannabis use in the Metro North and Metro Central districts. Significantly more learners who had repeated a grade reported lifetime cannabis use (32%) compared with those who had not (20.6%). Similarly, significantly more male compared to female learners who had repeated a grade (39.7% vs 25.1%) reported lifetime cannabis use.

6.2 Past year use

More than half (52.1%) of all lifetime cannabis users had used cannabis in the past year (see Table 6.1). Significantly more male compared to female learners who had ever used cannabis (55.2% vs 48.7%) had used it in the past year. The proportion of past year cannabis

use in the non-Metro districts (46.0%) was significantly lower compared to Metro Central (58.8%) and Metro South districts (58.7%). The proportion of past year cannabis use was not significantly different for the Metro North (48.7%), Metro Central (58.8%), Metro South (58.7%) and Metro East (49.5%) districts. There was a steady increase in the proportion of past year cannabis use from grade 8 through to grade 10 (43.9%, 51.0% and 56.8%), with grade 8s reporting a significantly lower rate of past year cannabis use than grade 10s. There were no significant differences in the proportions of past year cannabis use between male and female learners in each of the grades; similarly, there were no significant differences in the proportions of male and female learners reporting past year cannabis use in any of the five districts. Fifty percent of learners who had repeated a grade reported past year cannabis use, compared with 53.6% of those who had not repeated a grade. Finally, there were no differences in the prevalence of past year cannabis use of male and female learners who had repeated a grade.

6.3 Current use (past 30 days)

Thirty-five percent of all learners who had used cannabis in their lifetime reported current cannabis use (see Table 6.2). This proportion was fairly consistent across the five districts with no significant differences by district. Significantly more male compared to female learners (39.0% vs 30.0%) had used cannabis in the past 30 days. Proportions of current cannabis use in each of the three grades were not significantly different (31.2%, 34.7% and 36.1%). While there were no significant differences in the proportions of current cannabis use between male and female learners in grade 8, significantly more male than female learners in grade 9 (39.5% vs 29.4%) and grade 10 (41.7% vs 30.6%) had used cannabis in the past 30 days. While there were no differences found by gender in four of the districts, significantly more male compared to female learners in the non-Metro districts (37.1% vs 25.3%) reported current cannabis use. Thirty-seven percent of learners who had repeated a grade reported current cannabis use compared with 33.5% of those who had not repeated a grade but this difference was not statistically significant. Significantly more male compared to female learners who had repeated a grade (42.8% vs 26.3%) reported current cannabis use.

6.4 Past 7 day use

Thirty percent of all lifetime cannabis users reported using cannabis in the past 7 days (see Table 6.2). This proportion was fairly consistent across the five districts with no significant differences by district. Significantly more male compared to female learners who reported lifetime cannabis use (34.5% vs 24.3%) had used cannabis in the past 7 days. Proportions of past 7-day cannabis use in each of the three grades were not significantly different (28.6%, 29.9% and 29.8%). While there were no significant differences in the proportions of past 7-day cannabis use between male and female learners in grade 8 (31.2% vs 26.3%), significantly more male compared to female learners in grade 9 (35.3% vs 23.5%) and grade 10 (35.4% vs 24.1%) had used cannabis in the past 7 days. While there were no differences found by gender in three of the districts, significantly more male than female learners in Metro East (33.3% vs 19.0%) and the non-Metro districts (33.8% vs 18.3%) reported cannabis use in the past 7 days. Significantly more learners who had repeated a grade reported using cannabis in the past 7 days (36%) than learners who had not repeated a grade (26.2%). Also, significantly more male compared to female learners who had repeated a grade (40.9% vs 27.2%) reported past 7-day cannabis use.

6.5 Age of onset <13 years

Fourteen percent of the lifetime cannabis users first tried cannabis below 13 years (see Table 6.3). Significantly more males than females reported first cannabis use before age 13 (16.3% vs 10.9%). There were significant differences between learners reporting early onset of cannabis use in each of the grades. Grade 8 learners reported the highest proportion (27.3%), grade 9s the next highest (12.7%), and grade 10s the lowest proportion (8.6%). There were no significant differences in age of first cannabis use across the five districts.

6.6 Frequency of cannabis use in the past year

Fourteen percent of all lifetime cannabis users reported using cannabis every day, and 15.9% of them reported no use cannabis use in the past year (Figure 6.1). Significantly more male compared to female learners (18.7% vs 8.7%) reported using cannabis daily, and fewer male compared to female learners reported minimal use i.e. once or twice in the past year (30.8% vs 45.6%). Similar proportions of males and females reported cannabis use weekly (15% and 12%), monthly ($\pm 11\%$), and every few weeks ($\pm 7\%$).

Table 6.1 Proportion (%) of learners who reported lifetime and past year cannabis use by age, district and repeated grade

		LIFETIME USE (Q36)									PAST YEAR USE (Q38)*								
		MALE			FEMALE			TOTAL			MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		2424	28.4	26.6–30.1	2383	20.0	18.2–21.8	4838	23.6	22.0–25.2	1289	55.2	52.5–58.1	1130	48.7	45.2–52.2	2437	52.1	49.7–54.5
Grade	8	520	17.0	15.0–19.0	497	12.1	10.3–13.9	1022	14.2	12.8–15.7	218	44.6	39.4–49.8	194	42.5	36.8–48.1	416	43.9	39.7–48.1
	9	927	30.5	27.9–33.1	825	22.8	20.3–25.3	1764	26.3	24.3–28.3	487	54.5	50.3–58.6	388	47.2	41.1–53.3	882	51.0	47.4–54.6
	10	977	37.3	34.2–40.4	1061	24.5	21.2–27.8	2052	29.7	26.9–32.5	584	61.0	56.9–65.1	548	52.7	47.9–57.6	1139	56.8	53.6–59.9
District	Metro North	984	26.5	22.7–30.4	428	21.2	16.1–26.2	801	23.5	19.3–27.6	187	52.1	44.2–59.9	198	45.8	38.8–52.8	387	48.7	42.9–54.6
	Metro Central	528	33.9	29.2–38.7	546	24.5	19.4–29.7	1078	28.6	24.3–32.8	322	62.6	54.6–70.5	294	54.7	46.3–63.1	619	58.8	53.1–64.5
	Metro South	461	35.1	31.2–39.1	478	23.7	19.1–28.4	944	28.2	24.1–32.3	260	60.0	55.0–64.9	254	57.2	48.3–66.1	518	58.7	52.9–64.5
	Metro East	355	25.7	22.1–29.2	277	14.1	10.4–17.8	639	19.0	15.9–22.1	185	53.1	47.9–58.3	115	44.3	36.1–52.6	305	49.5	44.6–54.3
	Non-Metro	711	24.7	21.6–27.7	654	17.8	15.2–20.4	1376	21.0	18.7–23.3	335	50.2	46.1–54.4	269	41.2	36.5–45.9	608	46.0	42.4–49.5
Repeated grade	Yes	1048	39.7	36.4–43.0	648	25.1	22.1–28.0	1706	32.8	30.1–35.5	542	54.6	50.6–58.5	268	41.1	36.6–45.6	815	49.6	46.7–52.6
	No	1355	23.4	21.7–25.2	1719	18.7	16.9–20.5	3094	20.6	19.0–22.2	739	56.2	52.1–60.2	858	51.4	47.4–55.4	1610	53.6	50.5–56.8

*Among lifetime cannabis users

Table 6.2 Proportion (%) of learners who reported current (past 30 day) and past 7 day cannabis use, by grade, district and repeated grade*

		CURRENT USE (Q39)*									PAST 7 DAY USE (Q40)*								
		MALE			FEMALE			TOTAL			MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		907	39.0	36.2–41.8	703	30.0	27.3–32.6	1620	34.61	32.5–36.7	806	34.5	31.6–37.5	584	24.3	21.6–27.0	1403	29.6	27.5–31.7
Grade	8	161	32.1	27.8–36.4	130	29.8	23.7–35.9	294	31.2	27.2–35.2	159	31.2	26.4–36.0	125	26.3	20.4–32.1	286	28.6	24.7–32.6
	9	355	39.5	34.7–44.2	256	29.4	25.6–33.1	615	34.7	31.5–37.9	317	35.3	30.1–39.9	210	23.5	19.8–27.2	533	29.9	26.7–33.0
	10	391	41.7	37.4–45.9	317	30.6	26.6–34.6	711	36.1	33.5–38.7	330	35.4	30.9–39.8	249	24.1	20.9–27.3	584	29.8	27.0–32.5
District	Metro North	119	33.9	27.2–40.6	128	30.0	23.7–36.4	249	31.9	27.0–36.9	107	30.8	23.8–37.8	113	24.9	18.8–30.9	222	27.8	22.4–33.1
	Metro Central	229	42.1	33.4–50.8	184	33.3	27.1–39.4	415	37.9	32.3–43.4	196	36.6	27.1–46.0	157	29.7	23.0–36.4	355	33.3	27.3–39.3
	Metro South	183	43.1	38.5–47.7	154	34.1	28.6–39.7	339	38.6	34.7–42.5	160	37.1	30.9–43.4	134	29.5	24.0–35.0	296	33.1	29.3–36.9
	Metro East	137	38.1	32.7–43.4	68	27.8	21.4–34.2	206	33.5	29.5–37.4	118	33.3	27.3–39.4	50	19.0	14.0–24.0	172	27.4	23.7–31.1
	Non-Metro	239	37.1	32.9–41.2	169	25.3	21.1–29.6	411	31.5	28.4–34.7	225	33.8	29.6–38.0	130	18.3	13.7–22.9	358	26.5	23.0–30.1
Repeated grade	Yes	420	42.8	39.3–46.3	184	26.3	22.3–30.2	607	36.7	34.1–39.4	410	40.9	37.1–44.8	185	27.2	23.3–31.2	601	36.1	33.1–39.0
	No	478	36.1	32.2–40.0	517	31.4	28.0–34.7	1002	33.5	30.8–36.3	389	29.9	26.0–33.8	394	23.1	20.1–26.1	790	26.2	23.6–28.7

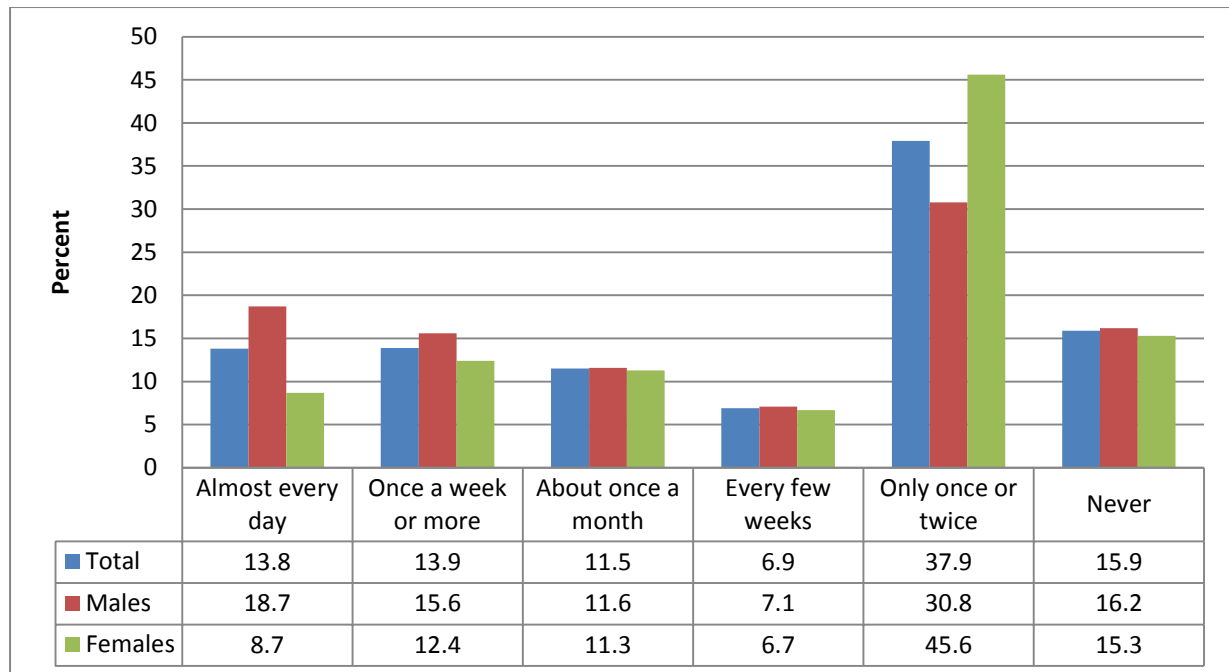
*Among lifetime cannabis users

Table 6.3 Proportion of learners who reported age of onset of cannabis use <13 years of age (Q37) by grade, district and repeated grade*

		MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		383	16.3	14.5-18.1	251	10.9	9.3-12.6	639	13.7	12.4-15.1
Grade	8	137	29.3	23.8-34.9	105	24.8	19.5-30.1	244	27.3	23.4-31.2
	9	137	15.7	13.2-18.3	83	9.3	6.9-11.7	222	12.7	10.8-14.6
	10	109	11.0	8.6-13.4	63	6.3	4.6-7.9	173	8.6	7.1-10.1
District	Metro North	64	20.3	15.4-25.3	46	11.2	7.3-15.1	110	15.5	12.9-18.2
	Metro Central	90	16.7	13.2-20.2	69	11.7	7.8-15.5	159	14.2	10.9-17.5
	Metro South	81	17.3	13.4-21.2	56	12.8	9.4-16.2	139	15.3	12.6-18.0
	Metro East	44	12.7	8.8-16.6	22	9.3	5.7-12.9	68	11.3	8.5-14.2
	Non-Metro	104	14.9	11.3-18.6	58	9.4	6.3-12.6	163	12.3	9.6-14.9
Repeated grade	Yes	136	12.3	9.8-14.9	48	7.2	4.6-9.9	187	10.5	8.7-12.4
	No	242	19.1	16.5-21.6	202	12.4	10.2-12.3	446	15.3	13.4-17.2

*Among lifetime cannabis users

Figure 6.1 Frequency of cannabis use in the past year* (Q35)



*Among lifetime cannabis users

CHAPTER 7: OTHER DRUG USE

This chapter describes the findings of the study regarding the use of other illicit drugs, which includes cocaine, Mandrax, ecstasy, heroin, and methamphetamine. It also reports on drug injecting behaviours of the learners.

7.1 Lifetime Mandrax use

A total of 2.1% of the learners reported having ever used Mandrax (See Table 7.1). Males (3.2%) were significantly more likely to report Mandrax use than females (1.2%). Learners in Metro South had the lowest proportion of lifetime Mandrax users (1.2%), whereas those in Metro Central had the highest proportion of Mandrax users (2.6%), but there were no significant differences between the proportions of learners who reported Mandrax use in each of the districts. There were no significant differences in the proportions of lifetime Mandrax users in Grades 8, 9 and 10. Males in Grades 9 and 10 were significantly more likely to report Mandrax use than females, but there was no significant difference in the proportions of males and females reporting Mandrax use in Grade 8. Across the districts, males were more likely to report Mandrax use in Metro East and the non-Metro district but not in the other districts. Significantly more learners who had repeated a grade reported Mandrax use (4.2%) than those who had not (1.3%). Males who had repeated a grade were more likely to report Mandrax use (6.2%) than were females who had repeated a grade (2.0%).

7.2 Lifetime cocaine use

A total of 1.0% of the learners reported ever having used cocaine (See Table 7.2). Males (1.4%) were more likely than females (0.7%) to report lifetime cocaine use. There were no significant differences in the proportion of learners reporting lifetime cocaine use in each of the districts. Males (2.0%) were more likely to report cocaine use than females (0.4%) in Metro East, while there were no significant differences in the proportions of males and females reporting cocaine use in any of the other districts. Learners who had repeated a grade (1.7%) were more likely to report cocaine use than were those who had not repeated a grade (0.8%). In addition, male learners who had repeated a grade (2.3%) were more likely to report cocaine use than were female learners who had repeated a grade (1.0%).

7.3 Lifetime heroin use

A total of 0.8% of the learners reported lifetime heroin use (See Table 7.3). Male learners (1.1%) were significantly more likely than female learners (0.5%) to report heroin use. There were no significant differences between the proportions of learners in Grades 8, 9 and 10 who reported heroin use. The highest prevalence rate for heroin use was reported for Metro North (1.6%). Learners in Metro North were significantly more likely to report heroin use than those in Metro South (0.5%) and the non-Metro districts (0.6%). There were no significant differences between the proportions of males and females reporting heroin use within each of the districts. Learners who had repeated a grade (1.3%) were more likely to report heroin use than were learners who had not repeated a grade (0.6%). However, the proportions of males (1.7%) and females (0.9%) who had repeated a grade who reported heroin use were not significantly different.

7.4 Lifetime ecstasy use

In total 1.0% of the learners reported ever having used ecstasy (See Table 7.4). Males (1.4%) were significantly more likely than females (0.8%) to report lifetime ecstasy use. The prevalence of ecstasy use did not differ by grade. Learners in the non-Metro districts were significantly less likely to report ecstasy use (0.7%) than learners in Metro Central and Metro North. There were no significant differences between the proportions of males and females reporting ecstasy use within each district. Learners who had repeated a grade (1.7%) were significantly more likely to report ecstasy use than were those who had not repeated a grade (0.8%). There was no significant difference between the proportions of males (2.1%) and females (1.1%) who had repeated a grade who reported lifetime ecstasy use.

7.5 Lifetime methamphetamine use

A small proportion (2%) of all learners had used methamphetamine in their lifetime (see Table 7.5). Significantly more male compared to female learners (3.1% vs 1.2%) had ever used methamphetamine. The proportion of lifetime methamphetamine users was fairly consistent across the five districts with no significant differences between them. Significantly fewer grade 8 learners compared to grade 9 and 10 learners (1.4% vs 2.1% and 2.6%) reported lifetime methamphetamine use. While similar proportions of male and

female learners in grade 8 had ever used methamphetamine, more male compared to female learners in grade 9 (3.2% vs 1.2%) and grade 10 (4.1% vs 1.4%) reported lifetime methamphetamine use. Four percent of learners who had repeated a grade reported lifetime methamphetamine use as compared with 1.3% of those who had not. Significantly more male compared to female learners who had repeated a grade (1.9% vs 0.9%) reported lifetime methamphetamine use.

7.6 Heroin injecting

A total of 0.6% of learners reported ever having injected heroin (See Table 7.6). Males were no more likely (0.7%) than females to report ever having injected heroin (0.4%). There were no significant differences between the proportions of learners in grades 8, 9 and 10 who reported ever having injected heroin. There were also no significant differences across districts in the proportions of learners who reported ever having injected heroin. There were also no differences between the proportions of males and females who reported ever having injected heroin within the five districts. Learners who had repeated a grade (1.1%) were significantly more likely than those who had not (0.4%) to report ever having injected heroin. Males who had repeated a grade (1.2%) were not significantly more likely than females who had repeated a grade (1.1%) to report ever having injected heroin.

7.7 Injection of any drug

A total of 1.2% of the learners reported having injected any drug (See Table 7.7). Males (1.5%) were significantly more likely than females (0.9%) to report ever having injected any drug. There were no differences in the proportions of learners in each of the grades who reported ever having injected any drug. Among males and females, there were also no differences in the proportion of learners in grades 8, 9 and 10 who reported ever having injected any drug. There were no differences in the proportions of learners reporting having injected a drug in each of the districts. For each district, there were no significant differences in the proportions of males and females who reported having injected any drug. Learners who had repeated a grade (1.9%) were significantly more likely to report having injected any drug than were those who had not repeated a grade (0.9%). Among learners who had repeated a grade, males (2.6%) were significantly more likely than females (1.0%) to report having injected any drug.

Table 7.1 Proportion (%) of learners who reported lifetime heroin use (Q60), by grade, district and repeated grade

		MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		100	1.1	0.8–1.4	75	0.5	0.4–0.7	176	0.8	0.6–1.0
Grade	8	38	1.1	0.7–1.5	39	0.8	0.5–1.2	77	0.9	0.7–1.2
	9	26	1.2	0.7–1.6	16	0.4	0.2–0.6	53	0.8	0.5–1.0
	10	26	1.0	0.5–1.5	20	0.4	0.2–0.7	46	0.7	0.4–0.9
District	Metro North	20	1.7	0.8–2.6	23	1.5	0.7–2.3	43	1.6	0.9–2.2
	Metro Central	16	0.9	0.4–1.5	16	0.4	0.2–0.7	32	0.7	0.4–0.9
	Metro South	13	0.9	0.3–1.5	9	0.3	0.1–0.5	22	0.5	0.3–0.8
	Metro East	23	1.5	0.7–2.4	9	0.4	0.1–0.7	32	0.9	0.5–1.2
	Non-Metro	28	0.8	0.5–1.2	18	0.4	0.1–0.6	47	0.6	0.4–0.8
Repeated grade	Yes	48	1.7	1.1–2.2	28	0.9	0.5–1.4	77	1.3	0.9–1.7
	No	50	0.9	0.6–1.1	47	0.4	0.3–0.6	97	0.6	0.4–0.8

Table 7.2 Proportion (%) of learners who reported lifetime crack ('rocks') or cocaine use (Q42) by grade, district and repeated grade

		MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		132	1.4	1.1–1.8	88	0.7	0.5–0.9	221	1.0	0.9–1.2
Grade	8	48	1.4	0.9–2.0	44	1.0	0.6–1.4	92	1.2	0.8–1.5
	9	53	1.7	1.2–2.3	17	0.5	0.2–0.8	71	1.1	0.8–1.4
	10	31	1.1	0.7–1.6	27	0.7	0.4–1.0	58	0.9	0.6–1.2
District	Metro North	21	1.5	0.7–2.3	23	1.4	0.6–2.3	44	1.5	0.8–2.1
	Metro Central	26	1.7	0.8–2.6	19	1.0	0.5–1.4	45	1.3	0.8–1.8
	Metro South	11	1.0	0.4–1.7	14	0.6	0.2–0.9	25	0.7	0.4–1.1
	Metro East	30	2.0	1.0–2.9	7	0.4	0.1–0.6	37	1.0	0.6–1.5
	Non-Metro	44	1.3	0.8–1.8	25	0.5	0.3–0.8	70	0.9	0.6–1.2
Repeated grade	Yes	70	2.3	1.6–2.9	28	1.0	0.5–1.5	99	1.7	1.2–2.1
	No	59	1.1	0.7–1.4	59	0.7	0.4–0.9	118	0.8	0.6–1.0

Table 7.3 Proportion (%) of learners who reported lifetime use of Mandrax ('buttons'/ 'white pipe') (Q48) by grade, district and repeated grade

		MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		277	3.2	2.8–3.7	142	1.2	0.9–1.5	422	2.1	1.8–2.4
Grade	8	62	2.0	1.4–2.7	55	1.3	0.8–1.8	117	1.6	1.2–2.0
	9	111	3.9	3.1–4.7	44	1.1	0.7–1.6	157	2.4	1.9–2.9
	10	104	3.7	2.8–4.6	43	1.1	0.7–1.5	148	2.2	1.7–2.6
District	Metro North	44	3.4	2.0–4.7	29	1.8	0.8–2.7	74	2.5	1.6–3.3
	Metro Central	60	3.9	2.3–5.6	31	1.6	0.9–2.3	91	2.6	1.7–3.5
	Metro South	28	1.8	0.9–2.7	23	0.8	0.3–1.3	51	1.2	0.7–1.7
	Metro East	44	3.1	2.1–4.2	18	1.1	0.4–1.7	62	1.9	1.3–2.5
	Non-Metro	101	3.6	2.8–4.4	41	1.0	0.6–1.4	144	2.2	1.7–2.6
Repeated grade	Yes	162	6.2	5.1–7.3	53	2.0	1.3–2.7	217	4.2	3.5–5.0
	No	111	1.9	1.5–2.3	88	1.0	0.7–1.2	200	1.3	1.1–1.6

Table 7.4 Proportion (%) of learners who reported lifetime use of ecstasy (E) (Q54) by grade, district and repeated grade

		MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		129	1.4	1.1–1.7	97	0.8	0.5–1.0	228	1.0	0.8–1.2
Grade	8	38	1.1	0.7–1.6	35	0.8	0.4–1.2	73	0.9	0.6–1.2
	9	49	1.5	1.0–2.1	23	0.6	0.3–0.9	74	1.1	0.8–1.4
	10	42	1.5	0.9–2.1	39	0.9	0.5–1.3	81	1.1	0.8–1.5
District	Metro North	22	1.7	0.8–2.6	23	1.6	0.8–2.5	45	1.7	1.0–2.3
	Metro Central	34	2.4	1.4–3.4	29	1.2	0.6–1.7	63	1.7	1.0–2.3
	Metro South	19	1.0	0.5–1.5	13	0.6	0.0–1.2	33	0.8	0.4–1.2
	Metro East	22	1.5	0.7–2.3	9	0.4	0.1–0.8	31	0.9	0.5–1.3
	Non-Metro	32	1.0	0.6–1.3	23	0.4	0.1–0.7	56	0.7	0.4–0.9
Repeated grade	Yes	65	2.1	1.5–2.9	32	1.1	0.6–1.6	99	1.7	1.3–2.2
	No	62	1.0	0.7–1.3	65	0.7	0.4–0.9	127	0.8	0.6–1.0

Table 7.5 Proportion (%) of learners who reported lifetime use of methamphetamine ('tik') (Q66) by grade, district and repeated grade

		MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		271	3.1	2.6 – 3.6	153	1.2	0.9 – 1.5	429	2.0	1.8 – 2.3
Grade	8	64	1.9	1.3 – 2.5	45	1.00	0.6 – 1.4	109	1.4	1.0 – 1.7
	9	95	3.2	2.3 – 4.0	47	1.2	0.8 – 1.6	144	2.1	1.7 – 2.6
	10	112	4.1	3.2 – 5.1	61	1.4	1.0 – 1.9	176	2.6	2.1 – 3.0
District	Metro North	35	2.7	1.4 – 4.0	27	1.6	0.8 – 2.5	63	2.1	1.4 – 2.9
	Metro Central	51	3.0	1.6 – 4.4	28	1.3	0.6 – 2.1	79	2.0	1.4 – 2.7
	Metro South	34	3.0	1.8 – 4.2	29	1.1	0.5 – 1.6	64	1.8	1.3 – 2.4
	Metro East	58	4.0	3.0 – 5.0	20	1.0	0.4 – 1.7	79	2.3	1.8 – 2.8
	Non-Metro	93	2.9	2.0 – 3.8	49	1.1	0.7 – 1.6	144	2.0	1.4 – 2.5
Repeated grade	Yes	155	5.8	4.7 – 6.9	66	2.4	1.7 – 3.2	224	4.2	3.5 – 5.0
	No	113	1.9	1.4 – 2.3	86	0.9	0.7 – 1.2	201	1.3	1.1 – 1.5

Table 7.6 Proportion (%) of learners who reported lifetime injecting of heroin (Q77) by grade, district and repeated grade

		MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		48	0.7	0.5–1.0	38	0.4	0.2–0.7	87	0.6	0.4–0.7
Grade	8	13	0.7	0.3–1.1	15	0.4	0.2–0.6	28	0.5	0.3–0.7
	9	28	0.7	0.3–1.1	11	0.3	0.1–0.4	30	0.5	0.3–0.7
	10	17	0.8	0.3–1.2	12	0.7	0.1–1.2	29	0.7	0.3–1.1
District	Metro North	9	0.9	0.3–1.5	7	0.6	1.2–1.1	16	0.7	0.4–1.1
	Metro Central	11	1.0	0.3–1.7	10	0.5	0.0–1.0	21	0.7	0.3–1.1
	Metro South	5	0.4	0.0–0.9	3	0.5	0.0–1.2	8	0.4	0.0–0.9
	Metro East	5	0.5	0.0–1.0	5	0.3	0.0–0.6	10	0.4	0.1–0.7
	Non-Metro	18	0.8	0.4–1.2	13	0.4	0.1–0.6	32	0.6	0.3–0.8
Repeated grade	Yes	21	1.2	0.6–1.7	14	1.1	0.2–2.0	36	1.1	0.6–1.7
	No	26	0.5	0.3–0.8	23	0.3	0.1–0.4	49	0.4	0.3–0.5

Table 7.7 Proportion (%) of learners who reported lifetime injecting of any other drug (excluding heroin) (Q78), by grade, district and repeated grade

		MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		102	1.5	1.2–1.9	70	0.9	0.6–1.1	173	1.2	0.9–1.4
Grade	8	30	1.1	0.7–1.6	32	1.1	0.6–1.7	62	1.1	0.7–1.5
	9	36	1.5	1.0–2.0	19	0.7	0.4–1.0	56	1.1	0.8–1.4
	10	36	2.0	1.3–2.7	19	0.8	0.3–1.2	55	1.2	0.8–1.7
District	Metro North	20	2.0	0.9–3.1	19	1.4	0.6–2.1	39	1.7	0.9–2.4
	Metro Central	24	2.1	1.1–3.1	14	1.1	0.3–1.9	38	1.5	1.0–2.1
	Metro South	16	1.4	0.6–2.2	9	0.9	0.3–1.5	25	1.1	0.6–1.5
	Metro East	19	1.7	0.9–2.5	10	0.6	0.2–1.0	29	1.1	0.6–1.5
	Non-Metro	23	1.0	0.6–1.5	18	0.6	0.3–1.0	42	0.8	0.5–1.2
Repeated grade	Yes	54	2.6	1.8–3.4	19	1.0	0.4–1.7	74	1.9	1.4–2.4
	No	45	1.0	0.7–1.3	49	0.8	0.5–1.1	94	0.9	0.6–1.1

CHAPTER 8: MENTAL HEALTH & AGGRESSIVE BEHAVIOUR

This chapter provides an overall indication of mental health among the learners surveyed as well as a measure of aggressive behaviour, often linked to mental health. Mental health was scored in three categories: low risk, medium risk and high risk. These scores are an overall measure of the learners' mental health in general and provide an indication of risk for the development or the existence of a mental health problem. They provide an indication of the overall mental health of learners.

8.1 Risk for mental health problems

Table 8.1a shows the proportions of learners in the three risk categories, broken down by grade, district, whether they have ever repeated a grade at school, and number of days absent from school in the previous term (quarter). The table shows that overall 43.7% of learners were categorised as 'low risk' for mental health problems, 41.4% as 'medium risk', and 14.9% as 'high risk'. These proportions were fairly consistent across grades 8, 9 and 10, with no significant differences.

Across the four districts in the Cape Metropole, Metro South had the highest proportion of learners in the 'high risk' category (17.1%), however statistically this was only significantly higher than Metro East which had the lowest proportion in the 'high risk' category (11.1%). Proportions in the 'high risk' category in the other metros and in the non-Metro districts were very similar (about 15%). Comparing learners who had repeated a grade with those who had not, showed that a higher proportion of those who had repeated a grade were in the 'high risk' category (16.6%), but this did not reach statistical significance. Learners who reported a high number of days absent from school during the last term (more than 10) were also significantly more likely to be in the 'high risk' category (23.1%) than learners who were only absent one or two days (14.7%).

Table 8.1b shows that overall 10.1% of the male learners were in the 'high risk' category, while over half (53.2%) were in the 'low risk' category. These proportions were also fairly consistent across the three grades. Among the male learners, those in Metro South had a slightly higher proportion in the 'high risk' category, but this was not significantly different

from the other districts. A significantly higher proportion of male learners who had repeated a grade (12.8%) were in the 'high risk' category, than those who had not repeated a grade (8.9%). Male learners who reported a high number of days absent from school during the last term (more than 10) were more likely to be in the 'high risk' category (13.6%) than learners who were only absent one or two days (9.8%), but this was not statistically significant. However a comparison between male learners who were absent 1-2 days and those who were absent 3-5 days did show a significant difference (9.8% in the 'high risk' category versus 13.5%).

Overall 18.5% of the female learners were in the 'high risk' category, a significantly higher proportion than male learners (Table 8.1c). Proportions across the three grades were similar with the highest proportion for female learners in grade 9 (19.9%). The districts with the highest proportion of female learners in the 'high risk' category were the non-Metro districts (20.3%) and Metro South (20.2%). Metro East had a significantly lower proportion (12.7%) in the 'high risk' category than these two districts. A higher proportion of female learners who had repeated a grade (20.7%) were in the 'high risk' category compared to those who had not repeated a grade (17.8%), but this was not statistically significant. Over a third (33.6%) of female learners who had been absent from school for more than 10 days in the last term were in the 'high risk' category, a significantly higher proportion than those who had been absent either 1-2 days (17.9%) or 3-5 days (22.3%).

Comparing male and female learners clearly indicated that female learners were significantly more likely to be in the 'high risk' category for mental health.

Table 8.1a Proportion (%) of learners with low, medium and high risk for mental health problems by grade, district, repeated grade and days absent from school (Total Sample)

		LOW RISK FOR MENTAL HEALTH PROBLEMS			MEDIUM RISK FOR MENTAL HEALTH PROBLEMS			HIGH RISK FOR MENTAL HEALTH PROBLEMS		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		8665	43.7	42.0-45.4	8237	41.4	40.3-42.5	2955	14.9	14.0-15.8
Grade	8	3185	45.1	42.9-47.3	2792	40.8	39.2-42.4	962	14.1	13.0-15.3
	9	2991	44.8	42.7-46.8	2674	40.1	38.7-41.6	959	15.1	13.4-16.7
	10	2489	41.3	39.1-43.6	2771	43.3	41.5-45.0	1034	15.4	14.0-16.7
District	Metro North	1345	43.2	38.8-47.7	1287	42.3	39.4-45.1	472	14.5	12.4-16.6
	Metro Central	1447	40.0	36.3-43.8	1606	44.7	42.1-47.4	572	15.2	12.6-17.8
	Metro South	1344	40.8	36.5-45.0	1340	42.1	39.4-45.1	532	17.1	14.7-19.6
	Metro East	1677	52.4	47.3-57.5	1158	36.5	33.4-39.7	362	11.1	8.6-13.5
	Non-Metro	2852	43.3	40.8-45.7	2846	41.3	39.6-43.0	1017	15.4	14.1-16.7
Repeated grade	Yes	2141	44.1	41.8-46.4	1912	39.3	37.5-41.0	839	16.6	15.0-18.2
	No	6454	43.6	41.8-45.3	6266	42.1	40.9-43.4	2096	14.3	13.4-15.3
Days absent from school*	1-2	2921	42.6	40.5-44.6	2928	42.7	41.0-44.4	1019	14.7	13.4-16.0
	3-5	1250	35.3	33.0-37.5	1623	46.2	44.3-48.0	685	18.6	16.8-20.3
	>10	196	33.6	28.5-38.6	232	43.3	37.6-49.0	143	23.1	18.6-27.6
	Total	8542	43.6	41.9-45.3	8153	41.4	40.3-42.5	2935	14.9	14.0-15.9

*Selected categories

Table 8.1b Proportion (%) of learners with low, medium and high risk for mental health problems by grade, district, repeated grade and days absent from school (Males)

		LOW RISK FOR MENTAL HEALTH PROBLEMS			MEDIUM RISK FOR MENTAL HEALTH PROBLEMS			HIGH RISK FOR MENTAL HEALTH PROBLEMS		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		4515	53.2	51.3-55.0	3099	36.8	35.2-38.4	867	10.1	9.3-10.8
Grade	8	1581	53.2	50.6-55.8	1049	36.4	34.2-38.6	301	10.4	9.1-11.6
	9	1671	55.5	52.8-58.2	1061	35.1	32.8-37.5	278	9.4	8.2-10.5
	10	1263	50.4	47.5-53.3	989	39.1	36.6-41.6	288	10.6	9.0-12.1
District	Metro North	705	53.4	48.3-58.4	471	36.4	32.4-40.3	133	10.3	8.4-12.2
	Metro Central	759	48.9	43.9-54.0	588	40.7	36.2-45.3	173	10.4	8.4-12.3
	Metro South	671	49.0	44.5-53.5	505	39.0	34.8-43.2	150	12.1	9.7-14.4
	Metro East	798	58.8	53.8-63.9	426	32.4	28.6-36.2	123	8.8	6.9-10.6
	Non-Metro	1582	54.5	51.8-57.2	1109	36.0	33.8-38.2	288	9.5	8.4-10.5
Repeated grade	Yes	1328	52.3	49.2-55.4	885	34.9	32.2-37.5	318	12.8	11.2-14.5
	No	3147	53.6	51.4-55.7	2192	37.6	35.7-39.4	542	8.9	8.1-9.7
Days absent from school*	1-2	1450	52.5	49.7-55.4	1040	37.7	34.8-40.5	279	9.8	8.5-11.1
	3-5	669	45.0	41.6-48.3	610	41.6	38.0-45.2	215	13.5	11.3-15.6
	>10	124	39.8	33.0-46.6	125	46.6	39.6-53.6	42	13.6	8.8-18.3

*Selected categories

Table 8.1c Proportion (%) of learners with low, medium and high risk for mental health problems by grade, district, repeated grade and days absent from school (Females)

		LOW RISK FOR MENTAL HEALTH PROBLEMS			MEDIUM RISK FOR MENTAL HEALTH PROBLEMS			HIGH RISK FOR MENTAL HEALTH PROBLEMS		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		4092	36.7	34.6-38.8	5089	44.9	43.5-46.3	2070	18.5	17.2-19.8
Grade	8	1578	38.9	36.2-41.6	1727	44.1	42.0-46.1	656	17.0	15.4-18.6
	9	1301	35.9	33.2-38.6	1587	44.2	42.2-46.1	675	19.9	17.3-22.5
	10	1213	35.3	32.4-38.2	1775	46.2	43.9-48.5	739	18.5	16.7-20.2
District	Metro North	629	35.7	30.4-41.0	812	46.7	43.5-49.9	337	17.6	14.7-20.5
	Metro Central	677	33.0	28.4-37.7	1007	47.8	44.3-51.3	397	19.1	15.7-22.5
	Metro South	668	35.9	30.8-41.0	826	44.0	40.5-47.5	376	20.2	17.4-22.9
	Metro East	864	47.8	42.0-53.6	721	39.5	36.2-42.8	235	12.7	9.3-16.1
	Non-Metro	1254	34.0	30.8-37.2	1723	45.7	43.4-48.0	725	20.3	18.2-22.4
Repeated grade	Yes	799	35.2	32.5-38.0	1017	44.0	41.7-46.4	519	20.7	18.3-23.1
	No	3264	37.0	34.8-39.2	4035	45.1	43.6-46.7	1538	17.8	16.5-19.2
Days absent from school*	1-2	1458	35.9	33.4-38.4	1871	46.2	44.0-48.3	733	17.9	16.3-19.6
	3-5	575	28.1	25.1-31.1	1008	49.6	46.8-52.5	466	22.3	20.0-24.6
	>10	65	25.8	19.0-32.6	106	40.6	32.8-48.4	100	33.6	26.6-40.6

*Selected categories

8.2 Aggressive Behaviour

Aggressive behaviour was also scored in three categories, 'low risk', 'medium risk' and 'high risk'. Overall the majority of learners were in the 'medium risk' category for aggressive behaviour (63.9%). A fairly low proportion of learners were in the 'high risk' category (6.9%). This was consistent across the three grades, with no significant differences (Table 8.2a). Proportions in the various risk categories were also relatively consistent across the districts, with no significant differences between the high risk categories. Metro East had the lowest proportion in the 'high risk' category and a significantly lower proportion in the 'medium risk' category (59.3%) than Metro South (68.1%). A slightly higher proportion of learners who had repeated a grade were in the 'high risk' category (8.3%), compared to those who had not repeated a grade (6.5%), but this was not statistically significant. Absenteeism from school however appeared to be related to aggressive behaviour, with progressively higher proportions of learners in the 'high risk' category the more days they reported having been absent in the last term. A significantly higher proportion of learners who had been absent 10 or more days were in the 'high risk' category (15.2%) compared to those who were absent 1-2 days (6.3%) or 3-5 days (9.6%).

Findings for male learners were similar to those above with the majority in the 'medium risk' category (62.9%) and 7.4% in the 'high risk' category (Table 8.2b). While the proportion in the 'high risk' category for grade 10 (8.8%) was slightly higher than for grades 8 and 9, this was not statistically significant. The differences between the districts were also not statistically significant, ranging from 6.1% in the 'high risk' category in Metro North to 9.7% in Metro South. However a significantly higher proportion of male learners who had repeated a grade were in the 'high risk' category (10.2%) than those who had not repeated a grade (6.3%). Furthermore a significantly higher proportion of male learners who had been absent 10 or more days were in the 'high risk' category (15.1%) compared to those who were absent 1-2 days (6.6%).

Female learners did not differ significantly overall from the male learners in terms of the proportion in the 'medium risk' (64.8%) or 'high risk' (6.4%) categories for aggressive behaviour (Table 8.2c). Proportions were also similar across the three grades for females. While there were no significant differences across the districts in terms of the proportions

of female learners in the 'high risk' category, in Metro South a significantly higher proportion of female learners were in the 'medium risk' category (70.2%) compared to Metro East (60.9%). For the female learners there was no significant difference between those who had repeated a grade and those who had not, with proportions in the various risk categories being almost equal. As with the male learners, a significantly higher proportion of female learners who had been absent 10 or more days were in the 'high risk' category (15.1%) compared to those who were absent 1-2 days (6.2%).

Table 8.2a Proportion (%) of learners at low, medium and high risk for aggressive behaviour by grade, district, repeated grade and days absent from school (Total Sample)

		LOW RISK FOR			MEDIUM RISK FOR			HIGH RISK FOR		
		AGGRESSIVE BEHAVIOUR			AGGRESSIVE BEHAVIOUR			AGGRESSIVE BEHAVIOUR		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		5845	29.2	27.6-30.7	12644	63.9	62.6-65.3	1331	6.9	6.3-7.5
Grade	8	2369	33.2	31.0-35.3	4132	60.5	58.6-62.3	421	6.3	5.6-7.1
	9	1917	28.1	26.2-30.0	4266	64.8	63.0-66.7	429	7.1	6.1-8.0
	10	1559	26.5	24.2-28.8	4246	66.3	64.2-68.3	481	7.3	6.3-8.2
District	Metro North	950	31.7	26.6-36.8	1944	61.8	57.3-66.3	206	6.4	4.9-8.0
	Metro Central	924	25.8	22.7-29.0	2397	65.5	63.2-67.8	302	8.7	6.7-10.7
	Metro South	819	23.9	20.2-27.7	2151	68.1	65.1-71.2	242	7.9	6.2-9.7
	Metro East	1102	35.0	31.0-38.9	1894	59.3	56.0-62.6	191	5.8	4.5-7.1
	Non-Metro	2050	29.7	27.5-32.0	4258	64.0	62.2-65.9	390	6.2	5.3-7.2
Repeated grade	Yes	1420	29.5	27.2-31.8	3058	62.2	59.9-64.5	399	8.3	7.0-9.6
	No	4373	29.0	27.4-30.6	9495	64.5	63.1-66.0	925	6.5	5.8-7.1
Days absent from school*	1-2	1994	29.4	27.6-31.2	4431	64.3	62.6-66.0	426	6.3	5.4-7.2
	3-5	758	20.3	18.6-22.0	2451	70.1	68.3-71.9	346	9.6	8.4-10.9
	>10	123	21.0	17.0-24.9	360	63.9	59.7-68.0	86	15.2	11.4-18.9
	Total	5746	29.0	27.4-30.6	12528	64.1	62.8-65.4	1320	6.9	6.3-7.6

*Selected categories

Table 8.2b Proportion (%) of learners at low, medium and high risk for aggressive behaviour by grade, district, repeated grade and days absent from school (Males)

		LOW RISK FOR AGGRESSIVE BEHAVIOUR			MEDIUM RISK FOR AGGRESSIVE BEHAVIOUR			HIGH RISK FOR AGGRESSIVE BEHAVIOUR		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		2578	29.6	27.9-31.4	5266	62.9	61.3-64.5	622	7.4	6.5-8.3
Grade	8	1047	35.2	32.8-37.6	1689	58.4	56.1-60.7	188	6.4	5.4-7.4
	9	914	29.0	26.4-31.6	1890	63.9	61.3-66.4	203	7.1	6.0-8.2
	10	617	24.8	21.9-27.7	1687	66.3	63.5-69.1	231	8.8	7.0-10.7
District	Metro North	419	32.6	27.3-38.0	805	61.2	55.9-66.6	85	6.1	4.5-7.8
	Metro Central	403	25.8	21.6-30.1	977	64.9	61.7-68.2	138	9.2	7.1-11.3
	Metro South	366	24.8	20.2-29.4	845	65.5	60.8-70.2	113	9.7	6.3-13.0
	Metro East	482	35.5	30.5-40.5	758	57.3	53.1-61.4	104	7.2	5.2-9.3
	Non-Metro	908	29.8	27.5-32.1	1881	64.0	61.8-66.1	182	6.3	5.1-7.4
Repeated grade	Yes	750	29.2	26.6-31.8	1537	60.5	57.6-63.5	239	10.2	8.2-12.2
	No	1801	29.8	27.7-31.8	3688	64.0	62.1-65.8	382	6.3	5.5-7.1
Days absent from school*	1-2	808	29.2	26.8-31.7	1768	64.2	61.8-66.6	184	6.6	5.4-7.8
	3-5	345	21.6	18.9-24.4	989	67.5	64.1-70.8	159	10.9	8.4-13.4
	>10	65	20.6	15.2-26.0	181	64.3	58.0-70.6	44	15.1	10.2-20.0

*Selected categories

Table 8.2c Proportion (%) of learners at low, medium and high risk for aggressive behaviour by grade, district, repeated grade and days absent from school (Females)

		LOW RISK FOR AGGRESSIVE BEHAVIOUR			MEDIUM RISK FOR AGGRESSIVE BEHAVIOUR			HIGH RISK FOR AGGRESSIVE BEHAVIOUR		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		3218	28.7	26.9-30.5	7311	64.8	63.3-66.4	700	6.4	5.7-7.2
Grade	8	1302	31.6	28.9-34.2	2419	62.2	59.9-64.4	230	6.2	5.2-7.2
	9	979	27.0	24.5-29.4	2351	66.0	63.5-68.5	224	7.0	5.7-8.4
	10	937	27.7	25.0-30.4	2541	66.2	63.8-68.6	246	6.1	5.1-7.1
District	Metro North	521	30.9	25.2-36.6	1133	62.5	57.8-67.1	120	6.7	4.8-8.5
	Metro Central	513	25.8	22.0-29.6	1405	65.9	62.7-69.1	163	8.3	5.8-10.8
	Metro South	445	23.1	19.3-26.9	1298	70.2	67.2-73.2	125	6.7	5.2-8.2
	Metro East	607	34.3	29.9-38.7	1119	60.9	57.1-64.8	87	4.8	3.6-6.0
	Non-Metro	1132	29.7	27.0-32.5	2356	64.1	61.8-66.5	205	6.1	4.9-7.4
Repeated grade	Yes	658	29.7	26.7-32.6	1508	64.1	61.3-66.9	159	6.2	5.0-7.4
	No	2535	28.4	26.6-30.2	5754	65.1	63.5-66.7	535	6.5	5.7-7.3
Days absent from school*	1-2	1175	29.5	27.3-31.6	2637	64.3	62.3-66.3	242	6.2	5.2-7.3
	3-5	411	19.4	17.3-21.4	1453	72.2	70.0-74.4	183	8.5	7.2-9.8
	>10	51	20.0	14.3-25.7	178	64.9	59.5-70.4	41	15.1	10.2-20.0

*Selected categories

CHAPTER 9: SEXUAL BEHAVIOUR

This chapter describes the prevalence of lifetime sex among the learners. It further describes the prevalence of risky sexual practices, such as sex without a condom and engaging in sex while using alcohol or drugs, for those who reported having engaged in lifetime sex. The results in this chapter are disaggregated by grade, district and gender.

9.1 Lifetime Sex

Almost a third (31.6%) of the total sample reported that they had engaged in sex in their lifetime (see Table 9.1). Gender differences were significant; with a higher proportion of male learners (38.9%) reporting having engaged in sex in their lifetime than female learners (26.9%), and this gendered pattern was consistent in each of the grades. There were significant differences between learners in each grade reporting lifetime sex, with the highest proportion among grade 10 learners (44.4%), followed by grade 9 (31.1%) and grade 8 learners (18.7%). There were no differences in the proportion of learners who reported ever having had sex across the five districts (ranging from 30.0% to 35.5%). However, more male compared to female learners reported lifetime sex in Metro East (45.2% vs 28.3%), the non-Metro districts (37.5% vs 23.9%) and Metro Central (41.4 vs 26.4) – although this last difference was only marginally significant.

Table 9.1 Proportion (%) of learners who reported having engaged in sex in their lifetime (Q124) by grade and district

		MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		3310	38.9	36.3-41.6	2861	26.2	23.9-28.4	6204	31.6	29.6-33.6
Grade	8	831	26.3	23.6-28.9	544	13.1	11.2-15.0	1385	18.7	17.0-20.4
	9	1153	38.2	35.1-41.4	904	25.1	22.2-28.1	2065	31.0	28.3-33.6
	10	1326	52.5	48.7-56.3	1413	39.0	35.4-42.6	2754	44.5	41.4-47.5
District	Metro North	440	33.3	28.5-38.2	436	27.5	22.0-33.0	880	29.9	25.3-34.6
	Metro Central	677	41.4	32.8-50.0	541	26.4	20.1-32.8	1223	32.8	27.5-38.2
	Metro South	505	39.4	30.2-48.7	488	27.0	19.7-34.3	997	31.8	24.4-39.1
	Metro East	603	45.2	40.5-50.0	489	28.3	23.8-32.7	1098	35.2	31.3-39.0
	Non-Metro	1085	37.5	33.9-41.1	907	23.9	21.4-26.4	2006	30.1	27.8-32.4

The subsequent results in this chapter report on the subset of learners who reported to have engaged in sex in their lifetime.

9.2 Condom Use

In total, 59.5% of the learners who had ever had sex reported having ever engaged in sex without a condom (Table 9.2). Compared to female learners (58.1%) a slightly higher proportion of male learners (60.8%) reported having ever had sex without a condom. This difference was not statistically significant. There were significant differences between learners in each of the grades reporting unprotected sex, with the highest proportion of grade 10 learners reporting unprotected sex (64.1%), followed by grade 9 learners (58.0%), and grade 8 learners (50.6%). While there were no differences in the proportions of male compared to female learners in grade 9 and 10, significantly more male compared to female learners in grade 8 (55.1% vs 43.7%) reported ever having unprotected sex. There were no significant differences in the proportions of learners reporting unprotected sex, between the districts, and between males and females.

Table 9.2 Proportion (%) of learners who reported ever having had sex without a condom (Q125) by grade and district*

		MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		1902	60.8	58.9-62.7	2745	58.1	55.9-60.4	3527	59.5	58.1-61.0
Grade	8	428	55.1	51.4-58.9	224	43.7	38.8-48.7	659	50.8	47.4-54.3
	9	643	58.2	55.0-61.3	504	57.8	53.7-61.9	1150	57.9	55.6-60.3
	10	831	65.8	62.5-69.1	879	62.6	59.2-66.0	1718	64.0	61.8-66.3
District	Metro North	244	61.2	55.2-67.1	248	55.1	48.8-61.5	493	57.8	55.0-60.6
	Metro Central	409	63.8	59.9-67.6	316	60.7	55.6-65.8	728	62.4	59.1-65.6
	Metro South	288	59.8	55.6-64.1	268	55.8	51.0-60.5	559	58.0	55.2-60.8
	Metro East	324	55.8	51.6-60.1	243	53.8	47.9-59.8	571	55.9	50.9-59.0
	Non-Metro	637	62.2	59.0-65.4	532	62.6	59.1-66.1	1176	62.3	59.7-64.8

*Among learners who had ever engaged in sex

9.3 Sex before age 15

Over half (54.2%) of the learners who had ever had sex reported having had their first sexual experience before the age of 15 (Table 9.3). There were significant gender differences between learners who reported having had their first sex experience before the age of 15, with higher proportions of male learners (63.6%) reporting affirmatively than female learners (43.6%). There were also significant differences across the grades, with higher proportions of grade 8 learners reporting that their first sexual experience was before the age of 15 (66.0%) followed by grade 9 (56.5%) and grade 10 learners (46.0%). There were no significant differences across districts. However, within each district more male compared to female learners reported having had sex before the age of 15 years (Metro North: 60.1% vs 45.1%; Metro Central: 65.8% vs 45.2%; Metro South: 71.6% vs 46.8%; Metro East: 64.0% vs 40.3%; and non-Metro districts: 59.9% vs 41.5%).

Table 9.3 Proportion (%) of learners who reported sex by their 15th birthday (Q126) by grade and district*

		MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		201	63.6	61.5-65.7	1183	43.6	41.0-46.1	3221	54.3	52.6-56.0
		6								
Grade	8	546	70.2	66.3-74.0	285	59.7	54.0-65.4	838	66.2	62.9-69.6
	9	714	64.2	60.7-67.7	446	52.7	48.4-57.0	1165	59.3	56.5-62.1
	10	756	59.9	56.3-63.4	452	33.5	30.5-36.5	1218	46.2	43.7-48.6
District	Metro North	250	60.1	55.0-65.2	192	45.1	39.7-50.5	442	52.4	48.6-56.1
	Metro Central	443	65.8	62.1-69.5	232	45.2	39.8-50.6	678	56.6	53.3-60.1
	Metro South	344	71.6	66.0-77.3	192	46.8	42.1-51.5	557	59.0	55.6-62.3
	Metro East	376	64.0	59.6-68.4	205	40.3	32.2-48.4	584	52.9	48.0-57.9
	Non-Metro	603	59.9	56.2-63.5	344	41.5	36.9-46.1	957	52.1	48.9-55.2

*Among learners who had ever engaged in sex

9.4 Sex and alcohol or drugs

A quarter of learners who had ever had sex (25.3%) reported that they had ever been high on drugs or alcohol when they had had sex with someone. Significantly more male compared to female learners reported this behaviour (28.9% vs 21.2%). While similar proportions of learners in grade 9 and 10 reported this behaviour (24.8% and 27.7%), significantly more grade 10 compared to grade 8 learners (19.6%) reported engaging in sex while having used drugs or alcohol. A significant, gendered pattern was evident among grade 9 (males: 28.3% vs females: 20.3%) and 10 learners (males: 28.9% vs females: 21.2%), but not among grade 8 learners (males: 19.8% vs females: 19.2%). Significantly more learners in the non-Metro districts (30.3%) reported this behaviour compared to those in Metro North (22.6%), Metro Central (23.2%), and Metro East (20.3%). There were no significant differences between male and female learners in each of four districts, but significantly more male learners than female learners in Metro Central (29.3% vs 16.0%) reported engaging in sex when having used alcohol or drugs.

Table 9.4 Proportion (%) of learners who reported engaging in sex when having used alcohol and drugs (Q127) by grade and district*

		MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		884	28.9	26.7-31.1	590	21.2	19.0-23.4	1474	25.3	23.5-27.0
Grade	8	147	19.8	15.9-23.7	87	19.2	14.5-23.9	237	19.9	16.7-23.2
	9	294	28.3	24.7-32.0	177	20.3	17.3-23.3	472	24.8	22.1-27.4
	10	443	33.8	30.1-37.4	326	22.3	19.1-25.6	773	27.7	25.0-30.5
District	Metro North	102	26.8	21.8-31.8	87	18.8	14.5-23.1	190	22.7	18.8-26.5
	Metro Central	173	29.3	23.4-35.2	81	16.0	12.3-19.7	254	23.2	19.3-27.0
	Metro South	124	26.4	22.3-30.6	105	23.3	18.6-28.1	231	25.0	21.6-28.5
	Metro East	144	24.0	19.5-28.5	84	16.1	9.9-22.2	229	20.3	15.8-24.8
	Non-Metro	341	33.2	29.3-37.1	233	26.7	22.6-30.9	578	30.4	27.1-33.6

*Among learners who had ever engaged in sex

9.5 Multiple Partners

Twenty percent of all learners who had ever had sex reported having had multiple sexual partners (i.e. two or more people) in the previous 3 months (Table 9.5). Significantly more male compared to female learners reported having had two or more sexual partners in the past 3 months (27.9% vs 10.5%). Significant differences were found between grades, with a higher proportion of grade 9 learners (22.4%) having had sex with two or more partners in the previous 3 months, compared to grade 10 learners (16.9%). A significant pattern of male vs female differences was found within each grade (grade 8: 27.4% vs 12.9%; grade 9: 30.2% vs 12.4%; grade 10: 26.2% vs 8.7%). There were no significant differences between the five districts in proportions of learners reporting this behaviour. However, within each of the five districts more male compared to female learners reported multiple sexual partners in the past 3 months.

Table 9.5 Proportion (%) of learners who reported sex with two or more people in past 3 months (Q128) by grade and district*

		MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		854	27.9	25.5-30.3	282	10.5	8.8-12.2	1143	19.7	18.1-21.3
Grade	8	209	27.5	23.3-31.6	59	12.9	8.5-17.2	270	21.8	18.7-24.8
	9	317	30.2	25.9-34.5	102	12.4	9.6-15.2	421	22.4	19.5-25.4
	10	328	26.2	23.0-29.4	121	8.7	6.7-10.6	452	17.0	15.0-18.9
District	Metro North	101	25.6	19.7-31.2	54	12.4	9.1-15.9	155	18.6	15.2-22.1
	Metro Central	207	32.9	28.4-37.4	48	9.4	5.9-13.0	255	22.2	19.1-25.3
	Metro South	132	30.1	22.4-37.9	56	14.2	9.2-19.2	190	22.0	16.3-27.8
	Metro East	160	26.5	22.0-31.0	44	8.5	5.9-11.2	206	18.2	14.9-21.5
	Non-Metro	254	26.1	22.0-30.2	80	8.5	6.0-11.0	337	18.4	16.1-20.7

*Among learners who had ever engaged in sex

9.6 Older Partner

Twenty-eight percent of the learners who reported having had lifetime sex, also reported having had a partner who was more than 5 years older than them (Table 9.6). There were no significant differences in proportions of learners having had a sexual partner who was 5 or more years older than them between males and females, between the three grades, and between males and females within each grade. There were some differences between the findings across the districts. The highest proportion of learners who reported having a partner who was more than 5 years older was Metro South (30.9%), followed by the non-Metro Districts (29.7%). These proportions were significantly higher than the district with the lowest proportion, Metro East (22.9%). There were no differences in the proportions of male and female learners reporting having had an older partner in any of the districts.

Table 9.6 Proportion (%) of learners who reported sex with a partner more than 5 years older (Q130) by grade and district*

		MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		823	26.5	24.3-28.7	840	30.5	28.4-32.6	1673	28.5	26.8-30.2
Grade	8	188	24.9	21.5-28.2	158	32.3	27.3-37.3	349	28.0	25.0-31.0
	9	285	25.8	22.9-28.7	279	31.0	27.4-34.6	569	28.3	26.0-30.5
	10	350	27.9	24.5-31.4	403	29.7	26.3-33.1	755	28.8	26.2-31.4
District	Metro North	108	27.3	21.6-33.0	137	31.2	24.8-37.6	246	29.3	24.8-33.9
	Metro Central	187	26.9	22.5-31.4	160	29.6	26.0-33.2	348	28.1	25.1-31.1
	Metro South	130	30.0	24.8-35.1	151	31.8	26.8-36.8	282	31.0	27.2-34.8
	Metro East	121	20.1	16.4-23.8	122	26.2	22.2-30.3	244	22.9	20.0-25.7
	Non-Metro	277	27.7	23.8-31.6	270	32.1	28.1-36.1	553	29.8	26.6-33.0

*Among learners who had ever engaged in sex

9.7 Pregnancy

Among those who reported lifetime sex, 29.8% reported that they had ever thought that they, or their partners, might have been pregnant (See Table 9.7). There were no significant differences across grades. Gender differences were evident, with a significantly higher proportion of female learners (60.1%) reporting that they had suspected pregnancy, while the proportion of male learners who reported this in their partner was 40.4%. This significant, gendered pattern of differences was also found within each of the grades. The highest proportion of learners who had ever suspected that they or their partner were pregnant were in the non-Metro districts (58.0%). This was significantly higher than the Metro Districts with the exception of Metro North (50.4%). Significantly more female compared to male learners in all five districts suspected that they or their partners had ever been pregnant.

Table 9.7 Proportion (%) of learners who reported thinking they or their partner were pregnant (Q131) by grade and district*

		MALE			FEMALE			TOTAL		
		n	%	95% CI*	n	%	95% CI	n	%	95% CI
Total		1252	40.4	38.0-42.9	1645	60.1	57.0-63.2	2909	49.8	47.5-52.1
Grade	8	279	37.9	33.8-42.0	295	60.0	54.3-65.6	577	47.0	43.1-50.9
	9	412	39.3	36.0-42.7	487	57.8	53.4-62.2	900	47.4	44.5-50.2
	10	561	42.6	39.1-46.0	863	61.5	57.2-65.7	1432	52.6	49.5-55.7
District	Metro North	162	39.3	34.5-44.1	263	60.6	52.6-68.7	425	50.4	45.5-55.3
	Metro Central	263	41.8	36.0-47.6	289	55.3	49.4-61.2	552	47.8	42.5-53.2
	Metro South	153	32.2	26.9-37.6	255	54.9	47.0-62.9	412	44.6	38.9-50.2
	Metro East	193	34.2	28.4-40.0	226	49.3	42.7-56.0	421	41.4	36.0-46.3
	Non-Metro	481	47.4	43.2-51.5	612	71.6	67.0-76.2	1099	58.0	54.4-61.5

*Among learners who had ever engaged in sex

CHAPTER 10: DELINQUENT TYPE BEHAVIOUR AND CRIME

This chapter describes the proportion of learners who reported that they had engaged in various kinds of delinquent-type behaviours, and had witnessed various types of crime in their neighbourhoods. These were reported over two time periods: the previous 12 months, and the previous month. These results are disaggregated by grade, district and gender.

10.1 Stealing

Overall, 18.5% of learners reported that they had stolen something from another person in the previous 12 months (Table 10.1). Significantly higher proportions of male learners reported that they had stolen in the last year (23.4%) than female learners (14.8%). Within each grade and each district, male learners consistently reported higher rates of stealing than female learners. While there were no significant differences in reported rates of stealing between the grades, there were some differences between the districts. The lowest proportion of reported theft occurred among learners in the non-Metro District (15.2%). This was significantly less than among the learners in Metro Central (22.7%) and Metro South (22.5%).

Table 10.1 Proportion (%) of learners who reported stealing in the past 12 months (Q133) by grade and district

		MALE			FEMALE			TOTAL		
		n	%	95%CI*	n	%	95%CI	n	%	95%CI
Total		1864	23.4	21.9-25.0	1538	14.8	13.5-16.0	3429	18.5	17.3-19.7
Grade	8	601	22.2	19.9-24.5	526	14.3	12.4-16.2	1134	17.6	16.0-19.2
	9	669	24.0	21.7-26.2	498	15.8	14.0-17.5	1180	19.6	18.0-21.1
	10	594	24.1	21.8-26.4	514	14.4	12.6-16.1	1115	18.3	16.8-19.9
District	Metro North	255	20.8	17.7-23.9	252	14.6	11.8-17.4	512	17.3	15.1-19.6
	Metro Central	417	28.8	25.0-32.6	371	18.1	13.8-22.4	794	22.7	19.1-26.3
	Metro South	345	29.7	25.1-34.3	297	18.0	14.2-21.9	648	22.5	18.6-26.4
	Metro East	295	22.7	18.9-26.5	233	13.9	11.8-16.0	532	17.5	15.4-19.7
	Non-Metro	552	19.5	17.5-21.6	385	11.7	10.2-13.3	943	15.3	13.8-16.8

10.2 Property Damage

A small proportion (5.8%) of learners reported that they had caused damage to property in the past 12 months (Table 10.2). A significantly higher proportion of male learners (8.5%) compared to female learners (3.4%) reported that they had damaged property, and this gender difference was consistent within each of the grades and within each of the five districts. There were no statistically significant differences between rates of property damage between each of the grades or between each of the five districts.

Table 10.2 Proportion (%) of learners who reported causing property damage in the past 12 months (Q134) by grade and district

		MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		696	8.5	7.6-9.5	372	3.4	2.8-4.0	1074	5.8	5.3-6.4
Grade	8	222	8.3	7.1-9.4	155	3.8	3.0-4.5	377	5.6	4.9-6.3
	9	245	9.1	7.7-10.4	110	3.5	2.7-4.4	359	6.0	5.2-6.9
	10	229	9.5	8.0-11.0	107	3.2	2.4-4.1	338	5.7	4.9-6.6
District	Metro North	115	9.9	7.8-12.0	75	4.5	3.2-5.8	191	6.8	5.5-8.1
	Metro Central	149	10.4	8.3-12.5	82	4.3	2.6-6.0	233	6.9	5.1-8.8
	Metro South	108	9.6	7.0-12.2	57	2.8	1.6-4.1	167	5.4	4.1-6.8
	Metro East	114	8.9	7.2-10.6	59	3.5	2.4-4.6	173	5.7	4.7-6.7
	Non-Metro	210	7.6	6.4-8.7	99	3.1	2.3-3.8	310	5.1	4.4-5.8

10.3 Bullying

Perpetrating bullying: Ten percent of all learners reported bullying others in the past 12 months, with significantly more male compared to female learners reporting bullying (13.4% vs 7.9%). Similar proportions of learners in each of the grades reported this behaviour with no significant differences by grade. However, there were significant gender differences within each grade with more males compared to females reporting bullying someone in the past 12 months (grade 8: 12.7% vs 8.8%; grade 9: 14.5% vs 8.3%; grade 10: 13.0% vs 6.8%). The highest proportion of bullying behaviour was reported among learners in the Metro South (11.2%) district, although this was significantly different to the proportions reported in the Metro East district only (7.9%). While there were no differences between male and female learners within three of the districts, more males compared to females reported bullying in Metro North (13.4% vs 8.6%) and Metro East (11.5% vs 5.3%).

Being bullied: Twelve percent of all learners reported having been bullied in the previous 12 months. Similar proportions of male and female learners reported being victims of bullying with no significant differences by gender. While there were no differences between males and females in grades 8 and 9, significantly more males compared to female learners in grade 10 reported having been a victim of bullying (13.9% vs 11.4%). The highest proportion of learners who reported having been a victim of bullying was in the Metro South (14.7%) district, although this was significantly different to the proportions reported in the non-Metro districts only (10.9%). Significantly more male compared to female learners reported having been a victim of bullying in all five of the districts (between 17.1% and 24.2% among males and between 8.3% and 13.0% among females).

Comparing experiences of perpetration and being a victim of bullying, we found that similar proportions of all learners reported both. However, significantly more female learners reported having been a victim of rather than a perpetrator of bullying (11.4% vs 7.9%). In addition more grade 8 learners reported having been a victim rather than a perpetrator of bullying (15.2% vs 10.4%). There were no differences in the patterns of these two behaviours among males, and among grade 9 and 10 learners.

Table 10.3 Proportion (%) of learners who reported bullying in the past 12 months by grade and district

		BULLIED ANYONE AT SCHOOL (Q135)									BEEN BULLIED BY ANYONE AT SCHOOL (Q136)								
		MALE			FEMALE			TOTAL			MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		1053	13.4	12.0-14.9	805	7.9	7.1-8.7	1864	10.2	9.2-11.2	1107	13.9	12.7-15.0	1220	11.4	10.3-12.4	2341	12.4	11.6-13.3
Grade	8	350	12.7	11.0-14.3	321	8.8	7.4-10.1	672	10.4	9.2-11.6	469	17.1	15.2-19.0	505	13.9	12.4-15.3	982	15.3	14.1-16.4
	9	390	14.5	12.2-16.7	243	8.3	7.0-9.5	634	11.0	9.7-12.3	383	13.5	11.7-15.3	385	11.7	10.1-13.4	773	12.5	11.4-13.7
	10	313	13.0	11.2-14.8	241	6.8	5.5-8.1	558	9.3	8.0-10.5	255	11.0	9.2-12.9	330	8.9	7.6-10.2	586	9.7	8.5-10.9
District	Metro North	162	13.4	11.4-15.3	145	8.6	6.7-10.5	308	10.5	9.0-12.1	168	14.1	11.9-16.4	200	11.6	9.5-13.6	368	12.6	10.9-14.3
	Metro Central	172	12.9	10.5-15.4	138	7.4	5.6-9.2	310	9.7	7.8-11.7	224	15.8	12.3-19.3	242	11.8	10.2-13.4	468	13.5	11.6-15.4
	Metro South	174	15.8	10.0-21.6	140	8.5	6.1-10.8	315	11.2	7.5-14.8	198	16.5	13.3-19.7	224	13.6	10.5-16.7	428	14.7	12.6-16.9
	Metro East	150	11.5	9.2-13.9	85	5.3	3.5-7.1	236	7.9	6.1-9.6	165	13.2	10.9-15.4	180	10.8	8.1-13.4	347	11.8	9.8-13.6
	Non-Metro	395	13.5	11.3-15.6	297	8.7	7.2-10.2	695	10.8	9.3-12.4	352	11.9	10.9-13.8	374	10.1	8.5-11.6	730	10.9	9.5-12.4

10.4 Physical Fighting

The total proportion of learners who reported that they had been involved in physical fighting in the previous year was 14.2% (Table 10.4). Significantly more male compared to female learners reported physical fighting (19.7% vs 10.1%). There was no significant difference between each of the grades in the proportion of learners who self-reported fighting. There were also no statistically significant differences between districts except for the difference between Metro Central (17.8%), which was the district with the highest proportion of learners who reported fighting, and Metro East (12.3%) and the non-Metro (12.5%) districts; the districts with the lowest proportions. Significantly more male compared to female learners reported physical fighting in all five of the districts (between 17.1% and 24.2% among males and between 8.3% and 13.0% among females).

Table 10.4 Proportion (%) of learners who reported involvement in physical fights in the past 12 months (Q137) by grade and district

		MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		1550	19.7	18.4-21.1	1100	10.1	9.0-11.1	2650	14.2	13.1-15.2
Grade	8	477	16.6	14.7-18.5	416	11.4	9.7-13.1	899	13.6	12.2-14.9
	9	557	20.7	18.5-22.9	341	10.1	8.4-11.9	903	14.8	13.3-16.3
	10	516	21.8	19.2-24.3	343	8.8	7.4-10.2	864	14.0	12.5-15.5
District	Metro North	228	18.3	15.5-21.1	178	9.8	7.5-12.2	407	13.3	11.1-15.4
	Metro Central	340	24.1	21.1-27.1	260	13.0	9.6-16.3	603	17.8	14.5-21.0
	Metro South	274	24.2	20.2-28.2	227	11.5	8.4-14.6	505	16.3	13.2-19.4
	Metro East	217	17.9	14.8-21.0	140	8.3	6.4-10.3	361	12.3	10.5-14.1
	Non-Metro	491	17.1	14.8-19.4	295	8.7	7.2-10.2	790	12.5	11.0-13.9

10.5 Forced Sex

A significantly higher proportion of learners (12.0%) reported fearing that they would be forced to have sex than that they had actually been forced to have sex (6.6%) in the previous 12 months (see Table 10.5). For both learners who had been frightened of being forced to have sex and those who had actually been forced to have sex, there were no statistically significant differences across grades 8, 9, and 10.

There were some differences in the proportion of learners who reported having been forced to have sex across the districts. Learners in the non-Metro districts were found to be significantly more likely to have been forced to have sex (7.9%), than learners in the Metro Central (6.0%), Metro South (4.9%) and Metro East (5.4%) districts. A similar pattern was found in learners who reported being frightened of being forced to have sex, with the highest proportion reported among learners from the non-Metro District (15.4%), followed by learners from Metro North (12.4%). Both of these proportions were significantly different from the proportion of learners who reported fear of forced sex in Metro East (8.5%).

While a higher proportion of females (7.3%) than males (5.5%) reported having been forced to have sex this difference was not statistically significant. However, female learners (15.2%) were significantly more likely than male learners (7.6%) to report having feared being forced to have sex.

Table 10.5 Proportion (%) of learners who reported actual or feared forced sex in the past 12 months by grade and district

		EXPERIENCED FORCED SEX (Q144)									FEAR OF FORCED SEX (Q145)								
		MALE			FEMALE			TOTAL			MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		419	5.5	4.8-6.3	753	7.3	6.4-8.2	1182	6.6	6.0-7.2	548	7.6	6.6-8.5	1588	15.2	13.9-16.5	2145	12.0	11.0-12.9
Grade	8	139	4.9	3.9-6.0	241	7.1	5.8-8.3	383	6.2	5.3-7.1	200	7.6	6.2-9.1	522	14.9	13.2-16.6	725	11.9	10.7-13.1
	9	167	6.6	5.3-8.0	238	7.2	6.0-8.5	411	7.0	6.0-8.0	198	7.8	6.4-9.2	493	15.1	13.1-17.0	696	11.8	10.5-13.2
	10	113	4.9	3.7-6.0	274	7.6	6.3-8.9	388	6.5	5.6-7.4	150	7.2	5.8-8.5	573	15.6	13.6-17.5	724	12.2	10.8-13.6
District	Metro North	64	5.1	3.6-6.6	135	8.9	6.8-10.9	200	7.4	5.8-8.9	77	7.7	5.5-9.9	271	15.8	13.0-18.6	349	12.4	10.7-14.2
	Metro Central	72	4.4	2.6-6.1	140	7.2	4.9-9.5	213	6.0	4.6-7.4	85	5.3	3.3-7.4	274	13.8	10.3-17.4	360	10.1	7.8-12.4
	Metro South	57	4.3	2.9-5.7	99	5.3	3.1-7.6	158	4.9	3.3-6.6	63	6.1	4.2-8.0	209	12.0	8.8-15.1	274	9.8	7.3-12.2
	Metro East	65	5.1	2.8-7.4	97	5.7	4.1-7.2	163	5.4	4.1-6.7	69	5.6	3.8-7.4	184	10.7	7.7-13.7	254	8.5	6.5-10.6
	Non-Metro	161	7.0	5.6-8.4	282	8.6	7.3-10.0	448	7.9	6.9-9.0	254	10.0	8.3-11.7	650	19.7	17.7-21.8	908	15.4	13.8-16.9

10.6 Gang Activity

Threatened by gang members: Fifteen percent of all learners reported having felt threatened in the past 12 months by people they thought were part of a gang (Table 10.6). Significantly more male compared to female learners reported this perception (17.8% vs 13.2%). There were no differences in the proportions of learners in each grade that reported this perception. However, there were significant differences between males and females in each of the grades (grade 8: 16.6% vs 12.8%; grade 9: 17.0% vs 12.8%; grade 10: 19.8% vs 13.9%). While similar proportions of learners in Metro North (15.9%), Metro Central (17.1%), Metro South (17.5%) and Metro East (14.4%) reported feeling threatened by a gang member, those in the non-Metro districts reported the lowest proportion (12.7%); significantly lower than all except that found in Metro East. The only significant differences in the proportions of male vs female learners reporting feeling this threat were found in Metro South (24.7% vs 13.4%) and Metro East (17.5% vs 12.1%).

Gang involvement: Twelve percent of all learners reported that they had ever been part of a gang (Table 10.6). Significantly more male compared to female learners reported this activity (17.5% vs 7.7%). There were no differences in the proportion of learners in each grade that reported having been part of a gang. However, there were significant differences between males and females in each of the grades (grade 8: 14.3% vs 8.3%; grade 9: 18.7% vs 7.3%; grade 10: 19.2% vs 7.6%). The proportion of learners within each district who reported having been in a gang ranged from 9.3% to 14.7%; with significantly fewer learners in the non-Metro districts (9.3%) compared to Metro North (14.5%) and Metro South (14.7%) reporting this behaviour. There were significant differences between males and females in all the districts, with more males compared to females reporting ever being a member of a gang.

Table 10.6 Proportion (%) of learners who reported experiences with gangs by grade and district

		THREATENED BY GANG MEMBERS (Q146)									BEEN IN GANG (Q147)								
		MALE			FEMALE			TOTAL			MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		1344	17.8	16.3-19.2	1385	13.2	12.2-14.1	2745	15.1	14.2-15.9	1355	17.5	15.7-19.3	847	7.7	6.9-8.6	2221	11.8	10.9-12.8
Grade	8	438	16.6	14.5-18.7	469	12.8	11.4-14.3	914	14.4	13.1-15.7	382	14.3	12.3-16.3	315	8.3	6.8-9.7	704	10.8	9.6-12.0
	9	453	17.0	14.9-19.2	429	12.8	11.1-14.4	887	14.6	13.2-16.0	492	18.7	16.2-21.3	254	7.3	6.3-8.4	752	12.4	11.1-13.8
	10	453	19.8	17.6-22.0	487	13.9	12.3-15.5	944	16.2	14.8-17.6	481	19.2	16.4-21.9	278	7.6	6.3-9.0	765	12.2	10.7-13.7
District	Metro North	209	17.7	15.0-20.4	250	14.7	12.4-17.0	460	15.9	14.0-17.7	243	19.4	15.1-23.8	179	11.0	8.4-13.5	425	14.5	11.7-17.3
	Metro Central	336	21.2	16.0-26.3	294	14.1	10.8-17.3	635	17.1	14.5-19.7	329	22.4	14.7-30.2	211	9.0	6.0-12.1	542	14.7	11.5-18.0
	Metro South	257	24.7	20.9-28.5	257	13.4	11.4-15.4	516	17.5	15.1-19.9	233	20.5	15.6-25.4	178	8.4	6.3-10.6	416	12.9	10.3-15.5
	Metro East	213	17.5	14.3-20.7	199	12.1	10.3-13.8	419	14.4	12.5-16.3	194	15.5	12.0-19.0	110	6.6	4.8-8.5	308	10.3	8.0-12.6
	Non-Metro	329	13.1	11.5-14.8	385	12.4	10.7-14.1	715	12.7	11.4-14.0	356	13.8	11.9-15.6	169	5.5	4.6-6.5	530	9.3	8.3-10.3

10.7 Offered drugs in community

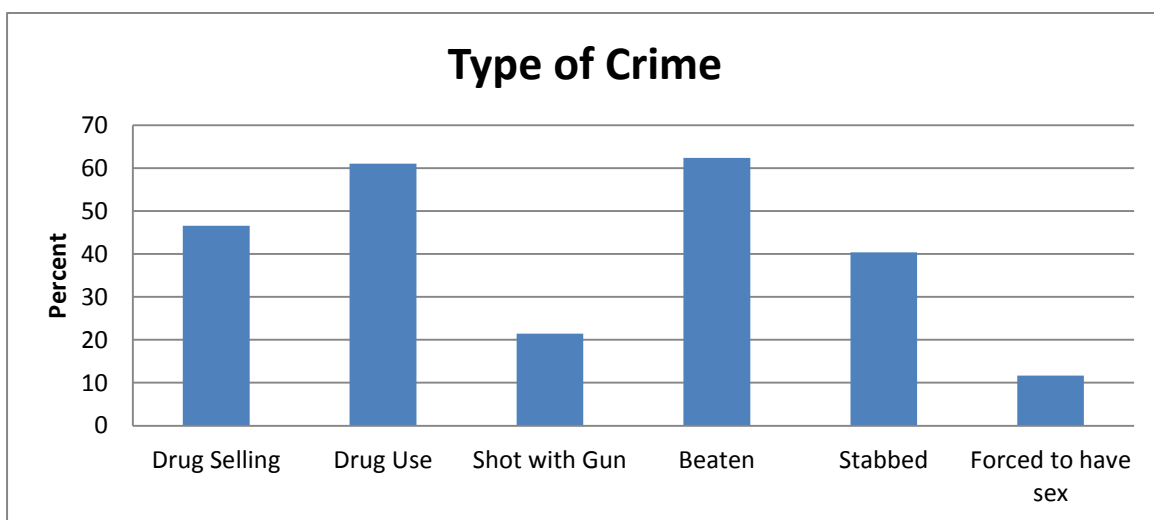
Of all learners, 11.7% reported that they had been offered drugs by someone in their community in the last 12 months (Table 10.7). A significantly higher proportion of male compared to female learners reported having received this offer (14.6% vs 9.6%). While similar proportions of learners in grades 9 and 10 had been offered drugs (12.6% and 14.0%), significantly fewer grade 8 learners (8.3%) reported this offer. Within all the grades there were significant differences in the proportions of male compared to female learners reporting having been offered drugs (grade 8: 10.1% vs 7.0%; grade 9: 16.0% vs 9.9%; grade 10: 17.4% vs 9.6%). There were no differences in the proportions of learners in any of the districts reporting having been offered drugs. However, significantly more male compared to female learners in Metro Central (17.2% vs 9.6%), Metro South (18.1% vs 9.8%), and the non-Metro districts (13.0% vs 9.4%) reported having been offered drugs in the past year.

Table 10.7 Proportion (%) of learners who reported being offered drugs by someone in their community (Q155) by grade and district

		MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		1089	14.6	13.3-15.9	975	9.6	8.6-10.5	2076	11.7	10.8-12.6
Grade	8	259	10.1	8.7-11.5	252	7.0	5.9-8.0	514	8.3	7.4-9.2
	9	419	16.0	13.9-18.1	319	9.9	8.4-11.5	740	12.6	11.2-14.0
	10	411	17.4	15.2-19.5	404	9.6	9.7-13.5	822	14.0	12.4-15.5
District	Metro North	162	13.8	10.9-16.6	169	10.0	8.0-12.0	334	11.7	9.7-13.6
	Metro Central	229	17.2	12.8-21.6	189	9.6	6.9-12.4	419	12.9	9.8-15.9
	Metro South	214	18.1	15.1-21.1	157	9.8	7.3-12.3	374	13.0	10.8-15.1
	Metro East	145	12.4	9.4-15.3	158	9.2	7.1-11.3	306	10.5	8.5-12.5
	Non-Metro	339	13.0	11.2-14.9	302	9.4	7.8-10.9	643	11.0	9.6-12.3

Figure 10.1 shows the proportions of learners who reported having seen different crimes in their community over the previous year (12 months). The most common crime reportedly observed was someone being beaten (62.4%), followed closely by seeing someone use drugs (61.0%). Almost half of the learners reported that they had seen drugs being sold in their community (46.6%). While 40.4% reported that they had seen someone being stabbed, almost a quarter (at 21.4%) had also seen someone shot with a gun. The lowest frequency reported was having seen someone being forced to have sex, with 11.7% of learners reporting this.

Figure 10.1 Frequencies of observed crime reported by learners (Q157A-F)



CHAPTER 11: NEED FOR ALCOHOL AND OTHER DRUG TREATMENT AND OTHER SERVICES

This chapter describes the learners' knowledge of alcohol and other drug (AOD) services, the prior use of AOD treatment services by learners who reported lifetime use of AODs, as well as the learners' perceived need and desire for AOD treatment services. It also describes the learners' perceived need for health (including mental health), social welfare and education-related services in the province.

11.1 Knowledge of AOD services

Overall, 69.1% of the total sample were aware of where to go for help with AOD-related problems (Table 11.1). This proportion was fairly consistent across grades 8, 9 and 10, with no significant differences found across the grades. Similarly, there were no significant differences in the proportion of learners who reported knowing where to go for help with AOD problems across the four districts in the metropole. For these districts, the proportion of learners who reported being aware of AOD treatment services ranged from 62.9% to 68.0%. In contrast, the non-Metro districts had a higher proportion (74.1%) of learners who knew where to go for AOD-related services; however this was only significantly higher than the Metro East district which had the lowest proportion of learners who were aware of AOD treatment services (63.0%). A significantly higher proportion of female learners (72.5%) were aware of AOD treatment services than the male learners (64.5%). A similar pattern of gender differences in awareness of services was present across all grades and districts.

Table 11.1 Proportion (%) of learners who were aware of where to go for AOD treatment (Q80) by grade and district

		MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		4815	64.5	62.1-67.0	7068	72.5	70.2-74.7	11955	69.0	66.9-71.1
Grade	8	1456	57.9	54.7-61.2	2333	68.9	66.2-71.6	3813	64.2	61.7-66.7
	9	1766	66.1	63.0-69.2	2285	74.3	71.4-77.2	4081	70.5	68.0-73.1
	10	1593	69.2	66.3-72.2	2450	74.0	70.6-77.4	4061	72.1	69.3-74.8
District	Metro North	730	62.0	54.4-69.6	1130	70.3	63.1-77.5	1867	66.6	59.7-73.6
	Metro Central	842	64.4	57.1-71.7	1240	70.8	66.3-75.2	2094	68.0	63.9-72.1
	Metro South	700	61.2	55.8-66.6	1160	72.3	66.8-77.8	1870	68.0	63.0-73.1
	Metro East	717	58.6	53.4-63.9	1072	66.1	60.7-71.4	1809	63.0	58.2-67.7
	Non-Metro	1826	69.9	66.6-73.3	2466	77.6	74.2-81.0	4315	74.1	71.1-77.2

11.2 Prior use of AOD treatment services

Table 11.2 depicts the prior use of AOD treatment (including counselling) services among learners who self-reported lifetime AOD use disaggregated by grade, district and gender. Of the learners who reported AOD use in their lifetime, 6.2% had received previous treatment or counselling for AOD problems. This proportion of learners who had previously received help for AOD problems remained consistent across grades 8, 9, and 10 with no significant differences being found between these grades. Similarly, when the proportion of learners who had previously sought treatment was compared across the districts, there were no significant differences across the districts. Across all districts, the proportion of learners with lifetime AOD use who had previously obtained treatment ranged from 4.2% to 7.6%. Compared to female learners (5.7%) a slightly higher proportion of male learners (6.8%) reported prior treatment for AOD problems. However this difference was not significant. For both male and female learners respectively, the proportion of participants who reported the use of AOD treatment services was consistent across the grades and districts.

Table 11.2 Proportion (%) of learners who reported AOD use and had received treatment (Q81) by grade and district

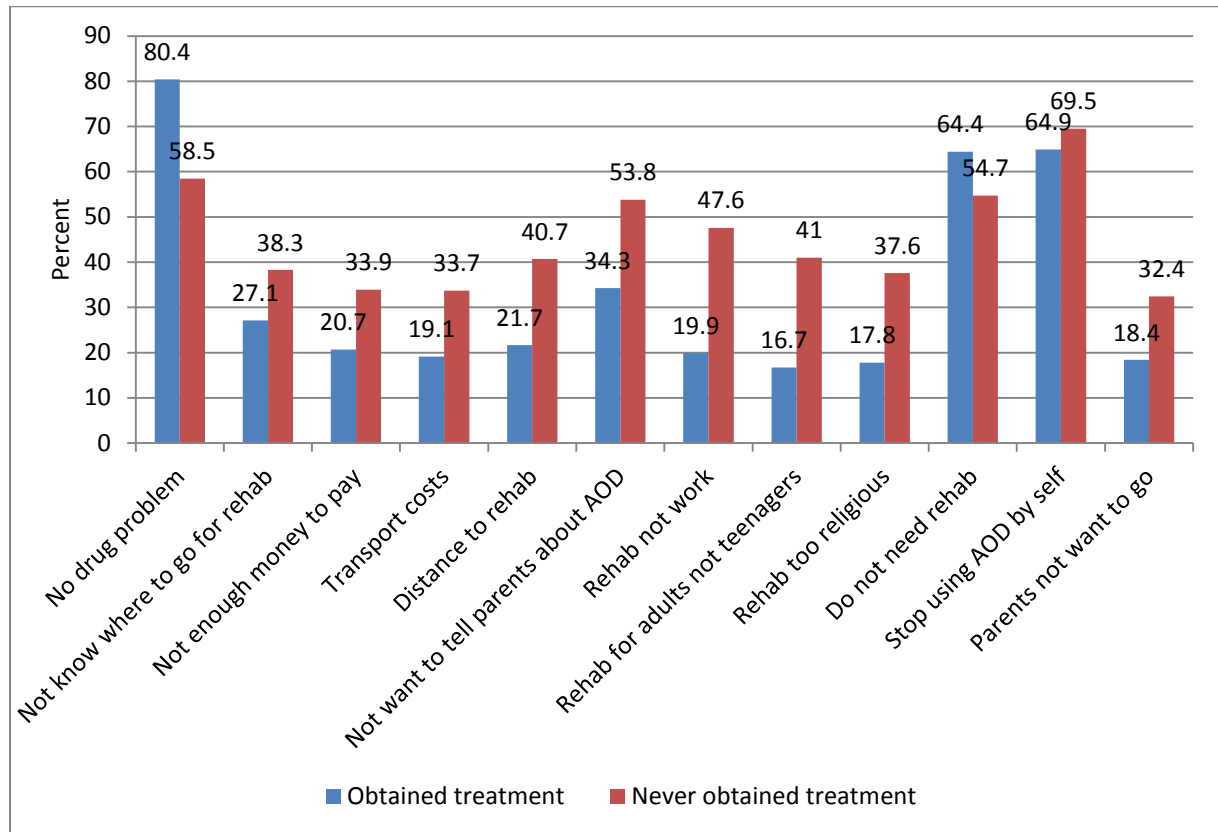
		MALE			FEMALE			TOTAL		
		n	%	95% CI*	n	%	95% CI	n	%	95% CI
Total		372	6.8	5.5-8.1	383	5.7	4.8-6.7	758	6.2	5.3-7.1
Grade	8	115	7.0	5.5-8.5	122	6.5	4.8-8.2	238	6.8	5.5-8.0
	9	135	6.9	5.2-8.7	117	5.0	3.8-6.2	254	5.9	4.7-7.0
	10	122	6.6	4.6-8.5	144	5.8	4.3-7.3	266	6.1	4.8-7.4
District	Metro North	48	5.7	3.1-8.4	61	5.1	3.4-6.8	109	5.3	3.7-7.0
	Metro Central	69	8.7	4.2-13.1	71	6.7	4.6-8.8	142	7.6	5.3-9.8
	Metro South	44	4.7	2.7-6.7	46	3.9	2.1-5.8	90	4.2	2.8-5.7
	Metro East	44	5.3	3.5-7.2	46	5.1	2.8-7.4	90	5.2	3.5-6.8
	Non-Metro	167	8.0	5.9-10.2	159	6.9	4.9-8.9	327	7.5	5.6-9.3

11.3 AOD users' reasons for never having been to treatment

Figure 11.1 represents the reasons why learners who reported AOD use do not go to treatment. These results are shown for those who had and had not previously been in treatment. The top three reasons for not seeking treatment among both learners who had previously been in treatment and those who had never obtained treatment were thinking that they (i) did not have a drug problem, (ii) could stop AOD use by themselves without treatment, and (iii) did not need rehab. Compared to learners who had never been in treatment, a significantly higher proportion of learners who had received prior treatment thought that they did not have a drug problem (80.4% vs 58.4%). In contrast, a significantly higher proportion of learners who had never been in treatment reported logistical barriers to accessing treatment compared to learners who had previously been in treatment. These reasons included: not knowing where to go for treatment (38.3% vs 20.7%); not having enough money to pay for treatment (33.9% vs 19.1%); and transport costs (33.7% vs 21.7%). Learners who had never been in treatment were also significantly more likely to not want to tell their parents about their AOD use (53.8% vs 19.9%) and to believe that their parents would not want them to go to treatment (32.4% vs 18.4%). In addition, compared to learners who had previously been in treatment, a higher proportion of those who had never obtained treatment held negative perceptions about treatment including that treatment does not work (47.6% vs 19.9%), treatment programmes are adult rather than adolescent-

oriented (40.9% vs 16.6%), and that existing treatment programmes are too religious (37.6% vs 17.8%).

Figure 11.1 Reasons for not going to treatment among learners who reported AOD use



11.4 Perceived need for treatment among AOD users

Table 11.3 depicts perceived need for treatment among learners who reported the lifetime use of AODs, disaggregated by grade, district and gender. A significantly higher proportion of learners who had previously been in AOD treatment (24.6%) perceived a need for additional AOD treatment services compared to learners who had never received treatment for their AOD use (12.8%). No significant differences were found across grades 8, 9, and 10 in the proportion of learners reporting current need for AOD treatment.

However, among learners who had not obtained prior AOD treatment, some differences in the proportion of learners reporting perceived need for treatment were found across the districts. Compared to learners in all the Metro districts (where the proportion of learners reporting treatment need ranged from 7.3% to 13.6%), a significantly higher proportion of learners in the non-Metro districts reported a perceived need for AOD treatment (18.3%).

In addition, differences were found between various districts within the Metro. A significantly higher proportion of learners in the Metro North district reported a need for treatment (13.6%) compared to learners in the Metro Central (7.3%) and Metro South districts (7.5%).

Similarly, among learners who had obtained prior AOD treatment, some significant differences in the proportion of learners reporting perceived need for (additional) treatment were found across the districts. A significantly smaller proportion of learners in the South Metro (11.4%) and Central Metro (11.4%) districts reported perceived need for AOD treatment compared to learners in the non-Metro districts (30.2%). No other significant differences were found between the districts.

For both learners who had obtained prior AOD treatment and those who had not, no significant differences were found in the proportion of male and female learners who perceived a need for treatment, respectively. For both male and female learners respectively in both the “prior treatment” and “no prior treatment” categories, the proportion of participants who reported a current need for AOD treatment services was consistent across all grades and districts.

Table 11.3 Proportion (%) of learners who reported AOD use and thought they needed treatment (Q83) by grade and district

		NEVER OBTAINED DRUG TREATMENT									OBTAINED TREATMENT BEFORE								
		MALE			FEMALE			TOTAL			MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		572	12.9	11.5-14.4	690	12.5	11.1-13.9	1274	12.8	11.7-13.9	72	25.4	19.1-31.7	67	23.6	17.3-29.9	140	24.6	20.2-28.9
Grade	8	161	11.7	9.5-13.9	218	12.3	10.3-14.3	383	12.1	10.5-13.8	27	29.9	18.9-40.9	28	28.8	17.5-40.1	55	29.3	21.6-37.0
	9	234	13.8	11.5-16.2	245	13.5	11.4-15.5	483	13.7	12.1-15.2	27	28.6	17.8-39.4	20	23.5	12.7-34.3	48	26.6	18.8-34.4
	10	177	13.0	10.6-15.4	227	11.8	9.8-13.9	408	12.4	10.8-14.0	18	16.7	8.2-25.3	19	18.8	8.9-28.7	37	17.9	11.6-24.1
District	Metro North	89	12.9	10.2-15.5	127	14.1	11.1-17.0	217	13.6	11.4-15.7	14	27.8	14.3-41.2	15	33.4	15.4-51.4	29	30.8	17.9-43.7
	Metro Central	65	7.4	4.7-10.1	91	7.2	4.5-9.8	157	7.3	5.5-9.1	9	9.3	0.3-18.4	6	12.5	0.6-24.4	16	11.4	3.6-19.2
	Metro South	60	8.3	5.1-11.4	71	6.9	4.5-9.3	133	7.5	5.3-9.6	7	18.5	4.6-32.4	5	6.5	0.0-13.2	12	11.4	3.7-19.1
	Metro East	100	14.2	11.4-17.0	83	9.1	6.0-12.2	187	11.5	8.9-14.2	9	24.0	10.9-37.1	12	35.7	19.0-52.5	21	30.1	17.9-42.3
	Non-Metro	258	17.0	14.5-19.5	318	19.3	16.8-21.8	580	18.3	16.1-20.4	33	33.0	23.0-43.1	29	26.7	15.6-37.8	62	30.2	23.4-36.9

11.5 Reported desire for treatment among AOD users

Table 11.4 reflects desire for treatment among learners who reported the lifetime use of AODs, disaggregated by grade, district and gender. It should be noted that desire for treatment was lower than perceived need for treatment in both the “prior treatment” and the “no prior treatment” groups of learners. A significantly higher proportion of learners (19.1%) who had previously been in AOD treatment wanted additional treatment services compared to learners who had never received treatment for their AOD use (8.0%). For learners in both the “prior treatment” and “no prior treatment” groups there were no significant differences in the proportion of learners reporting desire for AOD treatment across grades 8, 9, and 10.

Among learners who had not obtained prior AOD treatment, some differences in the proportion of learners reporting desire for AOD treatment were found across the districts. The proportion of learners (10.5%) in the non-Metro districts reporting desire for treatment was significantly higher than the proportion of learners in Metro South (4.6%) and Central (5.5%) districts but was no different from Metro East (8.9%) and Metro North (8.1%). In addition, the proportion of learners in Metro South that reported desire for treatment was significantly lower than that of Metro East (8.9%). In contrast, among learners who had obtained prior AOD treatment, no significant differences in the proportion of learners reporting desire for (additional) treatment were found across the districts.

For both learners who had obtained prior AOD treatment and those who had not, no significant differences were found in the proportion of male and female learners who wanted to go to AOD treatment, respectively. For both male and female learners in the “prior treatment” and “no prior treatment” groups respectively, the proportion of participants who wanted to go to AOD treatment remained consistent across all grades and districts.

Table 11.4 Proportion (%) of learners who reported AOD use and wanted to go to treatment (Q84) by grade and district

		NEVER OBTAINED DRUG TREATMENT									OBTAINED TREATMENT PREVIOUSLY								
		MALE			FEMALE			TOTAL			MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		368	8.5	7.3-9.8	399	7.5	6.6-8.4	775	8.0	7.2-8.8	60	20.3	14.9-25.7	47	17.8	11.6-24.1	108	19.1	15.0-23.2
Grade	8	101	7.1	5.4-8.8	131	7.3	5.9-8.7	234	7.2	6.0-8.4	25	25.0	14.6-35.4	20	21.6	10.4-32.8	45	23.2	16.3-30.2
	9	144	9.0	7.2-10.8	135	7.6	6.2-9.0	283	8.3	7.2-9.4	22	22.2	13.2-31.1	15	18.6	8.9-28.4	38	20.9	13.9-28.0
	10	123	9.3	7.2-11.4	133	7.6	5.8-9.4	258	8.3	6.9-9.8	13	12.9	4.9-20.9	12	13.7	4.9-22.5	25	13.4	7.4-19.3
District	Metro North	48	6.6	4.0-9.3	74	9.1	6.1-12.2	124	8.1	5.8-10.5	12	22.5	8.1-36.9	12	27.9	11.5-44.3	24	25.4	13.2-37.6
	Metro Central	47	4.9	2.3-7.5	56	6.0	3.5-8.4	103	5.5	3.9-7.1	10	12.2	1.1-23.2	4	6.8	0.0-13.8	15	10.0	3.4-16.6
	Metro South	41	5.4	3.2-7.7	46	3.9	2.4-5.5	89	4.6	3.1-6.1	5	15.5	4.6-26.4	6	12.2	0.5-23.9	11	13.6	5.1-22.1
	Metro East	77	11.2	8.2-14.3	57	6.8	4.8-8.8	137	8.9	6.6-11.1	8	20.8	6.3-35.3	9	30.8	10.2-51.3	17	26.0	12.7-39.3
	Non-Metro	155	11.3	9.0-13.5	166	9.9	8.5-11.3	322	10.5	9.2-11.9	25	23.7	15.4-32.1	16	15.5	5.5-25.4	41	20.0	13.7-26.4

Table 11.5 Proportion (%) of learners who reported AOD use and had been so ill from AOD use that they received medical help (Q85) by grade and district

		NEVER BEEN IN TREATMENT									BEEN IN TREATMENT								
		MALE			FEMALE			TOTAL			MALE			FEMALE			TOTAL		
		n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI
Total		597	12.1	10.7-13.6	702	11.1	9.9-12.4	131	11.6	10.5-12.8	113	29.4	22.2-36.7	71	19.8	14.3-25.3	184	24.5	19.9-29.1
								1											
Grade	8	198	12.1	9.9-14.2	236	11.2	9.5-13.0	438	11.6	10.1-13.2	35	31.8	21.2-42.4	33	24.6	15.1-34.0	68	27.6	19.4-35.8
	9	221	12.6	10.4-14.8	252	11.8	9.7-13.9	479	12.3	10.5-14.0	44	32.6	21.9-43.2	20	17.4	8.5-26.2	64	25.7	18.6-32.9
	10	178	11.7	9.5-13.8	214	10.4	8.4-12.4	394	11.0	9.3-12.6	34	23.6	13.8-33.4	18	17.5	9.4-25.6	52	20.3	14.4-26.2
District	Metro North	103	13.3	8.9-17.7	167	16.6	13.1-20.2	272	15.2	11.9-18.5	21	43.2	24.0-62.5	11	18.9	7.5-30.3	32	30.1	18.8-41.5
	Metro Central	88	10.3	7.6-13.0	115	9.4	7.3-11.5	203	9.8	8.0-11.5	16	20.0	0.51-39.5	11	12.3	1.9-22.8	27	16.2	6.7-25.8
	Metro South	76	10.0	6.9-13.1	110	9.7	6.7-12.7	189	9.9	7.4-12.4	13	28.7	10.1-47.2	6	14.4	0.0-33.2	19	20.6	5.2-36.1
	Metro East	126	15.6	11.6-19.5	102	10.6	7.5-13.7	230	12.8	9.7-16.0	17	39.4	24.4-54.6	13	32.6	13.7-51.4	30	35.7	20.9-50.7
	Non-Metro	204	11.9	9.5-14.3	208	10.1	8.0-12.2	417	11.0	9.0-13.1	46	26.8	18.6-35.0	30	21.1	13.1-29.2	76	23.9	17.3-30.5

11.6 Use of health care services due to AOD use

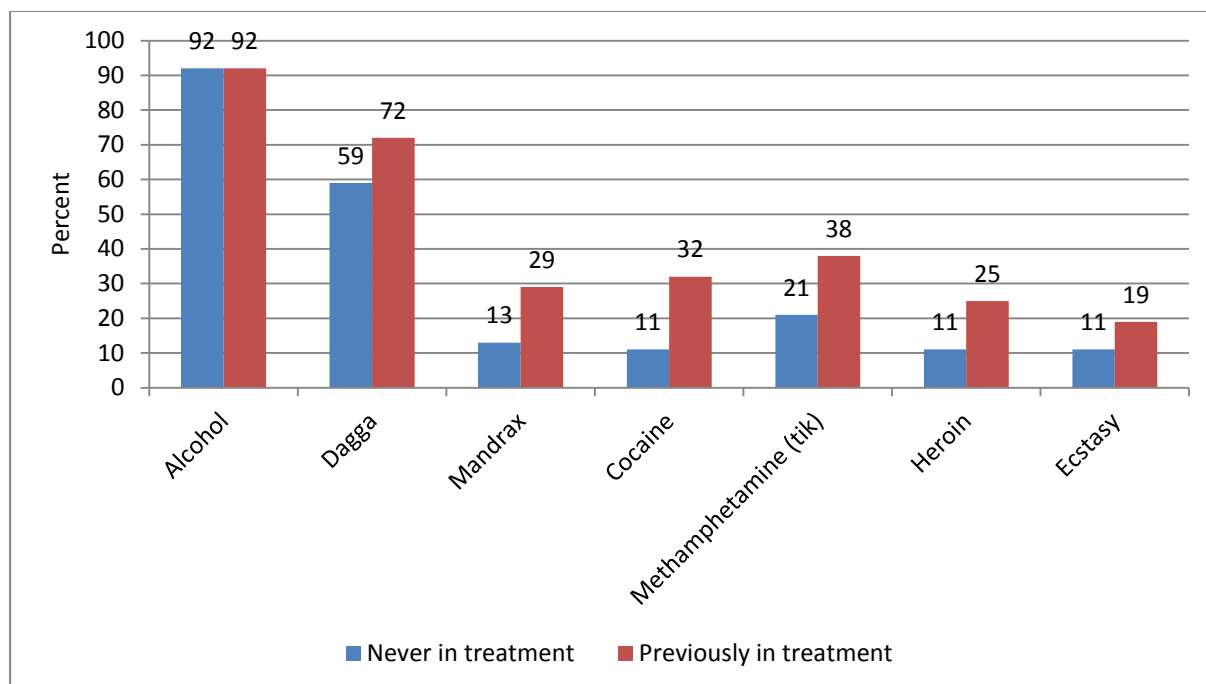
Table 11.5 reflects the proportion of learners who reported the lifetime use of AODs and had been so ill from AOD use that they had sought medical care, disaggregated by grade, district and gender. A significantly higher proportion of learners (24.5%) who had previously been in AOD treatment reported having been ill from AOD use than learners who had never received AOD treatment (11.6%). For learners in the “prior treatment” and “no prior treatment” groups respectively, the proportion of learners who reported being ill from AOD use remained relatively consistent across grades 8, 9, and 10.

Similarly, for learners in both the “prior treatment” and “no prior treatment” groups respectively, the proportion of learners who reported being ill from AOD use remained relatively consistent across the Metro and non-Metro districts with no significant differences being found. Similarly no significant differences were found in the proportion of male and female learners who reported being ill from AOD use, with one exception. The female learners from Metro North with no prior treatment were significantly more likely to report having been ill from AOD use and received medical help (16.6%) than their counterparts from Metro Central (9.4%), Metro South (9.7%) and the non-Metro districts (10.1%). For both male and female learners in the “prior treatment” and “no prior treatment” categories respectively, the proportion of participants who had been ill from AOD use remained consistent across all grades and districts.

11.7 Types of drugs that were used when learners needed to seek medical care

For learners in both the “prior treatment” and “no prior treatment” groups respectively who reported having been ill from AOD use in the past, the three most common substances that had made them ill in the past were alcohol, followed by cannabis (cannabis) and thirdly, methamphetamine (see Figure 11.2).

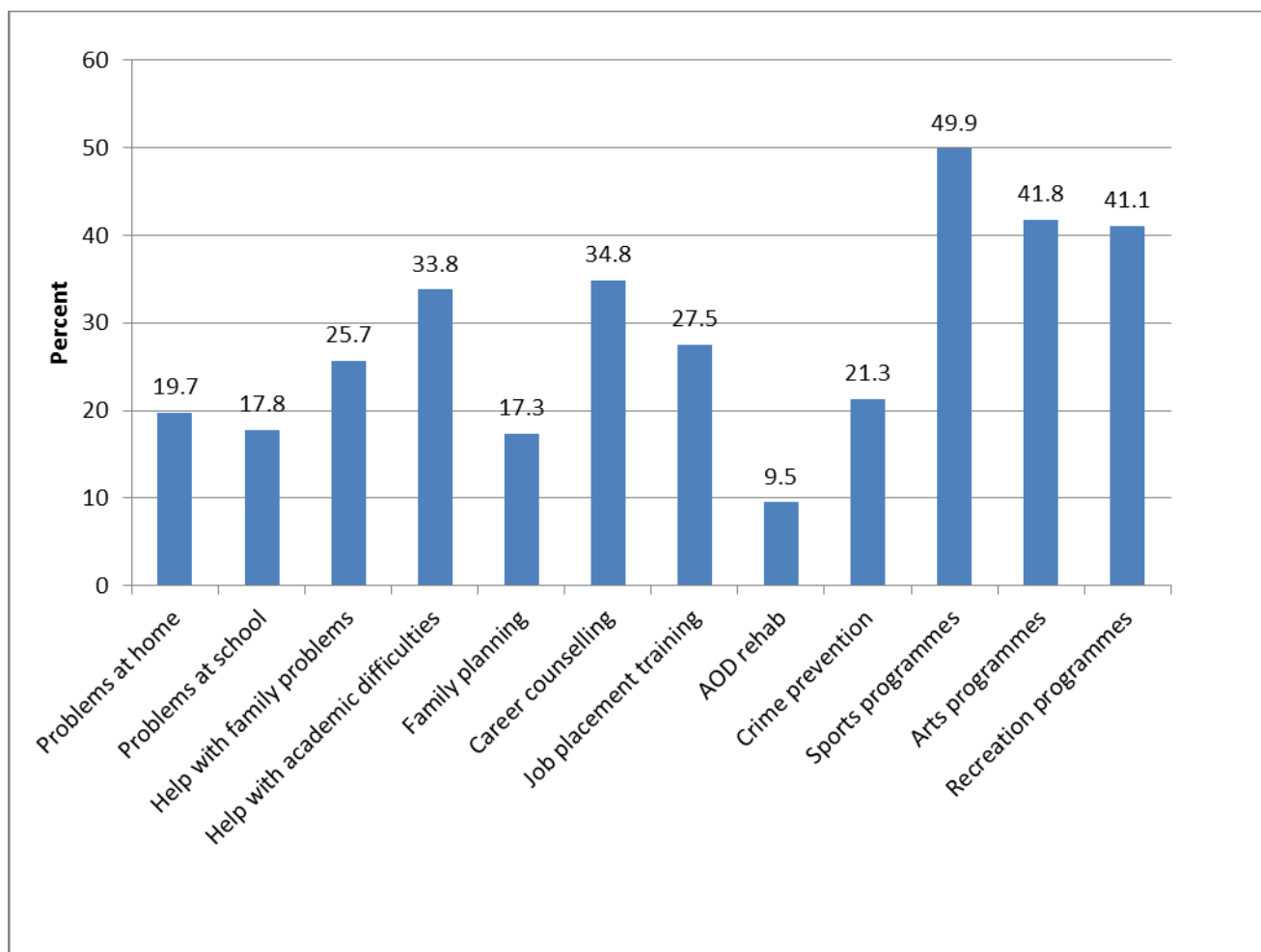
Figure 11.2 Drugs that made learners so sick that they needed medical intervention (Q86) by previous treatment history



11.8 Perceived need for health, social welfare and educational services

Figure 11.3 shows the proportion of learners who reported a perceived need for health (including mental health), social welfare and education-related services. The most frequently endorsed services involved recreational services, with 49.9% reporting the need for sports programmes, followed by 41.8% reporting the need for Arts programmes, and 41.1% the need for recreation programmes. The need for help with academic difficulties, career counselling and vocational training was cited by 33.8%, 34.8% and 27.5% of the sample respectively. The need for crime prevention services was reported by a fifth (21.3%) of the sample. Similarly, the need for counselling services related to family or school problems was cited by almost 20% of the sample and the need for help for problems at home was reported by a quarter (25.7%) of the sample. Less than 10% of the overall sample reported the need for AOD treatment services.

Figure 11.3 Proportion (%) of learners reporting need for health, education and social services (Q158)



CHAPTER 12: DISCUSSION/RECOMMENDATIONS/CONCLUSION

Findings point to the high prevalence of substance use, mental health problems, sexual risk taking and other problem behaviours among adolescents in the Western Cape. This is cause for concern as adolescent risk taking potentially impacts on educational attainment, psychological adjustment and future development (Flisher et al., 2006; Parry et al., 2004). This chapter summarises the key findings from the survey, compares the findings to those of previous surveys of adolescent risk behaviour, and provides key recommendations to reduce these risk behaviours.

Substance use

Similar to previous surveys of adolescent substance use in the province, such as the second National Youth Risk Behaviour Survey (Reddy et al., 2010), tobacco, alcohol and cannabis (dagga) were the three most frequently reported substances used by school-going adolescents. The use of each of these substances will be discussed in turn.

Alcohol: key findings and recommendations

Alcohol was the most frequently reported substance used, with two thirds of all learners reporting the lifetime use of alcohol. This is consistent with findings from the YRBS, 2008 (Reddy et al., 2010) and is significantly higher than the national average reported in that survey. However, the similarity between the current rate of lifetime alcohol use and that obtained by the 2008 YRBS is cause for concern, since the learners in the present study were younger overall than the YRBS sample. The results suggest a possible increase in lifetime alcohol use among learners.

Among learners who reported the lifetime use of alcohol, more than a third reported the current use of alcohol and almost a quarter reported alcohol use in the week prior to the study. In addition, almost a quarter of learners who drank alcohol reported binge-drinking in the two weeks prior to the study. Binge-drinking is cause for concern given its strong association with intentional and unintentional injuries and sexual risk behaviours (Flisher et al., 2006; Parry et al., 2004). While this rate seems much lower than that reported in the YRBS of 41.1% (34.8-47.7), this is probably because the YRBS measured past month binge-

drinking and not binge-drinking in the past fortnight. In addition, the YRBS had an older sample than the current survey and as the prevalence of binge-drinking increases with age it is not surprising that the YRBS reported a much higher prevalence rate for binge-drinking than this study. Apart from binge-drinking, this survey found other indicators of increased risk for alcohol problems. The finding that almost a third of those who had ever consumed alcohol reported the early initiation of alcohol use (before the age of 13) is a great concern as the earlier the initiation of alcohol use, the greater the chance of developing an alcohol use disorder later in life (Myers, van Heerden, Grimsrud, Williams & Stein, 2011). In addition, at least 10% of lifetime alcohol users reported using alcohol on a weekly basis and a small (but concerning) proportion of learners reported being drunk on a daily (2%) or weekly (10%) basis. Taken together, these findings point to the urgent need to identify and intervene with adolescents who are drinking frequently and excessively to reduce the risk of developing alcohol use disorders in early adulthood.

In addition, our survey found age and gender differences in risk for alcohol-related problems. Findings point to a significant increase in the prevalence of lifetime and current alcohol use with an increase in grade (which could be seen as a proxy variable for increased age of the learners). Older learners (in grade 10) who drank alcohol were significantly more likely to report alcohol use in the past week and binge-drinking in the past fortnight than younger learners in grade 8. In contrast to national findings on adolescent alcohol use from the YRBS, male learners in the Western Cape were no more likely than their female counterparts to report the lifetime, past year or current use of alcohol. However, in keeping with findings from the YRBS, male learners were significantly more likely than female learners to report binge-drinking and this difference was particularly pronounced among older learners in grade 10. In addition male learners who drank alcohol were also more likely to report more frequent use of alcohol, more episodes of drunkenness, and early initiation of alcohol use than female learners who drank alcohol. This potentially indicates greater risk of developing alcohol-related problems for male adolescents compared to their female counterparts. These findings were consistent across the various districts.

Taken together, the high levels of current alcohol use and binge-drinking among learners who drink alcohol highlight the need for urgent interventions to prevent the initiation of

alcohol use among young people and also to reduce the risks associated with excessive drinking among those who are already consuming alcohol. As the risks for alcohol use (and especially problematic alcohol use such as binge-drinking and drunkenness) increase with age and grade, these findings suggest that school-based alcohol prevention interventions need to begin early on and become more focused on risk and harm reduction as learners mature and drinking behaviours become more entrenched. Findings further suggest that such interventions are equally needed in all districts and should target both male and female learners.

Tobacco: key findings and recommendations:

Tobacco was the second most frequently reported substance, with 47.4% of learners reporting the lifetime use of this substance. This finding is in keeping with findings from the YRBS (Reddy et al., 2010) and is significantly higher than the national average reported in the YRBS. However, the fact that the rates of tobacco use were similar in the present study and the 2008 YRBS, despite the younger overall age of the learners in the present study, is cause for concern and suggests that tobacco use may, in fact, be increasing. Among learners who reported the lifetime use of tobacco, more than half had used tobacco in the past year, and roughly 40% were current tobacco users. Of these current users, almost all had smoked tobacco in the past week and there were also high rates of daily tobacco use. These findings were relatively consistent across all educational districts in the provinces, although a (non-significant) trend was for Metro East to have lower rates of tobacco use and Metro South to have higher rates of tobacco use among learners. These findings have major implications for the future health of learners as tobacco use is the single greatest cause of preventable death globally (Glantz & Gonzalez, 2011). Of the estimated 300 million young people who are smokers globally, approximately half will die of smoking-related causes later in life (Hipple, Lando, Klein & Winickoff, 2011).

Similar to findings from the YRBS (Reddy et al., 2010), male adolescents were more likely to report current frequent smoking than female learners, with a greater proportion of male learners in this study reporting tobacco use in the past week, daily smoking and smoking more than ten cigarettes per day than their female counterparts. In addition, risk for

tobacco use appears to increase with grade, with grade 8 learners consistently reporting the lowest prevalence rates for lifetime, current and past week tobacco use.

Taken together, the high levels of current tobacco use highlight the need for urgent interventions to prevent the initiation of smoking but also to encourage and support efforts to quit smoking among young people. Traditionally drug prevention and intervention efforts have ignored the use of tobacco among young people but as this is such a preventable cause of premature death, future alcohol and drug intervention programmes should broaden their scope to include tobacco (in keeping with the World Health Organisation's (WHO) recommendations for effective prevention; WHO, 2002). Findings further suggest that such interventions are equally needed in all districts, should target both male and female learners and ideally begin before tobacco use becomes well-established.

Cannabis (Dagga): key findings and recommendations

Cannabis was the third most frequently reported substance used by adolescent learners in the Western Cape. The lifetime use of cannabis was relatively high, with almost a quarter of all learners reporting ever having used this drug. This finding is consistent with those of the YRBS (Reddy et al., 2010) and is significantly higher than the national average reported in this survey. However, it should be interpreted with caution since the learners in the 2008 YRBS were in grades 8-11 whereas those in the current study were slightly younger (in grades 8-10), and it may suggest an increase in cannabis use over time. Among learners who reported the lifetime use of cannabis, more than half reported using it in the past year, more than a third were current users and 30% reported use in the past week. In addition, 14% of lifetime users reported the daily use of cannabis. Prevalence rates for the lifetime and current use of cannabis were highest among Metro Central and South districts and lowest in the non-Metro districts.

Of concern are the relatively high rates of regular (weekly and daily) cannabis use. This is worrisome because it may reflect a potential cannabis use disorder that requires intervention, and because of the impact that regular cannabis use has on cognitive processes (such as decision-making, attention, response time and problem solving; Grant Chamberlain, Schreiber, Odlaug, 2012) that are essential for academic success and

educational attainment (van Ours & Williams, 2009). This claim is supported by the finding that a significantly greater proportion of learners who used cannabis in the past week had repeated a grade compared to those who had not used cannabis in the past week. For individuals with the propensity towards mental illness, frequent cannabis use may also trigger the onset of a mental disorder (Casadio, Fernandes, Murray & Di Forti, 2011). These cognitive and mental health risks are particularly salient if cannabis use is initiated at a young age. This study found that 14% of adolescents who reported the lifetime use of cannabis initiated use before the age of 13.

In addition, some differences in risk for cannabis use were found in our survey. Surprisingly, although the prevalence of lifetime cannabis use increased significantly with grade, the prevalence of current and past week cannabis use was not significantly associated with grade. Across all grades, similar proportions of learners who had ever used cannabis reported the current and past week use of cannabis. Findings do however point to significant gender differences in the prevalence of cannabis use, with higher prevalence rates found for lifetime, past year, current and past week cannabis use among male learners than female learners, as well as higher rates of daily use. These findings are not altogether surprising as they mirror findings from the YRBS (Reddy et al., 2010) as well as other local studies (e.g. Flisher, Parry, Evans, & Lombard, 2003). There could be many reasons for these gender differences including that it is less socially acceptable for females to use illicit drugs than males (Myers, Fakier & Louw, 2009) as well as a large body of literature which suggests that males are more at risk for externalising behaviour problems (such as drug use and delinquent-type behaviours; Ehrensaft, 2005; Moffitt, Caspi, Rutter & Silva, 2001) than females who are more at risk for developing internalising behaviour problems (such as depression and anxiety; Essau, Lewinsohn, Seeley & Sasagawa, 2010).

Whatever the reason, it is clear from these high prevalence rates that interventions are needed to reduce the potential risks associated with early initiation of and frequent cannabis use, especially among young males. These interventions should probably be concentrated in the Metro Central and Metro South districts (due to the higher prevalence rates in these districts), although all districts should be covered.

“Hard drugs”: key findings and recommendations

This section reports on the prevalence of methamphetamine, Mandrax, heroin, cocaine and ecstasy as well as injecting drug use. Surprisingly, the lifetime prevalence rates for all of these “hard drugs” was much lower than expected and significantly lower than rates reported in the 2008 YRBS (Reddy et al., 2010), rates reported in a 2006 survey of high schools in the Metro South district (Plüddemann et al., 2010), and rates reported by a 2007 survey of 12 schools in the Mitchells Plain suburb in Cape Town (Hamdulay & Mash, 2011). Specifically, only 2% of learners reported the lifetime use of methamphetamine [compared to 9% in the YRBS, 8.8% in Plüddemann et al., (2010) and 9.2% in Hamdulay & Mash, (2011)]; 2.1% of learners reported the use of Mandrax compared with 10.4% in the YRBS, however this result was not significantly different from that reported by Plüddemann et al. (2010) or Hamdulay & Mash (2011); 1% of learners reported the lifetime use of cocaine compared to 6.5% in the YRBS and 2.5% reported by Plüddemann et al. (2010); and less than 1% of learners reported the use of heroin, compared with 5.7% in the YRBS and 2.2% reported by Plüddemann et al. (2010).

The reasons for these disparate findings are not entirely clear. One possible explanation for these findings may lie in sample differences between these other studies and the current survey. The YRBS sampled learners from grades 8 to 11 whereas the current survey only sampled learners from grades 8 to 10. The mean age of the learners included in this survey was therefore younger than that of the YRBS. As the risk for drug use generally increases with age (and grade), and because the use of “softer” drugs like alcohol and cannabis often precedes the use of “harder” drugs (Myers et al., 2011), it is not altogether surprising that we found a somewhat lower prevalence for methamphetamine and other “hard” drug use compared to the YRBS. There also are significant differences between our sample which is representative of all districts in the Western Cape and Hamdulay & Mash’s (2011) sample which was confined to a single (high-risk) suburb in Cape Town as well as Plüddemann et al. (2010)’s sample which was representative of a single (high-risk) urban district in Cape Town and did not examine substance use among learners in other (lower-risk) districts. Consequently, it is not surprising that Plüddemann et al. (2010) and Hamdulay and Mash’s (2011) found higher prevalence rates for methamphetamine use than our survey which included both high and low-risk districts in the sample.

It is also possible that methamphetamine and other “hard” drug use has declined among adolescents in the Western Cape since the 2008 YRBS data, the 2006 Metro South School data (Plüddemann et al., 2010), and the 2007 Mitchell’s Plain data (Hamdulay & Mash (2011) were collected,. Earlier cohorts of young people who used methamphetamine and other “hard” drugs in the Western Cape may have dropped out or matured out of the school system. In addition, the increased efforts to educate, prevent and treat methamphetamine use among young people in particular may be showing some dividends. Findings from at least one other source support the suggestion that methamphetamine use may be on the decline. Specifically, the most recent data from the South African Community Epidemiology Network on Drug Use (SACENDU) project suggest that the proportion of adolescents admitted to treatment with methamphetamine as a primary or secondary drug of abuse has decreased from more than 46% of all adolescent treatment admissions in the second half of 2010 to 36% in the first half of 2011 (Dada et al., 2011). Whether these early indicators of an apparent decline in the use of methamphetamine (and other “harder” drugs) among adolescents is an artefact of this survey or a real change remains to be seen. Consequently, the use of methamphetamine and other “hard” drugs among adolescent learners requires careful and continued monitoring through the use of methodologically sound population- and school-based surveys. Ethnographic studies that also collect community-level data on changes in drug use patterns among young people could also help verify and explain some of the findings from these quantitative surveys.

Despite these unexpected findings, it is important that efforts to prevent the initiation of “hard” drug use and treat those who already have started using “hard” drugs continue. Given that only a small proportion of adolescents in grades 8 to 10 reported any kind of “hard” drug use, this seems like an opportune time to introduce evidence-based prevention programmes to prevent or delay the use of these types of drugs. However, for the small proportion of adolescents who did report the use of these substances, it is also important that they are identified early on and referred to appropriate treatment services, especially given findings from this survey that all types of “hard “ drugs are significantly associated with academic failure (that is repeating a grade). These interventions should be equally accessible for all the districts; however it should be noted that for several types of “hard” drugs including heroin and ecstasy, learners in the Metro North district were significantly

more likely to report the lifetime use of these drugs compared to learners in Metro South and the non-Metro districts.

Mental health & aggressive behaviour: key findings and recommendations

This study found that 41.4% of learners were classified as medium risk and 14.9% as high risk for mental health problems. These proportions were similar across all the districts. While learners who are at high-risk for mental health problems clearly are in need of further mental health assessment and possibly intervention services, the large proportion of learners who fall within the medium risk category for mental health problems could also benefit from, at a minimum, mental health promotion and prevention services. Unfortunately mental health services in the Western Cape and elsewhere in South Africa are poorly resourced in general, curative in focus (with a minimal focus on mental health promotion and prevention), and largely lacking for adolescents (Patel et al., 2007). Although the country has a good mental health policy framework that includes services for children and adolescents, implementation guidelines have not been developed to give effect to these policies (Draper, Lund, Kleintjies, Funk, Omar, Flisher, & the MHaPP Research Consortium, 2009). This has impacted on service development for adolescent mental health. This is cause for concern, especially given findings from this study that absenteeism from school (which has clear implications for academic achievement) was significantly associated with being in the high-risk category for mental health problems. From these findings it is clear that greater investment is needed in mental health promotion and prevention for at risk adolescents, and also mental health intervention services for high-risk adolescents.

It is evident that female adolescents are disproportionately represented in the high risk category for mental health problems compared to male participants. This is not altogether surprising given that previous research has repeatedly documented that female adolescents are significantly more at risk for internalising mental disorders (such as depression) than male adolescents who more often develop externalising disorders (such as substance use and/or aggressive behaviour; Essau et al., 2010; Kessler, Berglund, Demler, Jin, Merikangas & Walters, 2005; Needham & Hill, 2010). This is likely due to a range of reasons, including the socialisation of male and female children and expectations about the appropriate expression of emotions for different gender groups. Nonetheless, the elevated proportion

of female learners who are at high risk for mental health problems is cause for concern and clearly points to the need for the development and implementation of better school-based mental health promotion and prevention services that address the gender-specific risk factors for mental health disorders and facilitate referral to more intensive intervention services if needed. Districts that appear to be in particular need of these services include non-Metro districts and Metro South (although such services should be available across all districts).

Regarding aggressive behaviour, findings show that almost two thirds of learners were in the 'medium risk' category for aggressive behaviour and a fairly small proportion of learners were high risk for aggressive behaviour. This was consistent across the grades, districts and between male and female learners. The latter finding was somewhat unexpected, given the widespread evidence that male adolescents are more at risk for aggressive behaviour and other externalising behaviour problems than females (Kessler et al., 2005). This unexpected finding could be due to a multitude of reasons including that learners who participate in aggressive behaviours may be more likely to be suspended, expelled or truant from school. This is supported by the finding that absenteeism from school is related to risk for aggressive behaviour. A significantly higher proportion of learners who had been absent 10 or more days were in the 'high risk' category for aggressive behaviour compared to those who were absent 1-2 days or 3-5 days. Eighteen percent of learners were absent from the class on the day the survey was conducted across the schools.

Sexual risk behaviour: key findings and recommendations

Overall, almost a third of learners (31.6%) reported that they had had sex in their lifetime. This finding was consistent across the districts, where prevalence for lifetime sex ranged from 30% to 35% of learners. This finding is consistent with that of the 2008 YRBS which reported a prevalence rate of 36.6% (CI: 31.9-41.6) for lifetime sex among Western Cape learners (Reddy et al., 2010). In keeping with findings from the YRBS, a significantly higher proportion of male learners reported having had sex in their lifetime compared to female learners.

Among learners who reported lifetime sex, relatively high levels of sexual risk taking were found. Close to 60% reported having sex on at least one occasion without a condom. This is cause for concern, given the high prevalence of HIV and other sexually transmitted infections in the country (Pettifor, Levandowski, MacPhail, Miller, Tabor, Ford, Stein, Rees & Cohen, 2011). The prevalence of unprotected sex increased with grade, with a significantly higher proportion of grade 10 learners reporting having engaged in unprotected sex than grade 9 or grade 8 learners respectively. Related to this, almost 30% of sexually active learners reported thinking on at least one occasion that they or their partner was pregnant (suggesting limited condom and other contraceptive use). Concerns about pregnancy were particularly prevalent in the non-Metro and Metro North districts. Another cause for concern is the relatively high proportion of sexually active learners who reported using alcohol or drugs before sex, with a quarter of sexually active learners reporting the use of a psychoactive substance before sex. This is worrisome given strong evidence of the association between alcohol and drug use and unprotected sex (Parry & Pithey, 2006). This is largely because alcohol and drug use leads to disinhibition which may result in forgetfulness or reduced perception of personal risk for HIV (Strathdee & Sherman, 2003). Learners in the non-Metro districts seem particularly at risk for alcohol or drug-impaired sex, with a significantly higher proportion of learners in these districts reporting alcohol or drug-impaired sex relative to learners in most of the Metro districts.

Several other indicators of sexual risk taking were found among learners in this survey. Close to 1 in 5 sexually active learners reported having had two or more sexual partners in the three months preceding the study. Male learners were significantly more likely to have had multiple partners than female learners. In addition, more than a quarter of sexually active learners reported having a sexual partner who was more than 5 years older than them. This is cause for concern and may contribute to sexual risk taking at this age; a power differential between couples may make it difficult for the learner to negotiate safer sex practices such as condom use (Pettifor et al., 2011). Interestingly, most previous studies have described young women particularly with older partners (Jaspan, Berwick, Myer, Mathews, Flisher, Wood, & Bekker, 2006; Pettifor et al., 2011), but in this study there was no significant difference in the proportion of male and female learners who reported having an older sexual partner.

Given the high proportion of adolescents who are already sexually active and the high proportion who have had at least one unprotected sexual encounter, it is apparent that there is an ongoing need for evidence-based sexual risk reduction interventions that target young school-going adolescents. It is important to target adolescents for safe sex messaging and skills-building at a young age, especially given that more than half the learners who were sexually experienced reported early sexual debut (sex before the age of 15) and that early sexual debut was particularly prevalent among grade 8 and 9 learners. To be effective, safer sex interventions should equip adolescents with the requisite condom mastery skills as well as communication and negotiation skills to facilitate condom use at every sexual encounter. Findings from this survey clearly highlight the need to educate young people about the impact of alcohol and drug use on risky sexual behaviour and ways in which young people can reduce their sexual risk (including risks associated with unprotected sex). Findings also indicate the need to provide more adolescent-friendly family planning services. While these interventions are needed in all districts, the risk of alcohol- and drug-impaired sex urgently needs to be addressed in the non-Metro districts. These districts also are in particular need of adolescent-friendly family planning services.

Involvement in delinquent-type behaviours: key findings and recommendations

This study also examined involvement in delinquent-type behaviours. In terms of property crimes, a relatively high proportion of learners (close to 1 in 5) reported that they had stolen something in the 12 months preceding the study. In contrast just over 5% reported having damaged property in the same period. In terms of acts against the person, roughly 10% of learners reported bullying fellow learners in the 12 months preceding the study and close to 15% of the sample reported that they had participated in physical fights in the 12 months preceding the study. All of these delinquent-type behaviours were significantly more prevalent among male learners than female learners. This is not surprising given the strong and consistent evidence that males are more likely to be involved in delinquent-type behaviours (a form of externalising behaviour) than females (Kessler et al., 2005) and is in keeping with other South African studies which also reported that males were more likely to engage in physical fights and bullying behaviours than females (Reddy et al., 2010; Townsend et al., 2008).

These findings point to the need for interventions that prevent delinquent behaviours, especially among male learners as well as early intervention services for those learners who are starting to show these kinds of behaviours. These services should include proper screening and assessment for mental health problems such as oppositional defiant disorder, attention-deficit/hyperactivity disorder (ADHD), mood disorders and intermittent explosive disorder which may account for the delinquent-type behaviours and all of which indicate a need for specialised mental health care. It is also important to identify and intervene with at risk learners who are displaying delinquent type behaviours early on, to prevent progression towards more serious behaviours and unwanted consequences (school suspension and expulsion as well as criminal justice consequences for more serious acts).

Experiences of crime: key findings and recommendations

Overall, 15% of learners reported being threatened by a gang and more than 10% reported that they themselves were members of a gang in the 12 months preceding the study. Gang activity seems more prevalent in the Metro Central and Metro South districts, with significantly greater proportions of learners in these districts reporting being threatened by or involved with gangs compared to learners in the non-Metro districts where gang activity appears lowest. For these gang-related crimes, a significantly greater proportion of male learners reported having had these experiences compared to female learners. This is in keeping with previous school-based research (Burton, 2008) where male learners are more likely to be involved in violent and personal crimes. This is perhaps not altogether surprising given the documented higher levels of aggressive acting out and other externalising behaviours (Kessler et al., 2005) among male adolescents compared to female adolescents.

About 12% of learners had been offered drugs by someone in their community in the 12 months preceding the study, irrespective of district. A greater proportion of learners in grades 9 and 10 had been offered drugs in their community compared to learners in grade 8. Male learners were also more likely to be offered drugs than female learners.

A relatively small (7%) but significant proportion of learners had been forced to have sex in the 12 months preceding the study and almost 12% of learners were fearful that they would be forced to have sex in the future. Learners in the non-Metro districts were significantly

more likely to have been forced to have sex and to be fearful of being forced to have sex, than learners in most of the Metro districts. Surprisingly, there were no significant differences in the prevalence of forced sex between female and male learners, although this could have been due to the low prevalence of forced sex overall. However, female learners were about twice as likely to fear forced sex compared to male learners.

A large proportion of learners witnessed crimes taking place in their community. Almost two-thirds of learners reported having witnessed someone being beaten in their community and a similar proportion witnessed someone using drugs in their community. Almost half of the learners reported that they had seen drugs being sold in their community. Violent crimes were also commonly witnessed with more than 40% of learners witnessing a stabbing and almost a quarter witnessing someone being shot. The least frequently witnessed crime, was forced sex with just over 11% of learners reporting having witnessed this.

Given the high proportions of learners who have witnessed a crime, crime prevention efforts and initiatives to support victims of crime need to be expanded to include adolescents. Such crime prevention efforts are needed across all districts. Gang-related interventions seem most needed in the Metro Central and Metro South districts. As the non-Metro district has the lowest levels of witnessed crime, future studies that identify factors that protect communities against crime may be useful for the development of crime prevention initiatives.

It is clear from the high proportion of learners who have witnessed crime, that crime prevention and intervention efforts need to be multi-faceted. Services need to target both the perpetrators of crime as well as the victims of crime. Effective interventions aimed at preventing adolescents from becoming victims of crime could include providing information about safety tips, providing violence prevention skills, assertiveness and communication training among other things. Apart from this, it is clear that structural and contextual interventions are needed for communities riddled with crime to protect learners and lessen their exposure to criminal activity. Without these structural interventions that address community risks for crime, violence and other crime prevention initiatives targeting the

individual are unlikely to be very effective. These structural interventions should also focus on addressing the “culture of violence” that exists in the Western Cape, where gangsterism, crime and drug use is rife, and interact with one another.

Need for alcohol and other drug treatment and other services: key findings and recommendations

Of the learners who reported AOD use in their lifetime, only a very small proportion (6.2%) had received previous treatment or counselling for AOD-related problems. To some extent, this reflects the limited availability and multiple barriers that exist in accessing treatment for adolescents, rather than low levels of treatment need. This claim is supported by the finding that 12.8% of learners who had never been in treatment reported a perceived need for AOD treatment and close to 1 in 4 (24.8%) learners who had previously received treatment felt they needed additional treatment services. These findings suggest that the demand for AOD treatment services currently outstrips supply and that more adolescent-oriented AOD treatment services are required to meet the current service need. Improvements to the availability of adolescent-oriented AOD treatment and counselling services seem most needed in the non-Metro district (where the proportion of learners reporting a perceived need for treatment was significantly higher compared to the Metro districts and where AOD intervention services are largely absent) and the Metro North district, where a significantly higher proportion of learners reported the need for AOD treatment compared to learners in the Metro Central and Metro South districts.

Yet, desire to go to AOD treatment was lower than perceived need for treatment among both treatment naive learners (8%) and those who had previously been in treatment (19.1%); despite unmet treatment needs among learners who report the lifetime use of AODs. This probably reflects ambivalence about entering treatment (and changing their AOD use) as well as fears and concerns about the treatment process. This explanation is supported by the study’s findings about the learners’ (who reported AOD use) main reasons for not seeking treatment i.e. thinking that they did not have a drug problem and could stop their AOD use without treatment; beliefs that AOD treatment does not work; beliefs that treatment programmes were adult rather than adolescent-oriented; and beliefs that existing treatment programmes were too religious. Other reasons for not seeking treatment

included logistic barriers to treatment use. This mirrors findings on AOD treatment use among adult populations (Myers et al., 2010). These logistic barriers were more keenly felt among learners who were treatment naïve than those who had previously been in treatment. For instance, more than a third of treatment naïve learners reported that they did not know where to go for treatment; did not have enough money to pay for the costs associated with treatment; and could not afford the transport costs to the nearest treatment facility. These differences between treatment naïve and experienced learners suggest that treatment experienced learners may be more equipped to navigate the complex process of accessing and entering AOD treatment. To facilitate the use of AOD services by adolescents in need of services, it might be useful to consider the introduction of patient advocates who can help treatment naïve adolescents and their families navigate the process of entering AOD treatment.

It should be noted that for the majority of adolescents who use AODs, specialised AOD treatment services are probably not needed. Most learners who reported AOD use used “softer drugs” (such as alcohol or cannabis) relatively infrequently; therefore it is quite likely that their AOD use was not severe enough to warrant the use of specialised AOD rehabilitation services. However these learners probably still could have benefitted from lower threshold, early intervention services that encourage learners to stop or reduce their AOD use and equip them with the skills to do so. These services are largely absent in the Western Cape, and elsewhere in the country. Our findings suggest that policy makers and service planners should consider introducing and expanding early AOD intervention services for adolescents in order to prevent progression from “recreational” AOD use to AOD use disorders. Intervening with adolescents before they develop AOD abuse or dependence may also reduce the need for high-threshold, and costly, AOD treatment facilities.

Apart from the need for AOD intervention services among learners who reported the lifetime use of AODs, this survey also examined perceived need for health, social welfare and educational services among learners across the Western Cape. The most frequently endorsed services involved recreational services, with 49.9% of the overall sample reporting the need for sports programmes, followed by 41.8% reporting the need for Arts programmes, and 41.1% the need for recreation programmes. This is an important finding

and we strongly recommend that these recreational services are introduced into schools and communities as a matter of urgency especially as leisure time boredom and the absence of recreational facilities and activities has been identified as risk factors for substance use and other problem behaviours in several studies (Trainor, Delfabbro, Anderson, Winefield, 2010; Wegner, Flisher, Chokobvu & King, 2008). The need for help with academic difficulties, career counselling and vocational training was also commonly cited as important, with 33.8%, 34.8% and 27.5% of the sample reporting these service needs. The need for crime prevention services was reported by a fifth of the sample. Similarly, the need for counselling services related to family or school problems was cited by almost 20% of the sample and the need for help for problems at home was reported by a quarter of the sample. These findings clearly suggest that adolescent learners in the Western Cape have multiple health, educational and social service needs and that interventions and services to address these needs are urgently needed to ensure their psychological well-being and facilitate their educational attainment. As many of the risk behaviours and associated service needs reported in this survey are interrelated (such as AOD use, mental health and recreational needs), we would advocate for the introduction of comprehensive school-based health promotion programmes that address multiple risk behaviours and include healthy recreational outlets for at-risk learners.

Strengths and Limitations

To the best of our knowledge, this survey is the first representative survey of high school learners in the Western Cape Province. The survey had an excellent participation rate (95%) at the school level, and a very good response rate (82%) within schools. Item non-response in the questionnaires was low, which indicates that learners answered the great majority of the survey questions. The realised sample of 20227 learners can thus be generalised to the population of grade 8 to 10 learners across the entire Province, and has allowed us to report on substance use, mental health, and risk behaviours with reasonable precision.

As with any study, our survey also had a few limitations. First, the short time period allocated to completion of the fieldwork and collection of data from over 20,000 learners in 240 schools required the work to be conducted far more quickly than would have been ideal. This time pressure prevented thorough school and community readiness activities, as

well as fieldwork preparations to be conducted. Second, in the initial stages (the first 4 weeks) of data collection, fieldwork operations were not always conducted according to protocol, and a number of errors in procedures were detected. These included: (a) not providing sufficient information to the selected schools during recruitment which led to resistance to the survey and in some cases refusal to participate in the study; (b) difficulties communicating with learners which may have impacted on learners' comprehension of the study; (c) the consent process not being adequately explained to learners, educators or parents (such as the risks and benefits of participating in the study and the confidential nature of the study); (d) consent forms not always being available in the learners' language of choice; and (e) the survey questionnaire not being available in the learners' language of choice, which may have adversely affected the degree to which learners were able to comprehend the questions and the accuracy of our results, and may have been partly responsible for 18% of eligible learners not participating in the survey. Third, some schools only provided one school period in which to conduct the entire research process, and hence assent processes had to be rushed through and questionnaire completion was compromised. Following detection of these shortcomings, and in order to rectify these problems, a three-day refresher training workshop was held to try to ensure that they did not re-occur. Additionally, fieldwork operations for the remainder (2/3) of the data collection period were more closely supervised and monitored. In light of these difficulties, it is possible that the quality of some of the data obtained (particularly during the early stages of data collection) may have been compromised, and this may have had an effect on the learners' participation and their reporting of risk behaviours, especially where these behaviours were illegal. However, the close similarities between our study's and other study's rates of reporting of alcohol, tobacco and cannabis use, and the other risk behaviours (excluding the "hard drugs") and the low non-response rate in the questionnaires lead us to feel confident about the general reliability of the results obtained by this survey.

Conclusions

In summary, despite some limitations, this survey of risk behaviour among learners in the Western Cape Province has the potential to guide policy and resource allocation for adolescent service needs in the Western Cape Province. To the best of our knowledge, it is

the first representative survey of high school learners that has been large enough to detect district level differences in the prevalence of AOD use and other problem behaviours (as well as service needs) in the Western Cape Province. Consequently, findings from this study have the potential to facilitate the evidence-based allocation of resources for adolescent AOD, mental health, sexual risk reduction, and crime prevention and intervention services to regions where these services are most needed.

More specifically, this survey found relatively high levels of lifetime use of tobacco, alcohol and cannabis among learners in grades 8-10 in all districts. Risk for using these substances increased with grade and was highest among male learners. Of concern was the sizeable proportion of learners who initiated the use of these substances before the age of 13 and who already were using these substances on a daily or weekly basis suggesting that intervention programmes need to target learners early before problems become entrenched and require high-threshold and costly treatment services. Another key finding was that prevalence rates for methamphetamine, heroin, Mandrax and other drugs were significantly lower than those reported by previous studies. While this may be due to methodological differences across studies, when considered together with data on adolescent treatment admissions for these substances, it may also reflect a downward trend in methamphetamine use. Future school surveys are needed to explore whether this is an artefact of this data collection period or whether we are really seeing a downward trend in methamphetamine use among high school learners in the province. It would be useful also to compare data collected from these types of surveys (where illegal behaviour may be underreported) with data collected from ethnographic studies of drug use among adolescents. Given the low levels of these so-called “hard drugs” in grades 8-10, this might be an opportune time to introduce evidence-based prevention programmes that focus on the use of these substances.

Second, while low threshold early intervention services are important to introduce for the majority of learners who are using alcohol and cannabis infrequently, this survey found that a not insignificant proportion of learners self-identified an unmet need for AOD treatment. Unmet treatment need and desire for treatment was greatest in the non-Metro districts where there are very few adolescent AOD services available suggesting the urgent need to

improve access to AOD treatment in these regions. Findings also suggest that barriers (including the availability of services) hamper access to AOD treatment for adolescents. These barriers included negative perceptions of treatment and logistic barriers to care. Efforts to scale up the provision of adolescent services need to include a careful review of what works in adolescent services and what is developmentally appropriate for this population.

A third important finding was the high levels of mental health needs among high school learners in the province. This was particularly evident for female learners. This finding clearly points to the need for adolescent-oriented mental health promotion and intervention services which are lacking in the province. Findings suggest that these services are most needed in the rural non-Metro districts and Metro South (although mental health service needs were present in all districts).

A fourth key finding was the high prevalence of sexual risk behaviour among grades 8-10 learners in the province. Almost a third of learners were already sexually active and the majority of these learners were not consistently using condoms or other forms of contraception. Other sexual risk taking behaviours were evident including multiple partners, and engaging in alcohol and drug-impaired sex. These risks increased with grade and several were most prevalent in the non-Metro districts, suggesting that the need for adolescent-friendly sexual risk reduction and family planning services is greatest in this region (although similar services are also needed in the other districts). Given the high prevalence of sexual risk taking in all districts and the high levels of early sexual debut, it is clear that to be effective such programmes need to occur early on in learners' school careers.

Fifth, findings suggest the importance of crime prevention services for adolescent learners, particularly in the Metro districts, where learners in Metro Central, East and South seem most affected. As the lowest prevalence of witnessing a crime occurred amongst learners in the non-Metro districts, future studies should try and unpack the protective factors associated with living in these districts. This could form a foundation for evidence-based community-strengthening and crime prevention programmes. These programmes are urgently needed given the high proportion of learners who had recently witnessed violent

person-oriented crimes in this survey. Witnessing such violent crimes may potentially impact on the psychological wellbeing of adolescents.

Finally, findings from this study are useful in that they provide baseline data for key indicators of adolescent risk behaviours and service needs (at both a provincial and district-level) that can be used to monitor the impact of new policies, programmes and services aimed at addressing adolescent risk behaviours on the prevalence of these risk behaviours. Using these data for monitoring the impact of policies and programmes however will only be possible if this survey is repeated using the same methodology and the same indicators at several time points in the future (for example every 2-4 years) to allow for trends in the prevalence of adolescent risk behaviours to be observed.

REFERENCES

- Brook, J.S., Morojele, N.K., Brook, D.W., & Rosen, Z. (2005). Predictors of cigarette use among South African adolescents. *International Journal of Behavioral Medicine, 12*(4), 207-217.
- Bruwer B, Sorsdahl K, Harrison J, Stein DJ, et al. (2011). Barriers to mental health care and predictors of treatment dropout in the South African Stress and Health Study. *Psychiatric Services, 62*(7), 774-81.
- Burton, P. (2008). *Merchants, Skollies and Stones: Experiences of School Violence in South Africa. Monograph Series, No. 14.* Cape Town: Centre for Justice and Crime Prevention.
- Casadio, P., Fernandes, C, Murray R.M., & Di Forti M. (2011). Cannabis use in young people: The risk for schizophrenia. *Neuroscience & Biobehavioral Reviews, 35*, 1779-1787.
- Dada S., Plüddemann, A., Parry, C.D.H., Bhana, A., & Fourie, D. (November 2011). Alcohol and Drug Abuse Trends: January – June 2011. SACENDU Update, 1-2.
- Degenhardt, L., & Hall, W. (2006). Is cannabis use a contributory cause of psychosis? *Canadian Journal of Psychiatry, 51* (9), 556-565.
- Draper, C.L., Lund, C., Kleintjes, S., Funk, M., Omar, M., Flisher, A.J., & the MHaPP Research Programme Consortium (2009). Mental health policy in South Africa: development process and content. *Health Policy And Planning, 24*, 342-356.
- Ehrensaft, M.K. (2005). Interpersonal relationships and sex differences in the development of conduct problems. *Clinical Child and Family Psychology Review, 8*, 39–63.
- Essau C.A., Lewinsohn P.M., Seeley J.R., & Sasagawa S. (2010). Gender differences in the developmental course of depression. *Journal of Affective Disorders, 127*, 185-190.
- Fakier, N. & Myers, B. (2008). *Audit of substance abuse treatment facilities in Free State, Limpopo, Mpumalanga, North West and Northern Cape (2007-2008).* Parow: Medical Research Council.
- Flisher, A.J., & Gevers, A. (2010). Adolescence. In I. Petersen, A. Bhana, A. J. Flisher, L. Swartz & L. Richter. Promoting mental health in scarce-resource contexts: Emerging evidence and practice. (pp. 143-166). Cape Town: HSRC Press.
- Flisher, A.J., Mathews, C., Mukoma, W., & Lombard, C. J. (2006). Secular trends in risk behaviour of Cape Town grade 8 students. *South African Medical Journal, 96*(9), 982-987.
- Flisher, A.J., Parry C.D.H., Evans, J., Muller M., & Lombard C. (2003). Substance use by adolescents in Cape Town: prevalence and correlates. *Journal of Adolescent Health, 32*, 58-6.

- Flisher, A. J., Townsend, L., Chikobvu, P., Lombard, C., & King, G. (2010). Substance use and psychosocial predictors of high school dropout in Cape Town, South Africa. *Journal of Research on Adolescence, 20*(1), 237-255.
- Flisher, A.J, Ward, C.L., Liang, H., Onya, H., Mlisa, N., Terblanche, S., Bhana, A., Parry, C.D.H., & Lombard, C. (2006). Injury-related behaviour among South African high-school students at six sites. *South African Medical Journal, 96*(9), 825-830.
- Glantz, S., & Gonzalez, M. (2011). Effective tobacco control is key to rapid progress in reduction of non-communicable diseases. *The Lancet, In Press, Corrected Proof, Available online 28 September 2011.*
- Grant, J.E., Chamberlain, S.R., Schreiber, L., & Odlaug, B.L. (2012). Neuropsychological deficits associated with cannabis use in young adults. *Drug and Alcohol Dependence, 121*, 159-162.
- Hamdulay, A.K. & Mash, R.J. (2011). The prevalence of substance use and its associations amongst students attending high school in Mitchells Plain, Cape Town. *South African Family Practice, 53*(1), 83-90.
- Hipple, B., Lando, H., Klein, J., & Winickoff, J. (2011). Global teens and tobacco: A review of the globalization of the tobacco epidemic. *Current Problems in Pediatric and Adolescent Health Care, 41*, 216-230.
- Jaspan, H.B., Berwick, J.R., Myer, L., Mathews, C., Flisher, A.J., Wood, R., & Bekker, L-G. (2006). Adolescent HIV prevalence, sexual risk, and willingness to participate in HIV vaccine trials *Journal of Adolescent Health, 39*, 642-648.
- Jernigan, D. H. (2001). *Global Status Report: Alcohol and Young People*. Geneva: World Health Organization.
- Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K., & Walters, E.E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*, 593–602.
- Kleintjies, S., Lund, C., Flisher, A.J. & MHaPP Research Consortium (2010). A situational analysis of child and adolescent mental health services in Ghana, Uganda, South Africa and Zambia. *African Journal of Psychiatry, 13*, 132-139.
- Marteletto, L., Lam, D., & Ranchhod, V. (2008). Sexual Behavior, pregnancy and schooling among young people in urban South Africa. *Studies in Family Planning, 39*(4), 351-368.
- McGrath, N., Nyirenda, M., Hosegood, V., & Newell, M. L. (2009). Age at first sex in rural South Africa. *Sexually Transmitted Infections, 85* (Suppl 1): i49–i55. doi:10.1136/sti.2008.0333.
- Moffitt T.E., Caspi A., Rutter M., & Silva P. (2001). Sex differences in antisocial behavior. Cambridge: Cambridge University Press.

- Morojele, N.K., Parry, C.D.H., Ziervogel, C.F., & Robertson, B.A. (2001). Adolescent alcohol misuse: Correlates and implications. *African Journal of Drug & Alcohol Studies*, 1(2), 110-124.
- Mpofu, E., Flisher, A.J., Bility, K., Onya, H., & Lombard, C. (2005). Correlates of drug use in rural Africa: Drugs/substance use and sexual behaviour in the Mankweng District of South Africa. *Journal of Psychology in Africa*, 15, 11-16.
- Myers, B. & Fakier, N. (2007). Audit of substance abuse treatment facilities in KwaZulu-Natal and Gauteng, 2007. Technical report. Cape Town: Medical Research Council.
- Myers, B., Fakier, N., & Louw J. (2009). Stigma, treatment beliefs, and substance abuse treatment use in historically disadvantaged communities. *African Journal of Psychiatry*, 12, 218-222.
- Myers B., Louw J., & Pasche S. (2010). Inequitable access to substance abuse treatment services in Cape Town, South Africa. *Substance Abuse Treatment, Prevention, and Policy*, 5, 28-38.
- Myers, B., van Heerden, M.S., Grimsrud, A., Myer, L., Williams, D.R., & Stein, D.J. (2011). Atypical sequence of drug use progression: prevalence and associations with mental disorders in the South African Stress and Health Study. *African Journal of Psychiatry*, 14, 38-44.
- Needham, B., & Hill, T.D. (2010). Do gender differences in mental health contribute to gender differences in physical health? *Social Science & Medicine*, 71, 1472-1479.
- Parry, C.D.H., Myers, B., Morojele, N., Flisher, A.J., Bhana, A., Donson, H. & Plüddemann, A. (2004). The South African Community Epidemiology Network on Drug Use (SACENDU) Project: Monitoring trends in adolescent alcohol and other drug use in three sentinel sites in South Africa (1997 – 2000). *Journal of Adolescence*, 27, 429-440.
- Parry C., & Pithey, A. (2006). Risk behaviour and HIV among drug using populations in South Africa. *African Journal of Drug and Alcohol Studies*, 5, 139-156.
- Patel V., Flisher A.J., Hetrick S., & McGorry, P. (2007). Mental Health of young people: a global public-health challenge. *The Lancet*, 369, 1302-1313.
- Pettifor, A.E., Levandowski, B.A., Macphail, C., Miller, W.C., Tabor J., Ford C., Stein C.R., Rees H., & Cohen M. (2011). A tale of two countries: Rethinking sexual risk for HIV among young people in South Africa and the United States. *Journal of Adolescent Health*, 49, 237-243.e1
- Pettifor, A.E., Rees, H. V., Steffenson, A., Hlongwa-Madikizela, L., MacPhail, C., Vermaak, K., & Kleinschmidt, I. (2004). *HIV and sexual behaviour among young South Africans: a national survey of 15-24 year olds*. Johannesburg: Reproductive Health Research Unit, University of Witwatersrand.

- Plüddemann, A., Flisher, A.J., Mathews, C., Parry, C.D.H. & Lombard, C.A. (2010). Methamphetamine use, aggressive behavior and other mental health issues among high-school students in Cape Town, South Africa. *Drug and Alcohol Dependence*, 109, 14-19.
- Plüddemann, A., Flisher, A., Mathews, C., Carney, T., & Lombard, C. (2008). Adolescent methamphetamine use and sexual risk behaviour in secondary school students in Cape Town, South Africa. *Drug and Alcohol Review*, 27, 1-6.
- Plüddemann, A., Flisher, A.J., McKetin, R., Parry, C., & Lombard, C. (2010). Methamphetamine use, aggressive behavior and other mental health issues among high school students in Cape Town, South Africa. *Drug and Alcohol Dependence*, 109(1-3), 14-19.
- Reddy, S.P., James, S., Sewpaul, R., Koopman, F., Funani, N.I., Sifunda, S., Josie, J., Masuka, P., Kambaran, N.S., & Omardien, R.G. (2010). *Umthente Uhlaba Usamila – The South African Youth Risk Behaviour Survey 2008*. Cape Town: South African Medical Research Council.
- Russell, K., Donna, M., Dryden, D.M., Liang, Y., Friesen, C., O'Gorman, K., Durec, T., Wild, T.C., & Klassen, T. P. (2008). Risk factors for methamphetamine use in youth: a systematic review. *BMC Pediatrics* 2008, 8, 48 doi:10.1186/1471-2431-8-48.
- Seedat, S., Nyamai, C., Njenga, F., Vythilingum, B., & Stein, D. (2004). Trauma exposure and post-traumatic stress symptoms in urban African schools. *British Journal of Psychiatry*, 184, 169-175.
- Shisana, O., Rehle, T., Simbayi, L. C., Zuma, K., Jooste, S., Pillay-van Wyk, V., Mbelle, N., Van Zyl, J., Parker, W., Zungu, N.P., & Pezi, S. (2009). *South African national HIV prevalence, HIV incidence, behavior and communication survey, 2008: A turning tide among teenagers?* Cape Town: Human Sciences Research Council (HSRC) Press.
- Strathdee, S.A., & Sherman, S.G. (2003). The role of sexual transmission of HIV infection among injection and non-injection drug users. *Journal of Urban Health*, 80, ii7-iii14.
- Trainor S., Delfabbro P., Anderson S., & Winefield A. (2010). Leisure activities and adolescent psychological well-being. *Journal of Adolescence*, 33, 173-186.
- Taylor, M., Dlamini, S.B., Kagoro, H., Jinabhai, C.C., & de Vries, H. (2003). Understanding high school students' risk behaviors to help reduce the HIV/AIDS epidemic in KwaZulu-Natal, South Africa. *Journal of School Health*, 73(3), 97-100.
- Townsend, L., Flisher, A.J., Chikobvu, P., Lombard, C., & King, G. (2008). The relationship between bullying behaviours and high school dropout in Cape Town, South Africa. *South African Journal of Psychology*, 31(8), 21-32.
- Townsend, L., Flisher, A. J., & King, G. (2007). A systematic review of the relationship between high school dropout and substance use. *Clinical Child and Family Psychology*, 10(4), 295-317.
- van Ours J.C., & Williams, J. (2009). Why parents worry: Initiation into cannabis use by youth and their educational attainment. *Journal of Health Economics*, 28, 132-142.

- Vundule, C., Maforah, F., Jewkes, R., & Jordaan, E. (2001). Risk factors for teenage pregnancy among sexually active black adolescents in Cape Town: A case control study. *South African Medical Journal*, *91*(1), 73-80.
- Wegner, L., Flisher, A.J., Chikobvu, P., & King, G. (2008). Leisure boredom and high school dropout in Cape Town, South Africa. *Journal of Adolescence*, *31*, 421-431.
- Yen, C. F., & Chong, M. Y. (2006). Comorbid psychiatric disorders, sex, and methamphetamine use in adolescents: A case-control study. *Comprehensive Psychiatry*, *47*(3), 215-220.
- World Health Organisation (2002). *Prevention and promotion in mental health*. Geneva: World Health Organization.

APPENDIX: QUESTIONNAIRE

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SCHOOL SURVEY ON SUBSTANCE USE, RISK BEHAVIOUR AND MENTAL HEALTH IN THE WESTERN CAPE

INSTRUCTIONS

Thank you for volunteering to be part of this study. We are researchers working for the University of Cape Town (UCT), the Medical Research Council (MRC) and the SADC Research Centre. We are conducting a study about young people's tobacco, alcohol and drug use. We are doing this study because we want to understand substance use among young people. If we can find out about these things, it will help the government design prevention and other services for young people.

The questions in the questionnaire are very easy to answer. Most of them require you to answer 'yes' or 'no' to a question. You will answer each question by simply putting an X in the box over the answer that applies to you. The questionnaire will take up to forty minutes to complete.

Please note that there are no right or wrong answers. We would like you to please be sure to answer the questions as accurately and honestly as you can. Also please note that you will not have to write your name anywhere on the questionnaire, and once you have handed in your questionnaire, we will not be able to link it back to you. None of the study team members, other learners, teachers or other school staff, or parents will see any of the questionnaires. No-one will know what answers you have given in the questionnaire.

Once you have finished answering all the questions, your questionnaire will be put in a sealed box with all the others.

If you need help with any of the questions, please feel free to ask the study staff member. Please note that they are here to help you, and they will not tell anyone what you ask or tell them.

ENGLISH LANGUAGE QUESTIONNAIRE

SECTION A: DEMOGRAPHIC FACTORS

START TIME _____ :

First we would like to ask some questions about you.

Throughout the questionnaire, when there are answer options, please mark your answer with an X.

1. What year were you born?

--	--	--	--

2. What is the name of your school?

--

3. What grade are you in?

Grade 8	1
Grade 9	2
Grade 10	3

4. Are you male or female?

Female	1
Male	2

5. How often do you attend religious services or activities (such as going to church, temple, or mosque, or taking part in religious youth groups)? (choose one)

Never	1
Rarely	2
1-2 times a month	3
Weekly or more	4

6. Which language is spoken the MOST at home?

Afrikaans	1
English	2
IsiXhosa	3
Other (specify)	4

7. How would you identify yourself?

Black African	1
Coloured	2
Indian	3
White	4
Other (specify)	5

8. What is the name of the area that you live in?

9. What is the postal code of the area you live in?

--	--	--	--

10. Which of the following describes your home best?

Shack	1
Wendy house or backyard dwelling	2
Tent or traditional dwelling	3
Brick house or flat	4
Other	5
Not applicable	9

11. Which ONE of the following best describes how things are in your home?

We don't have enough money for food	1
We have enough money for food but not for other basic items such as clothes	2
We have enough money for food and clothes but we are short of many other things	3
We have the most important things, but few luxury goods	4
We have money for luxury goods and extra things	5
Not applicable	9

SECTION B: SCHOOLING

12. Have you ever repeated a grade at school because you failed the exams?

Yes	1
No	0

13. Give us your best guess of how many days you were absent from school during the last school term.

0 days	1
1-2 days	2
2-5 days	3
5-10 days	4
More than 10 days	5

14. Which of the following are true about how you feel about your school?

		Yes	No
A	I like my school	1	0
B	My school is conducive to learning	1	0
C	I feel safe in my school	1	0
D	Teachers and administrators in my school are fair in dealing with learners	1	0

15. Have you ever seriously considered quitting (or dropping out of) school for any reason?

Yes	1
No	0

16. Have you ever been expelled from school?

Yes	0
No	1

SECTION C: THE PEOPLE YOU LIVE WITH

17. Please indicate all the people you live with:

		Yes	No
A	Mother	1	0
B	Father	1	0
C	Uncle	1	0
D	Aunt	1	0
E	Grandmother	1	0
F	Grandfather	1	0
G	Female guardian(s)	1	0
H	Male guardian(s)	1	0
I	Sister(s)	1	0
J	Brother(s)	1	0
K	Other relative(s)	1	0

18. How many people sleep in the same room with you at night when you are home?

None	0
1	1
2	2
3	3
More than 3	4

19. What is the highest level of education your father has? (choose one)

No formal education	1
Less than primary education	2
Primary education	3
Secondary education	4
College/university education	5
I don't know	6
I don't have a father	7

20. What is the highest level of education your mother has? (choose one)

No formal education	1
Less than primary education	2
Primary education	3
Secondary education	4
College/university education	5
I don't know	6
I don't have a mother	7

SECTION D: TOBACCO, ALCOHOL AND OTHER DRUGS

Below are some questions on cigarettes, alcohol and drugs.

21. Have you ever tried tobacco (cigarettes)?

Yes	1
No	0

IF NO, SKIP TO QUESTION 28.

22. If yes, how old were you when you first tried cigarettes?

<input type="text"/>	<input type="text"/>	Years
----------------------	----------------------	-------

23. Have you used cigarettes in the past 12 months?

Yes	0
No	1

24. Have you used cigarettes in the past 30 days?

Yes	0
No	1

25. Have you used cigarettes in the past 7 days?

Yes	0
No	1

26. In the past year how often did you smoke cigarettes?

Almost every day	1
Once a week or more	2
About once a month	3
Every few weeks	4
Only once or twice	5
Never	6

27. If you smoke cigarettes almost every day, on average, how many cigarettes do you smoke a day?

<input type="text"/>	<input type="text"/>	Cigarettes
----------------------	----------------------	------------

28. Have you ever tried alcohol?

Yes	1
No	0

IF NO, SKIP TO QUESTION 36.

29. If yes, how old were you when you first tried alcohol?

		Years
--	--	-------

30. Have you used alcohol in the past 12 months?

Yes	1
No	0

31. Have you used alcohol in the past 30 days?

Yes	1
No	0

32. Have you used alcohol in the past 7 days?

Yes	1
No	0

33. In the past two weeks, have you ever had 5 or more drinks at once or during a short time?

Yes	1
No	0

34. In the past year how often did you drink alcohol?

Every week	1
About once/twice a month	2
A few times a year	3
Hardly ever	4
Never	5

35. In the past year, how often did you get drunk?

Almost everyday	1
Once a week or more	2
About once a month	3
Every few weeks	4
Only once or twice	5
Never	6

36. Have you ever tried dagga?

Yes	1
No	0

IF NO, SKIP TO QUESTION 42.

37. If yes, how old were you when you first tried dagga?

		Years
--	--	-------

38. Have you used dagga in the past 12 months?

Yes	1
No	0

39. Have you used dagga in the past 30 days?

Yes	1
No	0

40. Have you used dagga in the past 7 days?

Yes	1
No	0

41. In the past year how often did you use dagga?

Almost everyday	1
Once a week or more	2
About once a month	3
Every few weeks	4
Only once or twice	5
Never	6

42. Have you ever tried crack ('rocks') or cocaine??

Yes	1
No	0

IF NO, SKIP TO QUESTION 48.

43. If yes, how old were you when you first tried crack ('rocks') or cocaine?

<input type="text"/>	<input type="text"/>	Years
----------------------	----------------------	-------

44. Have you used crack ('rocks') or cocaine in the past 12 months?

Yes	1
No	0

45. Have you used crack ('rocks') cocaine in the past 30 days?

Yes	1
No	0

46. Have you used crack ('rocks') or cocaine in the past 7 days?

Yes	1
No	0

47. In the past year how often did you use crack/cocaine?

Almost everyday	1
Once a week or more	2
About once a month	3
Every few weeks	4
Only once or twice	5
Never	6

48. Have you ever tried mandrax ('buttons'/'white pipes')?

Yes	1
No	0

IF NO, SKIP TO QUESTION 54.

49. If yes, how old were you when you first tried mandrax ('buttons'/'white pipes')?

<input type="text"/>	<input type="text"/>	Years
----------------------	----------------------	-------

50. Have you used mandrax ('buttons'/'white pipes') in the past 12 months?

Yes	1
No	0

51. Have you used mandrax ('buttons'/'white pipes') in the past 30 days?

Yes	1
No	0

52. Have you used mandrax ('buttons'/'white pipes') in the past 7 days?

Yes	1
No	0

53. In the past year how often did you use mandrax ('buttons'/'white pipes')?

Almost everyday	1
Once a week or more	2
About once a month	3
Every few weeks	4
Only once or twice	5
Never	6

54. Have you ever tried Ecstasy (E)?

Yes	1
No	0

IF NO, SKIP TO QUESTION 60.

55. If yes, how old were you when you first tried Ecstasy/E?

<input type="text"/>	<input type="text"/>	Years
----------------------	----------------------	-------

56. Have you used Ecstasy/E in the past 12 months?

Yes	1
No	0

57. Have you used Ecstasy/E in the past 30 days?

Yes	1
No	0

58. Have you used Ecstasy/E in the past 7 days?

Yes	1
No	0

59. In the past year how often did you use Ecstasy/E?

Almost everyday	1
Once a week or more	2
About once a month	3
Every few weeks	4
Only once or twice	5
Never	6

60. Have you ever tried heroin/unga?

Yes	1
No	0

IF NO, SKIP TO QUESTION 66.

61. If yes, how old were you when you first tried heroin/unga?

<input type="text"/>	<input type="text"/>	Years
----------------------	----------------------	-------

62. Have you used heroin/unga in the past 12 months?

Yes	1
No	0

63. Have you used heroin/unga in the past 30 days?

Yes	1
No	0

64. Have you used heroin/unga in the past 7 days?

Yes	1
No	0

65. In the past year how often did you use heroin/unga?

Almost everyday	1
Once a week or more	2
About once a month	3
Every few weeks	4
Only once or twice	5
Never	6

66. Have you ever tried tik (methamphetamine)?

Yes	1
No	0

IF NO, SKIP TO QUESTION 72.

67. If yes, how old were you when you first tried tik?

<input type="text"/>	<input type="text"/>	Years
----------------------	----------------------	-------

68. Have you used tik in the past 12 months?

Yes	1
No	0

69. Have you used tik in the past 30 days?

Yes	1
No	0

70. Have you used tik in the past 7 days?

Yes	1
No	0

71. In the past year how often did you use tik?

Almost everyday	1
Once a week or more	2
About once a month	3
Every few weeks	4
Only once or twice	5
Never	6

72. Have you ever tried Derbisol?

Yes	1
No	0

IF NO, SKIP TO QUESTION 77.

73. If yes, how old were you when you first tried Derbisol?

<input type="text"/>	<input type="text"/>	Years
----------------------	----------------------	-------

74. Have you used Derbisol in the past 12 months?

Yes	1
No	0

75. Have you used Derbisol in the past 30 days?

Yes	1
No	0

76. Have you used Derbisol in the past 7 days?

Yes	1
No	0

77. Have you ever injected heroin to get high?

Yes	1
No	0

78. Have you ever injected any other drug to get high?

Yes	1
No	0

A. If yes, please specify the type of drug you have used.

<input type="text"/>

79. Have you ever shared injection equipment with others (e.g. needles, syringes, cotton wool) to inject a drug?

Yes	1
No	0

SECTION E: TREATMENT AND REHAB FOR ALCOHOL AND OTHER DRUG PROBLEMS

80. Have you ever heard of any programmes to help with alcohol and drug problems?

Yes	1
No	0

80a. Have you ever used any alcohol or drugs, even if it was only once?

Yes	1
No	0

IF NO, SKIP TO SECTION F. IF YES, PLEASE ANSWER QUESTION 81.

81. If YOU HAVE USED ALCOHOL OR DRUGS BEFORE, have you ever been to any kind of rehab or alcohol/drug abuse treatment centre for counselling or rehab?

Yes	1
No	0

IF YES, SKIP TO QUESTION 83. IF NO, PLEASE ANSWER QUESTION 82.

82. Please indicate which of the following statements is true or false, by selecting "True" or "False":
"You have never been to rehab before because":

		True	False
A.	You have never had a drug problem	1	0
B.	You did not know where to go for rehab	1	0
C.	You did not have enough money to pay for rehab	1	0
D.	You could not afford the transport costs	1	0
E.	It was too far for you to travel to rehab	1	0
F.	You did not want to tell your parents about your drug/alcohol use	1	0
G.	You thought rehab does not work	1	0
H.	The rehab programmes were for adults not teenagers	1	0
I.	The rehab programmes were too religious	1	0
J.	You felt you did not need rehab	1	0
K.	You thought you could stop using alcohol/drugs by yourself	1	0
L.	Your parents did not want you to go to rehab	1	0

83. Do you think you need rehab/treatment now for a drug problem?

Yes	1
No	0

84. Do you want to go to rehab/treatment now for a drug problem?

Yes	1
No	0

85. Have you ever had to go to a hospital, clinic or doctor because of feeling sick from using alcohol or drug(s)?

Yes	1
No	0

IF NO, SKIP TO SECTION F.

86. Which drug(s) were you using that made you sick and need to go to a hospital, clinic or doctor?
(select all that apply)

		Yes	No
A.	Alcohol	1	0
B.	Dagga	1	0
C.	Mandrax	1	0
D.	Cocaine	1	0
E.	Tik	1	0
F.	Heroin	1	0
G.	Ecstasy	1	0

SECTION F: QUESTIONS ABOUT YOURSELF

Please answer the following questions about yourself.

		Yes	No
87.	Do you have so much energy you don't know what to do with it?	1	0
88.	Do you brag?	1	0
89.	Do you often feel tired?	1	0
90.	Do you get easily scared?	1	0
91.	Do you threaten to hurt people?	1	0
92.	Do you feel alone most of the time?	1	0
93.	Do you swear or use foul language?	1	0
94.	Have you lied to anyone in the past week?	1	0
95.	Do you rush into things without thinking about what could happen?	1	0
96.	Do you feel nervous most of the time?	1	0
97.	Have you stolen things?	1	0
98.	Have you ever been told you are hyperactive?	1	0
99.	Do you feel people are against you?	1	0
100.	Do you get into fights a lot?	1	0
101.	Do you have a bad/short temper?	1	0
102.	Are you stubborn?	1	0
103.	Do you have trouble getting your mind off things?	1	0
104.	Have you ever threatened anyone with a weapon?	1	0
105.	Do you often act on the spur of the moment (impulsively or without thinking)?	1	0
106.	Do you hear things no-one else around you hears?	1	0
107.	Do you have trouble concentrating?	1	0
108.	Are you louder than other people your age?	1	0

		Yes	No
109.	Have you ever damaged someone else's property on purpose?	1	0
110.	Have you ever spent the night away from home when your parents or guardians didn't know where you were?	1	0
111.	Are you suspicious of other people?	1	0
112.	Have you been absent from school for 5 or more days in the past year?	1	0
113.	Do you feel sad most of the time?	1	0
114.	Do you tease others a lot?	1	0
115.	Do you have trouble sleeping?	1	0
116.	Do you feel you lose control and get into fights?	1	0
117.	During the past month, have you bunked school without your parents or guardians knowing?	1	0
118.	Do you have a hard time following instructions?	1	0
119.	Do you worry a lot?	1	0
120.	Do you often feel like you want to cry?	1	0
121.	Are you afraid to be around people?	1	0
122.	Are you restless and can't sit still?	1	0
123.	Do you shout a lot?	1	0
124.	Have you ever had sex? Skip to Question 133, if No.	1	0
125.	Have you ever had sex without using a condom?	1	0
126.	Did you have sex before your 15th birthday?	1	0
127.	Have you ever been high on drugs or alcohol when you had sex with someone?	1	0
128.	Have you had sex with two or more people in the past 3 months?	1	0
129.	Have you ever had anal sex (this means when the penis enters the anus)?	1	0
130.	Have you ever been sexually involved with someone who is more than 5 years older than you?	1	0
131.	Have you ever thought you or your partner might be pregnant?	1	0
132.	Have you traded sex for money/drugs/alcohol in the past 12 months?	1	0

		Yes	No
133.	<u>In the past 12 months</u> have you stolen anything from anybody?	1	0
134.	<u>In the past 12 months</u> have you caused serious damage to property?	1	0
135.	<u>In the past 12 months</u> have you bullied anyone at school?	1	0
136.	<u>In the past 12 months</u> have you been bullied at school?	1	0
137.	<u>In the past 12 months</u> have you been involved in physical fights?	1	0
138.	<u>In the past 4 weeks</u> have you carried a knife to be used as a weapon at school?	1	0
139.	<u>In the past 4 weeks</u> have you gone out beyond your neighbourhood and walked home alone?	1	0

SECTION G: CRIME

Which, if any, of these crimes have affected you personally in the past 12 months?

		Yes	No
140.	Property has been taken from you personally with actual or threatened violence	1	0
141.	Someone has forced entry into your home because they wanted to steal something	1	0
142.	You have been cut or stabbed on purpose	1	0
143.	You have been hit or beaten by someone	1	0
144.	You have been forced to have sex with someone when you didn't want to	1	0
145.	You have been frightened that you could be forced to have sex with someone when you didn't want to	1	0
146.	You have felt threatened by people who you think are part of a gang	1	0
147.	You have ever been part of a gang	1	0
148.	You have been injured by a car, bus, taxi or train	1	0
149.	You have injured yourself on broken pavements or missing drain covers	1	0
150.	You have been hijacked or in a car that was hijacked	1	0
151.	Property of yours has been destroyed by fire started on purpose	1	0
152.	You have been the victim of violence because of your nationality, gender, race, culture or sexual preferences	1	0
153.	You have been afraid someone in your home will hurt you	1	0
154.	You have been hurt by someone in your home	1	0
155.	You have been offered drugs by someone in your community	1	0

156. Please list the first, second and third most common crimes in your community. If you do not know of any crimes in your area, please write in NONE in each of the spaces below.

1.	
2.	
3.	

157. Which of the following activities have you seen in the past 12 months in your community?

		Yes	No
A.	Someone selling drugs	1	0
B.	Someone using drugs	1	0
C.	Someone getting shot with a gun	1	0
D.	Someone being beaten	1	0
E.	Someone getting stabbed	1	0
F.	Someone being forced to have sex when they didn't want to	1	0

SECTION H: SERVICES FOR YOUNG PEOPLE

158. Which of the following services do you need? – Please mark all that apply

		Yes	No
A.	Counselling for problems at home	1	0
B.	Counselling for problems at school	1	0
C.	Help with family problems	1	0
D.	Help with difficulties at school (with learning or studying)	1	0
E.	Family planning services	1	0
F.	Career counselling	1	0
G.	Job placement/training	1	0
H.	Alcohol and drug rehab	1	0
I.	Crime prevention services	1	0
J.	Sports programmes	1	0
K.	Arts programmes	1	0
L.	Recreation programmes	1	0

Finally, we would like to ask you three questions about your interests.

159. Please name your favourite TV programmes.

160. Please name your favourite musician.

161. Who is your Number One role model?

--

Date: _____ dd _____ mm _____ yyyy

END TIME _____ :

Thank you for your participation. Please tell the fieldworker that you are finished.