

Perspectives on KwaZulu-Natal

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Transitions to adulthood in the context of Aids in South Africa

Reproductive behaviour and sexual health of adolescents in South Africa has been the focus of a research project that is being conducted in KwaZulu-Natal. **Naomi Rutenberg, Cathrien Kehus-Alons, Lisanne Brown, Kate Macintyre, Anthea Dallimore** and **Carol Kaufman** have recently published the initial findings of the study.

The research study entitled 'Transitions to Adulthood in the Context of Aids in South Africa' is a prospective study of reproductive behaviour and sexual health of adolescents in South Africa. It covers their education and employment experiences, family and environment conditions and other factors in their lives that may influence their sexual behaviour and choices. The final goal of the study is to contribute to designing and refining policies and programmes that will improve opportunities and capacities of adolescents and may contribute to changing certain behaviour patterns and choices.

The few studies on adolescent reproductive behaviour that do exist in South Africa are often narrow in their scope, containing either an HIV/Aids or an early childbearing focus; few have integrated conceptually or methodologically the issues surrounding early sexual activity *and* exposure to HIV for youth. The studies centrally concerned with HIV/Aids tend to stress questions of knowledge of transmission, condom use, and patterns of sexual activities; studies on early childbearing tend to emphasize cultural determinants, such as the value of children, or the political forces that contributed to early childbearing and unstable unions. Few studies have systematically examined the links among school, work and reproductive behaviour, nor have they looked at how programmes targeted at youth condition those relationships. Most studies lack a systematic assessment of community context.

A key strategy in the state's response to the HIV/Aids epidemic is a national Life Skills Programme initially in secondary schools and now expanding to primary schools. However, little is known about the effectiveness of the programme - and the ways in which life skills training combines with other resources in families or communities to influence reproductive and sexual health outcomes. This is of special concern given the prominent role of the programme in the government's response to HIV/Aids.

The principal outcomes of interest for our study are sexual health outcomes and education and work opportunities. Sexual health outcomes include experience of a sexually transmitted disease, unwanted and/or unsafe pregnancy and abortion. Youth educational and work opportunities include the pace and progress of an adolescent through school, the types of work opportunities available (which depend on the

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availability of employment in the formal and informal sector), educational opportunities and experience of childbearing. There may, of course, be strong gender differentials within these various opportunities.

We believe that the sexual health and youth opportunity outcomes are highly interconnected. For example, boys who find jobs in the formal sector are perceived to be more responsible partners in family planning and anecdotal evidence suggests that they may also be more likely to use a condom. Boys who work are also thought to be more likely to acknowledge paternity and to continue supporting a child even if there is no marriage. For girls, acquiring and keeping a job may correspond with high motivation to use family planning, to effectively negotiate with partners about sex and condom use and to delay marriage and childbearing.

Study setting and methods

KwaZulu-Natal was selected as the site for this study for three reasons. First, the province has high rates of HIV infection - some of the highest in the country - and the urgency of the problem to youth and policy and programmes is great. Second, experienced and interested researchers (from the School of Development Studies at the University of Natal) were available to collaborate on the research. Third, the provincial experience with the Life Skills Programme is fairly typical in that the programme has been implemented unevenly in secondary schools.

Two administrative areas within the province - the Durban Metropolitan and Mtunzini Magisterial Districts - were purposively selected and their combined populations provide the universe for this study. The urban group (77% of the sample) used in this report refers to all respondents taken from the Durban Metropolitan sample as well as those living in urban areas within the Mtunzini district. The rural group (23%) refers to all respondents from the rural areas of Mtunzini.

Data collection teams administered a household questionnaire to each household that contained one or more adolescents between the ages of 14 and 22. The household questionnaire included questions about household members, living conditions, economic shocks, expenditure, government assistance and discussions about HIV in the household. The first wave of data collection included structured interviews with 2 007 households. In these, interviews identified 3 770 adolescents between the ages of 14 and 22 and completed individual interviews with 3 096 respondents. This interview covered the background characteristics of the respondents. Including: education history, work experience, a diary of their activities in the previous 24 hours, exposure to the school-based Life Skills Programme, sexual relationships, contraceptive and condom knowledge, attitudes and use, connectivity to school, family and community, alcohol and drug use and reproductive history.

Household characteristics

Of the households interviewed 72% are located in enumeration areas with a predominantly black population, 19% in areas with a predominantly Asian population, six percent in areas populated mainly by whites and the remaining three percent in areas with a coloured population. The 16% of the households located in the rural areas of Mtunzini are all black families.

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Households contained an average of 6.2 people who usually live in the household. Rural black households were the largest with 8.4 people, while white households were the smallest, consisting of 4.2 people.

In slightly more than one-third of the households, the respondent identified a female household member as the head of the household. This percentage is more than twice as high among black households as among households in other population groups.

The socio-economic status of households was assessed by housing conditions, such as the type of house and presence of electrical power and/or sanitation, and yearly household expenditure on food and non-food items. Almost all coloured, Asian and white households live in permanent brick houses with a connection to electricity, internally piped water and sewerage. The housing conditions of many blacks are much more basic, especially in the rural areas, with many lacking electricity or internally piped water. While somewhat more than one half of the urban black families live in permanent houses, 21% living in homes built of traditional material of mud and thatch, 20% live in what was considered a permanent shack and the remaining six percent live in temporary shacks.

Only 79% of the urban black households have electricity compared to virtually all households in the other urban population groups. Less than half of African households in the rural areas have electricity. A similar difference between the blacks and the other population groups is evident with regard to water and sanitation.

Relative difference in household income was estimated on the basis of data on household expenditures. We asked respondents about individual household expenditures on food and regular non-food items such as rent, electricity, water, phone and transport during the past month as well as expenditures on infrequent items as clothing, costs for education, furniture and other durables in the past year. As is often the case with survey data on expenditures, these data should be viewed with caution.

We estimate that black families spend on average about R5 800 on food each year. Comparatively, white families spend nearly five times as much on food (R27 760) while coloured and Asian families both spend about two and a half times as much (R15 750 and R13 729 respectively). A similar pattern exists with both regular non-food items and irregular items - white families spend the most and black families by far the least. Total yearly expenditure by African families averages about R14 000. Coloured and Asian families both spend more than three times this amount while white families spend more than six times this amount (R92 129). Black families spend around 50% of their yearly expenditure on food, while coloured, Asian and white families all spend about one-third of their total yearly expenditure on food.

Connectedness to family and friends

One dimension of social context of interest to this study is connectedness to family, school and community. Connectedness is defined as consistent, stable, positive, emotional relationships with significant others such as parents, friends, teachers and others who can provide children with important social skills and a sense that the world is safe and secure.

When asked to mention one person within their extended family and another person

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outside of the family to whom they feel closest, nearly half of the respondents cited their mothers. The father is mentioned by only six percent of adolescents as the person they feel closest to. Siblings appear to play an important role to the adolescents. Fifteen percent mentioned an aunt or uncle, a grandparent, or some other relative. Six percent of the respondents said they feel close to no one in their family.

When asked to name the person outside the family to whom they feel closest, most adolescents (65%) named a friend. Other persons mentioned (much less commonly) were a boyfriend or girlfriend, teacher or neighbour. A disquietingly high number of adolescents (22%) stated that they could not mention anyone outside the family they feel close to.

Connectedness to community

Connectedness to the community and social cohesion are measured through perceptions of community safety. Overall, rural blacks feel safer walking through their community at night than urban blacks. Among the urban communities, people from the mixed and white communities feel least safe walking outside at night. Gang activity is most prevalent in both the rural and urban black communities, although worse in urban areas.

Nearly 90% of respondents feel safe in their community during the day. Nonetheless, 42% thought they would be much happier if they lived in another community. Blacks are least likely to have many friends in the neighbourhood and the most likely to agree that they would be happier if they lived elsewhere.

A significant number of adults in the community believe that youth in their neighbourhood are at high risk of HIV infection. This was particularly the case in urban black communities, where more than half the adults believe this. Asian neighbourhoods are most likely to think that youth from their areas are at low risk of HIV infection.

Most respondents think HIV-infected students should be allowed to remain in school, though the attitude is less prevalent in the Asian communities. Urban black community members expressed a greater willingness to share experiences about HIV than other respondents. Just under half of urban blacks said that if a family member became infected with HIV, they would want it to remain a secret. Among the other population groups, almost three-quarters said they would want the HIV-positive status of a family member to remain hidden from the community. While many respondents would not want it known publicly that someone in their family is HIV-positive, they themselves would be willing to care for an infected family member.

Nearly half of black respondents in both rural and urban areas know of someone in their neighbourhood who has died of Aids. Only seven percent of Asians and five percent of whites report knowing someone in their neighbourhood who has died of Aids.

Interviewers asked adolescent respondents about their membership in a variety of neighbourhood and community associations in order to assess how active they are in community activities, as well as to gauge their exposure to other possible outlets of information and services on reproductive and sexual health.

In the majority of communities - the exception being white communities - respondents identified at least one sports club. Half of the communities have religious groups in

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which youth are active.

School context and life skills programme

Respondents who had attended either primary or secondary school since January 1998 were asked a number of questions regarding their perception of their school's environment. The overall impression is one of disorder. Seventy percent of respondents reported that their classrooms are noisy, 45% said they are crowded and 39% said they are dirty. More rural respondents (53%) said their classrooms are crowded than did the urban respondents (42%). Almost half (48%) of the respondents said they do not have access to all required textbooks. One-quarter stated that their teachers are often absent, while eight percent said that drunk teachers are a problem in their school. One-third of urban respondents and 12% of rural respondents stated that there is drug dealing in their schools.

Only minorities of respondents (16%) think males and females are treated equally at their schools. Three-quarters think girls are treated more favourably. Few respondents reported they experience sexual harassment from other students (11%) or teachers (five percent) or that it is a problem in their school.

Notwithstanding the failings of the schools listed above most respondents described their school as a place where they have friends and that teachers and principals care for their charges. The majority of respondents said they feel safe at their schools, though more than one-quarter feel there is considerable violence among students at schools.

Students in schools with a majority of white students or students in mixed schools are most likely to be offered a life skills programme where the essential topics are covered. Least likely to receive life skills training are students in schools with a predominantly black student body. The schools that teach life skills tend to be those that require higher fees and other parental contributions, have more facilities and have a higher matriculation pass rate.

To measure the actual content of material that the adolescents were exposed to, respondents were read a list of topics and were asked if they recalled each subject being discussed in class during their last year at school. The topic recalled most frequently are 'HIV/Aids - prevention and transmission' (70%), drugs and alcohol (62%), reproductive biology (61%) and 'why and when to use a condom' (61%). Topics that appear to be discussed least are 'sexually transmitted diseases - prevention/symptoms' (52%), 'self-esteem, decision making and assertiveness' (52%) and 'relationships - communication and negotiation with your partner' (47%).

Eighteen percent of the respondents said they have been exposed to all 13 life skills topics at school. Seven percent said they have covered none of the 13.

Risk taking and health-seeking knowledge and behaviour

Nearly all respondents (99%) had heard of HIV and most (94%) spontaneously mentioned that HIV could be transmitted through sexual intercourse. More than half also knew, without prompting, that HIV could be transmitted through contact with infected blood, and one-fifth mentioned that sharing needles could transmit the virus. Somewhat surprisingly, given the discussion in the media in South Africa about making AZT

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available to pregnant women to prevent transmission from mother to child during pregnancy and delivery, this mode of transmission was only mentioned by four percent.

Ninety-five percent of respondents reported that they think a person can do something to protect him/herself from getting HIV/Aids. One out of four youth interviewed said that they know someone who died of Aids or they believe died of Aids.

As a measure of the extent to which a respondent held fearful and possibly stigmatized attitudes toward people infected with HIV, we asked if the respondent would have different kinds of casual contact with somebody who is infected or they suspect is infected with HIV. Over two-thirds of the interviewed youth said that they would engage in different types of casual contact; most are comfortable working with, sitting next to, having as a friend, and touching someone infected with HIV. Respondents are less comfortable using the same toilet, sharing a bed, and particularly sharing food and utensils. One-quarter of respondents also said an HIV-positive student should not be allowed in school. These results highlight the need for more education on modes of HIV transmission as well as the need to de-stigmatize casual contact with people living with HIV/Aids.

Somewhat surprisingly, given the significant media attention to youth and the HIV epidemic in South Africa, only a small proportion (11%) of respondents think that they are at moderate or great risk of HIV. The main reasons given by those who feel that they are at low or no risk is that they are not sexually active (54%), always use condoms (20%) and have only one partner (12%).

We asked respondents to tell us if they had ever had an HIV test, after reassuring them that we were not interested in hearing the result of the test. Eleven percent said they have had a test. Girls are twice as likely to have had an HIV test than boys, suggesting that many of these tests may have occurred in the context of antenatal care. Four-fifths of those who had a test received the results. The most common reasons for not receiving the results are fear, no one offered to share the results and they are still waiting to collect results.

Knowledge of a source of condoms is nearly universal (96%). Most respondents are aware that hospitals and health clinics provide condoms. There is general support for condoms. The majority of participants disagree with the statements that condoms denote mistrust, are unnecessary in serious relationships, are difficult to carry because they show intention of having sex, cause females to lose the respect of her partner or are embarrassing to buy or ask for. Most think condoms are easy to attain.

Sexual abuse and violence

Almost all the male respondents (97%) reported they were willing participants the first time they had sexual intercourse, and none of the males reported that they were raped or forced. While just under two-thirds of the female respondents reported they were willing participants the first time they had sexual intercourse, 20% stated they were persuaded, four percent stated they were tricked and 10% stated that were forced or raped. One-fifth of the respondents, eight percent of males and 29% of females, reported at least one act of non-consensual sexual intercourse.

Pregnancy and childbirth

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Nearly a quarter of females have ever been pregnant. This is just over one half of the sexually active girls. Of those who have ever been pregnant, most (88%) said they have been pregnant once, while 12% have been pregnant twice. Only two percent of the 14 to 15-year-olds have ever been pregnant, while nearly a quarter of the 16 to 19-year-olds and nearly half of the 20 to 22 year-olds have ever been pregnant.

Twenty-two percent of the girls have given birth. Among girls who have given birth at the time of the study, 18 is the average age at their first child's birth.

The gap between pregnancies and births is due to both spontaneous losses of pregnancy and induced abortion. Nearly three-quarters of black female respondents said that they have had an unwanted pregnancy. Only two percent reported that they tried to end the pregnancy.

Education and work experience

Seventy-two percent of the respondents are currently enrolled in school. One quarter currently do or in the past had done some kind of work for which they are/were paid. The average age, at which they first started working, was 17 years. Of these, urban respondents who had ever worked started working at a younger age than their rural counterparts.

The average salary earned by adolescents working in the previous 12 months is R239 per week. Boys earn around R50 more per week than girls. Blacks earn the least, while whites, which spend the least number of hours per week working, earn the most.

The picture of educational opportunities in South Africa is both promising and disappointing. The vast majorities of children attend school and most eventually finish primary school. The number of young mothers returning to school is also encouraging, especially in light of high levels of early childbearing. However, completing secondary education proves to be too daunting a challenge for some and the difficulties in timely progression through school may adversely affect many adolescents' subsequent opportunities.

Conclusions

We have provided a brief and selected review of the sexual health and wellbeing, education and work of a sample of South African youth as they move toward adulthood and adult responsibilities. The information presented here certainly generates many more questions than answers. However, the data available from this project, in combination with the second wave of findings, advance our understanding of adolescent lives and the risks and opportunities the youth must navigate to a broader and more comprehensive understanding.

The team members conducting the research project are from the University of Natal, the Population Council's Horizon's Project in Washington DC and Tulane University in New Orleans.

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