

**GUIDELINES FOR A SOCIAL WORK PROGRAMME
FOR ADOLESCENTS IN THE NORTH-WEST
PROVINCE**

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FOREWORD

THE FORMAT FOR THE SAID ARTICLE HAS BEEN CHOSEN FOR THE DEGREE M.A. (SOCIAL WORK) IN KEEPING WITH THE REQUIREMENTS OF THE PROFESSIONAL JOURNAL FOR SOCIAL WORKERS TITLED SOCIAL WORK / MAATSKAPLIKE WERK.

INSTRUCTIONS TO AUTHORS

The Journal publishes articles, short communications, book reviews and commentary on articles already published from any field of social work. Contributions relevant to social work from other disciplines will also be considered. Contributions may be written in English or Afrikaans. All contributions will be critically reviewed by at least two referees on whose advice contributions will be accepted or rejected by the editorial committee. All refereeing is strictly confidential. Manuscripts may be returned to the authors if extensive revision is required or if the style or presentation does not conform to the Journal practice. Commentary on articles already published in the Journal must be submitted with appropriate captions, the name(s) and address(es) of the author(s) and preferably not exceed 5 pages. Notes must be numbered consecutively (at the end of the sentence and appear at the end of the text under the caption "Notes". Footnotes should be avoided. The whole manuscript plus one clear copy as well as a diskette with all the text, preferably in MS Windows (Word or WordPerfect), MS Word, Multimate, WordPerfect, DisplayWrite DCA, OfficeWriter, WordStar, ProWrite or ASCII must be submitted. Illustrations, (diagrams) must be presented as bromides. Tables should be presented on separate A4 sheets and grouped at the end of the manuscript. These should be numbered consecutively in Arabic numerals and bear short, descriptive captions. Their appropriate positions in their text should be indicated. Manuscripts must be typed double spaced on one side of A4 paper only. Use the Harvard system for references. Short references in the text: When word-for-word quotations, facts or arguments from other sources are cited, the surname(s) of the author(s), year of publication and page number(s) must be appear in parenthesis in the text, e.g. '...' (Berger 1967: 12). More details about sources referred to in the text should appear at the end of the manuscripts under the caption "References". The sources must be arranged alphabetically according to the surnames of the authors. Note the use of capitals and punctuation marks in the following examples.

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GUIDELINES FOR A SOCIAL WORK PROGRAMME FOR ADOLESCENTS IN THE NORTH -WEST PROVINCE

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ABSTRACT

The survey reported on in this document has been part of a bigger project launched by the Subject Group Human Movement Studies of the Potchefstroomse Universiteit vir Christelike Hoër Onderwys. The goal of the project was to survey the lifestyle and behaviour patterns of adolescents in the North-West Province in order to identify high risk lifestyle patterns with the purpose of developing wellness programmes for young people. By making use of secondary analysis, the data collected originally was used by the researcher on a selective basis in order to establish a baseline for the development of a social work programme for adolescents as no proper database for the development of such programmes existed. Such a venture would also be in line with the emphasis placed on services to the youth in South Africa at present.

The original survey consisted of 323 respondents from three different schools in the Potchefstroom area, representing four different population groups and including the age spectrum of high school learners. The data was collected with the Youth Risk Behaviour Survey questionnaire developed by the Centre for Disease Control in Atlanta, USA.

The conclusion arrived at was that the most relevant programme deserving the highest priority was the development of a stress management social work programme for adolescents. It is proposed that a stress management programme should be of a *holistic* nature to make provision for a wide variety of situations. It is envisaged that this research could be followed up with more refined research on the same topic.

KEY TERMS: *Lifestyles, social work programmes, wellness programmes, adolescents, programme guidelines.*

ABSTRAK

Die opname waaroor daar in hierdie verslag gerapporteer word het deel uitgemaak van 'n groter projek wat deur die Vakgroep Menslike Bewegingskunde van die Potchefstroomse Universiteit vir Christelike Hoër Onderwys geloods is. Die doel van die projek was om 'n opname te maak van die lewens style en gedragpatrone van adolossente in die Noord-Wes Provinsie ten einde hoe-risiko gedrag te identifiseer met die oog daarop om welstandsprogramme vir die jeug te ontwikkel. Deur die aanwending van sekondere analise, is die data wat oorspronklik versamel is, op 'n selektiewe basis deur die navorsers gebruik om 'n basislyn vir die ontwikkeling van 'n maatskaplikewerk-program te vestig, aangesien so 'n databasis nie bestaan nie. So 'n onderneming is ook in ooreenstemming met die groot klem op dienslewering aan die jeug in die huidige Suid-Afrika.

Die oorspronklike opname het bestaan uit 323 respondente uit drie verskillende skole in die Potchefstroom area, wat vier verskillende bevolkingsgroepe ingesluit het, sowel as die ouderdomspektrum van hoërskoolleerders. Die instrument wat gebruik is, is die Youth Risk Behaviour Survey vraelys wat ontwikkel is deur die Sentrum vir Siektebeheer in Atlanta, VSA.

Daar is met die navorsing tot die slotsom gekom dat die mees relevante program wat die hoogste prioriteit moet geniet, 'n maatskaplikewerk-program vir stresshantering deur jongmense moet wees. Dit word voorgestel dat so 'n program 'n *holistiese* karakter moet hê ten einde vir 'n verskeidenheid van situasies voorsiening te maak. Dit word ook in die vooruitsig gestel dat die navorsing met meer verfynde navorsing oor dieselfde onderwerp opgevolg kan word.

SLEUTELTERME: Lewens style, maatskaplike werk-programme, welstandsprogramme, adolossente, program riglyne.

INTRODUCTION

This research initiative constituted part of a larger project initiated by the subject group Human Movement Studies at Potchefstroomse Universiteit vir Christelike Hoër Onderwys. The purpose of the project was to research lifestyle patterns of adolescents in the North West Province with the goal of developing a wellness programme for young people. It was decided that the data generated as a result of this research could be used to develop guidelines for a social work programme for adolescents.

Due to the comprehensiveness of this survey and the resultant data generated from it's analysis, the aspects covered in this survey will be beneficial to informing social work practice methods and programme development, hence providing routes to improving the wellness of adolescents. By embarking on this course, the practitioner can identify factors or conditions that advance or restrict the quest for wellness, and "such information, once unearthed can be used to shape informed effort to promote wellness" (Cowen, 1991: 405). Focusing on competency levels of adolescents and advocating a "competence - enhancement approach" (Strayhorn, 1998: 101), is a pre-condition for empowering the target group and ensuring that they have control over their fate.

Adolescents are a sector of society whose particular emotional and physical growth needs cannot go unaddressed, if as practitioners we are to ensure that their transition to adulthood is not marked by crises. Youth, a component of the adolescent group, is presently regarded as a priority age group in South Africa (Inter-Ministerial Committee on Young People at Risk: 1998).

Currently no known comprehensive data-base reflecting the needs of adolescents in the North-West Province, exists. This impacts negatively on the conceptualization and design of any developmental or enrichment programme, where lifestyle issues of the youth can be explored and addressed, with the ultimate aim of equipping youth with the necessary life skills and stress management responses that would enable effective outreach outcomes.

It is assumed that lifestyle will, to a large extent, determine the quality of life, and that dysfunctional lifestyle patterns may inhibit the social functioning of people. It is further assumed that a social work programme developed with a firm knowledge of lifestyle patterns of adolescents, will validate the adolescent pursuit of wellness and effect the required fundamental change.

The establishment of the Youth Commission in 1996, prepared the foundation for transformative policies regarding the youth. The youth has also been an integral focus area of critical transformation instruments

that underpin and inform social work service delivery and practice methods viz. White Paper for Social Welfare (1997) and the Financing Policy - Developmental Social Welfare Services (1999), not excluding the importance attached to service - delivery to the youth outlining the minimum standards by the South African Child and Youth Care System (Inter-Ministerial Committee on Young People at Risk: 1998).

Contemporary youth must cope with a conflicting value system with many of them not utilizing the school system adequately to equip them with the basic skills required for career and other choices. A large number of the youth, will therefore remain unemployed as they do not have marketable skills required by the South African economy.

The South African Youth Policy Document (Republic of South Africa, 1997 (a):3) stresses the necessity for research into youth affairs, and the essence of this view is aptly captured by the following statement: "... however, it is clear that one of the greatest challenges facing youth organizations and youth development programmes is the need for current research into the needs and circumstances facing young men and women."

In view of the aforementioned arguments the following aim and objectives of this research initiative can be delineated:-

3. AIM AND OBJECTIVES OF THE RESEARCH

The general and overall aim of this research endeavour was to develop guidelines for a social work programme for adolescents in the geographical regions confined to the North-West Province.

It is envisaged that the aim can be achieved by pursuing the following objectives, delineated as follows:

OBJECTIVES OF THE RESEARCH

- To utilize the results obtained and data generated from the survey to determine lifestyle patterns of adolescents that participated in the survey,
- To determine the extent of high-risk behaviour patterns emerging from the analysis of data generated from the survey, and
- To develop guidelines for a social work programme that concerns itself with a developmental and enrichment focus for the enhancement of optimal psychosocial functioning of adolescents in the North-West Province.

4. CORE THEORETICAL ASSUMPTION

This survey focuses on the wellness of the adolescents in the North-West Province. In a broader sense social work contributes to the wellness of human beings. Social functioning is the operative term in social work where the thrust of intervention is focused on achieving optimal levels of social functioning in the target group.

The data extracted from this research initiative can be used to inform social work, in order to develop guidelines for a social work programme for adolescents. The social work programme should in essence, be a response to designated psycho-social needs.

5. RESEARCH METHODOLOGY

5.1. PROBLEM STATEMENT AND LITERATURE ANALYSIS

The overall purpose of this research initiative has focused on the development of a wellness programme for adolescents in the North-West Province.

The literature is replete with international studies regarding advancing wellness outcomes for the adolescent group, with wellness being a concept firmly entrenched in psychology and/or psychiatry. Macleod and Nelson (2000: 1129) refer to family wellness “as more than the absence of discord,” where family wellness is explored in relation to its outcomes relating to child maltreatment that could culminate in out-of-home placements etc. Olafsen and Svenson (1986: 1108) report on youth who “use more drugs, alcohol and tobacco, and do less physical exercise” in response to their parents’ unemployment. According to Cowen (1991: 405), “wellness can erode under conditions of adversity. It can be enhanced by favourable conditions, both natural and engineered.” Hence the purpose of this research initiative viz. the development of a programme to enhance wellness outcomes, is closely allied to Cowen’s (1991) viewpoint, where the programme designed in this research initiative, represented an engineered effort to yield favourable wellness outcomes.

The use of wellness as a concept in the context of social work is relatively rare. Rather, it is terminology well documented in the fields of psychiatry and psychology. The data generated from this survey can be used to shape informed social work effort to promote wellness.

The White Paper for Social Welfare (1997), The Financing Policy (1997) and the Inter-Ministerial Committee on Young People at Risk (1998), are transformative policy instruments that promote service delivery to the youth while simultaneously providing the parameters within which outreach work is effected.

Saleeby (1996: 296) advanced an argument for a strengths-based approach to managing client systems that include “youths in trouble to promote wellness outcomes based on a focus on, and emphasis of their capacities, competencies, resilience, talents and resources.” This argument is closely allied to translating the aims and objectives of the Reconstruction and Developmental Programme (1994) into action. Guidelines for a programme for adolescents to be presented in this paper would therefore have to “ensure that a balance is achieved between rehabilitative, protective, preventive and developmental interventions.” (Draft White Paper on Social Welfare, 1996: 10).

The databases consulted were:

Internet
SACAT
Social Science Abstracts
Social Work Abstracts
SAS System for Windows Release.

According to Cowen (1994: 149), the five pathways to wellness are “forming wholesome early attachments, acquiring age and ability appropriate competencies, engineering settings that promote adaptive outcomes, common to fostering empowerment and acquiring skills needed to cope effectively with life stressors.”

The focus of this research endeavour is directly related to Cowen’s (1994: 149) statement with the exception of forming wholesome early attachments as this would have occurred during the adolescents formative years.

In the context of this research initiative and to achieve the outcome goal of this project viz. to develop guidelines for a social work programme for adolescents in the North-West Province, it became increasingly necessary to bear Cowen’s aforementioned viewpoint in mind. Certainly, to explore each pathway to wellness in relation to each respondent is beyond the scope of this project. However, by focusing on respondents competencies and skills thereby fostering empowerment, is core to the overall process of addressing issues of concern to the youth in the North-West Province.

Programme development must therefore be compiled in response to youth needs via their active participation in the entire process. This view is compounded by Austin (1983: 9) who has indicated that “human service programmes are particularly dependent upon interaction with and co-operation from service users.” In this instance, programme design and the service plan established has been directly related to the information supplied by respondents in this survey. By remaining cognizant of Austin’s (1983) “networking model” the main objective of a programme for the youth would be to increase operational linkages among service users (youth).

According to Weick et.al. (1989: 352) “All client systems poses a wide range of talents, abilities, capacities, skills, resources and aspirations.” To effect interventions from a problem-centered approach in the course of work with adolescents, focuses on diagnostic labels, pathology and human weaknesses. It does not allow practitioners to unlock the hidden strengths of the client system as they are continually blinded by focusing on deficits. Hence, a strengths-based approach is recommended as it encourages empowerment, development, growth, education and capacity building of the adolescent group, as it would facilitate the achievement of favourable outreach outcomes for this target group.

The *holistic* approach designed in this paper focuses on the empowerment, development, growth, education and capacity building of the priority target group in an effort to achieve favourable outcomes and is therefore congruent with the focus of intervention from a strengths perspective.

Integral to the process of identifying strengths in the client system, is the ability to uncover the inherent strengths of the environment, community and family in which the client system functions. If the client system (adolescents) actively participate in this process, there are guided to recognize their capacities and competency levels that would otherwise have gone unnoticed.

Cowen (1994: 169) has indicted that “stress is used to describe many different situations that pose threats to wellness.” For any given level of intensity of stress, the reality is that people vary greatly in the extent to which they perceive the situation as stressful. Because stress operates to elevate risk, being able to cope effectively with it is another key pathway to wellness.

This paper seeks to provide routes to wellness via implementation of a Stress Management Programme, that could direct the target group towards more productive life experiences. Empowerment is the process by which people gain mastery over their affairs, and by extension, control over their destinies. By advocating a stress management outreach initiative with the focus resting on changing the individuals perception of stress and enhancing self-esteem, allows for the individual to exert control over his/her life.

5.2. EMPIRICAL INVESTIGATION

5.2.1 RESEARCH DESIGN

The research design used was exploratory in nature, with “secondary analysis” (Grinnell, 1993: 290) as the main procedure for data analysis. The researcher utilized data collected by the subject group Human Movement Studies, described in the introduction. Only data regarded as relevant to the purposes of this study was utilized from this data base.

5.2.2 RESPONDENTS

The sample comprised 323 adolescents from three selected schools. The school population in which this research initiative was conducted was representative of the different communities. An availability sampling method was used, as not all schools approached wanted to co-operate. Questionnaires were administered to students from grades 8-12.

5.2.3 MEASURING INSTRUMENTS

The measuring instrument utilized to collect the original data was the Youth Risk Behaviour Survey (YRBS), designed by the Centre for Disease Control (CDC) in Atlanta, USA. It has, according to Kann et.al. (1993), “acceptable reliability in measuring health-related behaviours in adolescents.”

5.2.4 PROCEDURES

The YRBS, a self report instrument was administered in school classrooms by trained administrators. The processed data of the original survey was assessed by the researcher. Specific data regarded as pertinent to this initiative was extracted from the amalgam of information created by the original study.

5.2.5 ETHICAL ASPECTS

In view of the survey being administered by fieldworkers not under the supervision of the researcher and that the processing of data would be done by way of secondary analysis, abiding by the confines of ethical issues was not central to the role of the researcher. However, it must be noted that parental consent procedures were followed prior to the survey administration.

5.2.6 DATA ANALYSES

The subject group Human Movement Studies undertook the responsibility for the collection and capturing of data. Analyses of the data was performed using the SAS system for Windows Release 8.01 (2000).

6. RESULTS: EMPIRICAL DATA

Bearing in mind that N=323 the descriptive statistics viz. gender, ethnicity and, age groupings of the research project can be tabulated as follows:-

6.1 GENDER

	N	%
Gender		
Boys	141	43,65
Girls	182	56,34
Total	323	

There were slightly more females than males in this sample which is representative of the total South African population.

6.2 ETHNICITY

	N	%
Ethnicity		
Black	90	27,86
White	98	30,34
Coloured	90	27,86
Indian	45	13,93
Total	323	

The different ethnic groups were equally represented in the sample, but was not representative of the South African population. It will thus not be possible to generalize the findings of this study to the broader South African population, although it could be used as an indication of the needs of adolescents.

6.3 AGE GROUPINGS

	N	%
Age Groupings (in years old)		
13	23	7
14	58	18
15	61	19
16	65	20
17	58	18
18 and older	58	18
Total	323	

The age groups were equally distributed in the sample, with the exception of the 13 year olds who were slightly under represented. The survey nevertheless reflects the views of all the age groups within this particular life span.

6.4 VIOLENCE AND VIOLENCE RELATED BEHAVIOURS

	N	%
Violence related behaviours		
Carrying of weapon during the past 30 days	16	4,95
Carrying of gun during the past 30 days	14	4,33
Carrying of weapon on school property	7	2,17
Non-attendance at school due to feeling unsafe	10	3,1
Threatened with weapon on school property	26	8,05
Involved in physical fight during past 12 months	60	18,69
Injuries in a physical fight requiring medical attention	14	4,4
Physical fight on school property during past 12 months	31	9,66
Physical fight between boyfriend and girlfriend	47	14,8
Physically forced to have sexual intercourse	22	6,98
Total	247	

A small percentage of learners (4,95%) indicated that they carried weapons in the period preceding the survey, while 4,33% reported that they carried guns during the same period. Although both the aforementioned groups are relatively small, the damage that could be inflicted through the use of weapons may be serious because it will constitute a crime, especially if the firearms are illegal. A small group of learners (8,05%) have reported that they have been threatened with a weapon on school property, while 3,1% reported non-attendance due to feelings of insecurity. It is to be expected that some learners will respond to a threatening situation by staying away from, or by removing him or herself away from the situation.

The data shows that physical fights were chosen by 18,69% of the sample to address differences. It is however unclear whether this group also includes the physical fights between members of the opposite sex. While 4,4% of the sample needed medical attention as the result of a physical fight, 6,98% reported that they were physically forced to have sexual intercourse - which meant that they were raped.

The information presented in the aforementioned table has indicated that various types of conflict and violence do occur amongst the respondents. This information points to the need to empower the youth to deal with personal differences in a constructive way. It is also indicative of the need for the youth to acquire effective relationship skills.

6.5 DEPRESSION AND ATTEMPTED SUICIDE

	N	%
Depression and attempted suicide		
Feelings of hopelessness for 2 or more weeks in a row	129	40,19
Seriously considered attempting suicide during past 12 months	66	20,36
Planned to attempt suicide during past 12 months	15,31	49
Attempted suicide during past 12 months	28	8,72
Medical attention required after attempted suicide	22	6,98
Total	294	

It is assumed that there is a relationship between feelings of hopelessness reported by 40,19% of respondents, thoughts of suicide expressed by 20,36% of respondents, planning to commit suicide (15,3% of respondents) and attempted suicide (8,72% of respondents). A much smaller percentage than those expressing feelings of hopelessness attempt suicide, but almost all suicide attempts require medical attention. The data is indicative of the fact that there are young people with the necessary coping mechanisms preventing them from attempting suicide.

The state of mental health of youth is expressed in Table 5.

6.6 TOBACCO USAGE

	N	%
Tobacco Usage		
Tried cigarette smoking	203	63,64
15/16 years when smoked a whole cigarette	55	17,35
Smoked during past 30 days	31	9,69
2 to 5 cigarettes in a row	27	8,46
Bought cigarettes in a store	49	15,56
Not asked to show proof of age in store	86	27,22

continued p.10/:

Smoked on school property during past 30 days	15	4,69
Active smoking for past 30 days	48	1525.
Attempted to quit smoking during past 12 months	87	27,62
Use of chewing tobacco, snuff	5	1,57
Use of chewing tobacco, snuff on school property	3	0,94
Smoking cigars, cigarillos or little cigars during past 30 days	22	6,9

N CANNOT BE SPECIFIED DUE TO THE FACT THAT RESPONDENTS ANSWERED MORE THAN ONE QUESTION.

Tobacco usage itself may not be such a serious problem, as far as social functioning is concerned. It is a health issue which may have serious consequences for the young child. By extension, tobacco usage could be paving the way for the use of more harmful drugs. Of particular note is that 63,64% of the respondents have tried cigarette smoking.

This does not necessarily mean that the respondents continued smoking, but it can be assumed that a certain percentage did, considering that 27,62% indicated that they attempted to quit smoking. For various reasons this group has decided that smoking is not desirable. A sizable percentage, 17,35% indicated that they smoked a whole cigarette at a fairly young age, with 15,56% who bought cigarettes in a store. An issue of considerable concern is that 27,22% of the sample were never asked to show proof of their age when buying cigarettes in a store, hence indicating that legislation in this regard is not being enforced. Cigarettes thus seem to be freely available to children who should really not be using tobacco, regardless of legislation in this regard.

The smoking habits of adolescents as reflected in the table above warrants the inclusion of this topic in a social work programme for the youth. Not only does smoking cause a health hazard, but it also has implications on the personal budgets of adolescents. It also has implications on social relationships because people may be offended by another persons smoking habits.

6.7 ALCOHOL CONSUMPTION

	N	%
Alcohol consumption		
Had at least one drink of alcohol	102	31,88
15-16 years old when consumed alcohol for the first time	81	25,8
Had one drink during past 30 days	72	22,57
5 or more drinks in a row over the past 30 days	81	25,31
At least one drink on school property	12	3,7

N CANNOT BE SPECIFIED DUE TO THE FACT THAT RESPONDENTS ANSWERED MORE THAN ONE QUESTION.

Not all the statistics in the above table are reason for concern, because as in the case of smoking the first drinking experience of an adolescent may have been his/her last. However, a portion of the 31,88% of respondents may have continued drinking after their first experience. The 22,57% who reported that they had one drink during the 30 day period before this research project could have been part of the group who said that they have had at least one drink of alcohol.

6.8 DAGGA USAGE

	N	%
Dagga usage		
Used dagga	53	16,61
Smoked dagga between ages 8 to 17	54	16,97
Dagga usage during past 30 days	22	6,9
Used dagga on school property during past 30 days	4	1,25
Used cocaine, including powder, crack or freebase	6	1,87
Used cocaine during past 30 days	1	0,32
Glue sniffing, inhaling sprays, paints	17	5,29
Glue sniffing, inhaling sprays, paints during past 30 days	6	1,87
Used heroin	2	0,62
Used methamphetamines	5	1,56
Used steroid pills without prescription	8	2,49
Used a needle to inject illegal drug	4	1,24
Offered, sold or given an illegal drug on school property	33	10,28

N CANNOT BE SPECIFIED DUE TO THE FACT THAT RESPONDENTS ANSWERED MORE THAN ONE QUESTION.

Presumably the group of 16,61% of respondents indicating that they have used dagga is the same group who stated that they have used dagga between the ages of 8-17.

A group of 6,9% indicated that they have used dagga in the period immediately preceding this survey which could be part of an established pattern. From the sample 1,87% of respondents admitted that they did sniff glue and/or inhaled sprays and paints in the period preceding the survey. There is also a small percentage of cocaine, heroin, amphetamine and steroid users. This percentage could be small due to the fact that the substances mentioned are more expensive than either glue, dagga or sprays and hence access is limited. It is however doubtful whether these statistics are correct because young people will naturally be reluctant to admit that they indulge in behaviour that is socially unacceptable.

A small percentage also indicated that they have used needles to inject themselves with 10,28% indicating that they were offered, sold or given illegal drugs on school property.

A related issue of significant concern is the use of needles for the injection of illegal drugs which has implications for acquiring the HIV/AIDS virus.

6.9 SEXUAL BEHAVIOUR

	N	%
Sexual behaviour		
Engaged in sexual intercourse	73	22,74
Engaged in sexual intercourse between ages of 11 - 17	73	22,74
Had sexual intercourse with one person	24	7,5
Had sexual intercourse with one person during past 3 months	33	10,31
Indulged in alcohol or drugs before sexual intercourse	18	5,59
Use of condom during last sexual encounter	57	17,76
No birth-control used to prevent pregnancy	15	4,69
Number of students who fell pregnant	5	1,58

N CANNOT BE SPECIFIED DUE TO THE FACT THAT RESPONDENTS ANSWERED MORE THAN ONE QUESTION.

From the sample, 22,74% indicated that they have engaged in sexual intercourse, and also from a very young age. For the sample 17,76% reported that they have used a condom, which means that a significant percentage have engaged in protected sex. The risk of HIV/AIDS in these cases and also those respondents that practice unprotected sex cannot be underscored.

Awakening sexual needs in the adolescents is related to personality development. However, if not adequately prepared and informed about the implications of sexual intercourse, an unwanted pregnancy is not the only issue the individual may have to deal with. This must be viewed in a more serious light, considering that a 9,28% of the sample have not been educated about HIV/AIDS as yet.

6.10 HIV/AIDS EDUCATION

	N	%
HIV/AIDS education		
Students who have not been taught at school about HIV/AIDS	30	9,28
Total	30	

From the sample 9,28% reported that they have not been taught at school about HIV/AIDS. It is alarming, that HIV/AIDS issues have not been factored into the school curriculum, in view of the global prominence of the pandemic.

7. DISCUSSION RE: RESULTS

There was no further analysis of the data as it would be beyond the scope of this research initiative.

To gain a platform from which to advocate the implementation of an outreach initiative, practitioners in the North-West province must have a firm grasp of the trends/patterns of responses received, as this data provides invaluable insights into programme conceptualization, development and implementation aspects targeted at the adolescent group.

Respondents views ranged from a majority that were relatively conservative to those that were radical, or conspicuously intolerant of the status quo. Clearly some might interpret the data reported in this paper in terms of adolescent curiosity or sensation-seeking. What was of immense concern to author of this paper was the extremely high degree of depressive feelings experienced, and the resultant suicidal tendencies/patterns of the sample. Traditionally social work has concerned itself with a remedial and curative focus, but with the introduction and incorporation of the White Paper for Social Welfare (1997) the focus has resulted in delivering services within a developmental framework. The essence of this argument is supported by Patel (1998: 115):

“Welfare NGO’s have built up over many years much experience in fundraising, managing organizations and subsidies from government. However in the new context they are finding that they are having to play new roles which require different skills such as understanding development, restructuring organizations to be more efficient, effective and to deliver more appropriate services within a developmental framework.”

The Draft White Paper for Welfare states (1996: 10): “The past Social Welfare dispensation in South Africa was characterized by fragmentation of services with a focus on rehabilitative services (healing) rather than on prevention or development.” In response to this aspect of the Draft White Paper (1996), Potgieter (1998: 114) argued that: “It did not succeed in addressing basic human needs, large-scale poverty and the social development priorities all the people.” It is in this respect that the author of this paper advocates a *holistic* approach in addressing the designated needs of the youth in the North-West Province.

8. SELECTION OF A PROGRAMME TO ADDRESS THE NEEDS OF ADOLESCENTS IN THE NORTH-WEST PROVINCE

The appraisal of the data contained in this paper provides practitioners with valuable insights into the high-risk lifestyle and behaviour patterns of adolescents. In this respect the author of this paper advocates the design and implementation of a **Stress Management Programme** for this target group.

8.1 REASONS FOR SELECTION OF A STRESS MANAGEMENT PROGRAMME

Due to life experiences, each persons perception of demands made on them is unique and therefore very different from another person’s perceptions. To understand this is beneficial if an individual wants to implement changes to take charge of his/her life. By changing his/her perception of stress, enhances self-esteem and allows an individual to exert control over his/her life. Stress management techniques can be taught to the target group in an effort to achieve the objectives of this research initiative - as presented in the *holistic* approach.

Following on sequentially from this argument, the aims of a Stress Management Programme delineated as follows, is to help participants:

- increase their awareness of how they experience stress
- identify the symptoms of stress
- identify sources of stress
- increase their awareness of their existing coping mechanisms for dealing with stress
- develop a personal stress management plan (that includes sports participation)
- learn and practice skills to cope more effectively with the stress experienced.

From the empirical data it also becomes clear that many of the behaviour forms manifested by the respondents are stress-related. It is thus important that they be taught how to deal with stress.

8.2 THE BASIC PRINCIPLES OF STRESS MANAGEMENT

■ **A healthy lifestyle should be developed and maintained in order to build up physical resistance to stress. It can be achieved through the following:**

- i. Developing a balanced eating pattern.
- ii. Changing harmful/destructive behaviour/lifestyle patterns
- iii. Ensuring adequate rest
- iv. Building stamina and resistance to stress through physical exercise
- v. Learning to relax.

■ **Knowing yourself is essential in order to develop a personal stress-management plan. Self knowledge can be gained through:**

- i. Self-assessment
- ii. Critical self-evaluation

■ **Relationships should be managed in such a way that it prevents undue stress. It can be achieved by acquiring:**

- i. Effective Communication
- ii. Assertiveness

■ **The environment should be managed in a way that it does not cause undue stress. Effective management of the environment can be achieved through:**

- i. Goal Setting
- ii. Time Management
- iii. Problem-Solving

Acknowledgment - The author would like to thank the South African Federation for Mental Health for their consultation and contribution regarding stress management programme design and implementation.

N.B. To present a Stress Management Programme in totality, is beyond the scope of this paper. What follows can be construed as guidelines for practitioners to effect such a programme.

9. A PRESENTATION OF GUIDELINES FOR A SOCIAL WORK PROGRAMME FOR ADOLESCENTS IN THE NORTH-WEST PROVINCE

Historically, South African practitioners have relied on western models of intervention to address the needs of their client systems. However, due to the fluctuating and fundamental changes inherent in the political, social and economic arenas, the use of western models to address peculiar South African circumstances and conditions is becoming obsolete.

Kettner (1988: 100) defines a programme as “a prearranged set of activities which specify the means to achieve a goal.” Programme design, Kettner (1988: 100) further argues refers to “the way in which a programme is conceptualized and it’s elements defined and arranged in an effort to achieve objectives.”

Based on the premise of Kettner’s (1988: 100) viewpoints, and the urgent need for South African practitioners to indigenise programme development, it then became necessary to design a practice approach that can be utilized, that was aligned with the needs of adolescents in the North-West Province.

9.1 HOLISTIC APPROACH

PRIMARY TARGET SYSTEM

Secondary schools in the North-West Province

METHOD

STRESS-MANAGEMENT

(via a strengths-based approach and to factor sports participation into the service-delivery equation)

OBJECTIVES

- A. To facilitate a decrease in the rate of:**
- * Tobacco usage
 - * Depression and attempted suicide
 - * Alcohol consumption
 - * Engaging in high-risk sexual behaviour
 - * Violence-related behaviour
 - * Dagga usage
- B. To educate:**
- * HIV/AIDS

TECHNIQUES

- * Empowerment
- * Development
- * Growth
- * Education
- * Capacity Building

(via inter-agency collaboration efforts resulting in alliances that pool resources, knowledge and skills, together with school sports sports administrators and input from consumers of services).

PRIORITY TARGET GROUP

Adolescents attending the schools provincially

9.2 MOTIVATION FOR THE CHOICE OF AN *HOLISTIC APPROACH*

The author of this paper has designed the aforementioned *holistic* approach to address the needs of adolescents in the North-West Province for the following reasons:

- The inter-agency collaborative efforts encourages, supports and promotes a move away from the previously fragmented, largely unco-ordinated services delivered via individual agency input, to services delivered in a co-ordinated manner to avoid duplication and attain optimal efficiency levels,
- The process of networking and liaison with sports administrators, fosters cross-discipline alliances and should ultimately lead to a more balanced outreach effort where the relevance of sports participation is factored into the service delivery equation, and
- The holistic approach focuses on the primary target systems that invariably must be identified to ensure that adequate and reciprocal transactions between and among the schools in the North-West Province, and service-providers can enrich and enhance the quality of life, thereby promoting a sense of wellness among the youth.

9.3 INTERPRETATION OF THE *HOLISTIC APPROACH*

9.3.1 PRIMARY TARGET SYSTEM

The primary target system, identified in the course of this research initiative is secondary schools in the North-West Province. The primary target system must be mobilized via reciprocal transactions between and among school personnel and service-providers with the ultimate aim of enhancing and enriching the quality of life of the adolescents (**priority target group**), thereby promoting a sense of wellness among the youth.

9.3.2 METHOD

To implement a Stress Management Programme from a strengths-based approach, while factoring sports participation into the service-delivery equation.

9.3.3 FACTORING SPORTS PARTICIPATION INTO THE SERVICE-DELIVERY EQUATION

Central to managing stress is the need to develop and maintain a healthy lifestyle to build up physical resistance to stress (as outlined in the basic principles of stress management in this paper). As 64,15% of the sample reported non-attendance of physical attendance classes, sports participation can be encouraged by all relevant role-players and incorporated into a stress management programme designed around an inter-school sports event to maximize wellness outcomes.

9.3.4 OBJECTIVES

The outcome goal or aim of the project is to enhance wellness of adolescents in the North-West Province.

The aims of the outreach effort are concisely illustrated in the *holistic* approach according to priority in respect of the sample. Each focal area of the YRBS, is differentiated into separate clusters of indicators that guide and prioritize intervention processes. The stress management programme designed with these specified focal areas in mind, should yield positive outreach outcomes.

Specifying the objectives in the holistic model is beneficial to practitioners in that it partializes the overall goal of the project, thereby preventing practitioners from becoming overwhelmed by the scale of the intended interventions. In this respect, practitioners who facilitate this project must collectively pool their knowledge and insights regarding defining the route to attaining the overall goal.

9.3.5 TECHNIQUES

Empowerment, development, growth, education and capacity building are effected via inter-agency collaborative alliances that focus on pooling resources, knowledge and skills of the various stakeholders. School sports administrators and the adolescents in the province must also be roped in to effect a project that is cognizant of the input of the various role-players, thereby focusing on participative decision-making processes. The interaction between and among stakeholders results in delivery partnerships being formed. This is closely aligned to the aims of the policy documents in realizing national priorities of reconstruction and development within a developmental paradigm. This view is compounded by Austin (1983: 3), where he advocates a “networking model that emphasizes collaborative decision-making processes among service organizations, consumer constituencies and clients ...”

In this way the North-West Province’s collective resources could be mobilized to advance wellness among adolescents.

10. CONCLUSIONS

- Both genders as well as the four main population groups were included in the sample. Provision was also made to include all age groups of high school students in the sample. Only schools in Potchefstroom were included in the survey, but the sample was regarded as representative of schools in North-West Province.
- Some of the questions were of a sensitive nature, hence it was difficult to ascertain whether questions were answered truthfully or whether respondents gave socially desirable responses.
- Many of the responses secured in the survey clearly indicate needs amongst the learners to be empowered to deal with varying risk or threatening situations in the school environment.
- Some learners, although in the minority, experienced a lack of security to the extent that they carried weapons, some of them on the school premises, where they have threatened other learners. This situation has led to the non-attendance of learners as a result of threats, a situation that will only effect the culture of learning, making the school less safe than it should be. By extension, the learning objectives of the school are also compromised.

Apart from this, physical fights also occur amongst the learners, which in itself is not problematic because it could be regarded and interpreted as “normal”.

A reason for concern, however, is that some learners needed medical attention after these fights, which meant that the extent of the injuries sustained was great enough to warrant medical attention.

- The facts surrounding the state of mental health of learners was a cause for concern, the seriousness of which should not be underestimated. Feelings of hopelessness may have a variety of sources, with some problems emanating from self image issues, of special significance to adolescents at this critical stage of their development.
- Tobacco usage and alcohol consumption of the adolescent must be examined in the light of legislation regarding the use of these two substances, not being enforced. If the legislation relating to the sale of alcohol is enforced, thereby restricting the adolescent’s access to alcohol, engaging in unprotected sexual intercourse could be minimized and so too could the risk of contracting the HIV/AIDS virus.
- The implementation of a stress management programme and the possibility of an individualized stress management plan could identify factors that predispose the adolescent to engaging in high-risk behaviour and lifestyle patterns.
- Cross-discipline and inter-agency alliances that arise from this outreach effort are extremely beneficial to the client system as they are assured of an *holistic* approach in addressing their concerns.

11. RECOMMENDATIONS

The recommendations emanating from this research initiative for adolescents in the North-West Province can be delineated as follows:

- the school system and by extension the educational arena is inextricably linked to the political, economic and other social institutions of the country, and is therefore affected by changes occurring or inherent in any of these institutions. Programme conceptualization must therefore take into consideration all aspects of the current domestic situation in totality,
- social work agencies must expose practitioners in their employ through staff development programmes to the skills and methodologies required for cross-cultural and inter-ethnic practice, thereby ensuring that interventions and outreach initiatives are assured of yielding favourable outcomes. In this respect, practitioners would develop skills to practice comfortably in both urban and rural areas and therefore be equipped to foster intergroup tolerance in a society as culturally and socially diverse as is the case in South Africa,
- it is imperative for social work managers to encourage their staff to conduct research of an indigenous nature in their areas of operation, whereby research generated knowledge could be utilized to guide programme development in addressing conditions and circumstances peculiar to that particular target group. Following on from this, is the need to develop measuring instruments and assessment technology for the express purpose of evaluating intervention strategies and defining effective practice in relation to the impact such a strategy would have on client systems. Hence indigenous social work practice methods can be formulated, and in some instances, refined.

- Consequently, social work practitioners would then develop the skills to contextualize programme design and development in response to specific South African conditions.
- In some cases programmes would be aligned with national priorities, thereby securing funding, and in other instances, a process of networking and liaison could begin between the welfare organizations and the relevant state department, if the focus area of the conceptualized programme falls outside the parameters of funding and other criteria in terms of the present social welfare dispensation,
- practitioners attached to agencies representative of the various fields of service should be prompted to foster inter-agency alliances regarding the design and implementation of community development projects. The developmental welfare paradigm as espoused by the White Paper for Social Welfare (1997) and the Financing Policy (1999) support and encourage partnerships between government, civil society organizations and the private sector. Hence delivery partnerships forged as a result of inter-agency collaboration are better equipped to deal with the “whole person” and not just see the person in terms of his/her presenting problem. In this way networking to share information and resources could be realized, together with forming partnerships to fast-track the delivery of services. Given the diversity of stakeholders, there is a wealth of knowledge which could and should be harnessed to enable effective outreach outcomes by mobilizing the province’s collective resources, and
- in an effort to redress past imbalances created by the legacy of the apartheid policy in South Africa, the idea of an African Renaissance has metamorphosed into the New African Initiative, where the needs of ethnic and cultural minorities are factored into the service delivery equation. Practitioners must work towards constructively engaging this component into their outreach efforts, hence displaying unambiguous disapproval of the iniquities of the past and addressing the vast backlogs in social services through the implementation of the New African initiative,
- Implementation of a Stress Management Programme to address the high-risk lifestyle and behaviour patterns identified in the survey.
This could be extended to include a personal stress management plan that would comprehensively address each adolescents unique requirements,
- Utilization of the *holistic approach* as a point of departure in the implementation of a Stress Management Programme where the holistic approach represents an indigenous practice approach.

N.B. It must be noted that the *holistic approach* does not in any way present itself as a blueprint for service delivery, rather it serves as a guide to effect a Stress Management Programme to maximize wellness outcomes, and finally

- The results indicate that this pilot study should be followed by a broader, more comprehensive study that is representative of the sample.

In all these endeavours social work practitioners should strive towards maintaining reciprocal and ongoing relationships with the communities they service, encouraging the establishment of grassroots structures to facilitate the empowerment and increase their co-operation and involvement levels. In so doing, the practitioner who acted as catalyst for the outreach initiative is assured of the continuation of the initiative well beyond the completion of his/her role and withdrawal of his/her input.

This leads to a sense of “ownership” of the project by the community and promotes indigenous leadership among community members.

12. SUMMARY

Presenting guidelines for a social work programme for adolescents in the North-West province was a complex and multi faceted process. The author of this paper had to ensure that designing the stress management programme proposed, based on the results of the survey, had to be simultaneously equitable, effective an efficient to the target group. In the pursuit of wellness, facilitating empowerment, development, growth, education and capacity building can, via a strengths-focused approach be construed as key links in a complex chain directed towards a pathway to wellness. The simultaneous presence of all techniques can advance wellness as adolescents are provided with a greater sense of control and mastery over their destinies.

The key role of the practitioner in this multi-pronged effort would be to identify high-risk lifestyle and behaviour patterns and direct the client system towards achieving wellness outcomes.

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APPENDIX 1:

**Sport participation
and wellness of
adolescents in the
North West Province**



**2001
Research Project**



2001 Sport participation and Youth risk

This survey is about sport participation and health behaviour. It has been developed so that you can tell us what you do that may affect sport and your health. The information that we receive from you give will be used to develop better health education for young people like yourself.

DO NOT write your name on this document. The answers you give will be kept confidential. No one will know what you have written. Answer the questions based on what you really do. The information you give us cannot be linked to you as a person.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in your class. If you are not comfortable answering a question, just leave it blank.

The questions that are asked about your background will only be used to describe the types of students completing this survey. The information will not be used to find out your name. Your name will not be asked or given to anybody.

Make sure to read every question well.

When you have finished completing the questionnaire, follow the instructions of the person giving the survey.

Thank you very much for your help.

DIRECTIONS

- Use a dark pencil or pen.
- Mark your choices clearly.
- Mark a response like this: A B D
- To change your answer, erase completely or cross out the wrong answer (✕)

Section A: Demographic information

1. Subject number:

Please answer the following questions and indicate by putting a in the appropriate block.

2. Town:
(Where school is situated)

Name of school

3. Gender: Male / Boy 1

Female / Girl 2

4. How old are you?:

- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- Older than 18

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3
<input type="checkbox"/>	4
<input type="checkbox"/>	5
<input type="checkbox"/>	6
<input type="checkbox"/>	7

5. School grade this year: Grade

6. Ethnic grouping:

- Black
- White
- Coloured
- Asian

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3
<input type="checkbox"/>	4

7. First language:

- Setswana
- Afrikaans
- English
- Xhosa
- Zulu
- Other

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3
<input type="checkbox"/>	4
<input type="checkbox"/>	5
<input type="checkbox"/>	6

8. How would you describe your school grades of the past 12 months?

Mostly A's	<input type="text"/>	1
Mostly B's	<input type="text"/>	2
Mostly C's	<input type="text"/>	3
Mostly D's	<input type="text"/>	4
Mostly E's	<input type="text"/>	5
Mostly F's	<input type="text"/>	6

9. Do you participate in sport? Yes ₁ No ₂



If yes, please complete the following in total.



If you do not participate in sport, please answer Section B question 15 and 16 and Sections C and D.



Section B: Sport participation

10. Name the sport(s) that you participate in, for example soccer, and indicate the level on which you compete.

Type of sport	School level				Provincial ₅	National ₆
	A-team ₁	B-team ₂	C-team ₃	Social ₄		
10.1						
10.2						
10.3						
10.4						
10.5						
10.6						
10.7						
10.8						

11. Indicate the number of days and hours of sports participation per week.

Type of sport	Number of days training per week	Number of hours training per day
11.1		
11.2		
11.3		
11.4		

11.5		
11.6		
11.7		
11.8		

12. Do your family participate in sport? Indicate by putting an in the appropriate block.

12.1	Father	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2
12.2	Mother	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2
12.3	Brother(s)	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2
12.4	Sister(s)	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2

13. Did your parents participate in sports when they were younger? Indicate by putting an in the appropriate block.

13.1	Father	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2
13.2	Mother	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2

14. Do your parents support your participate in sport? Indicate by putting an in the appropriate block.

14.1	Emotionally	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2
14.2	Financial	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2

15. Please indicate **how important** you regard the following **reasons** for your participation in sport. Indicate by putting an in the appropriate block.

Example:

	Not important at all ₁	Somewhat important ₂	Very important ₃
	<input checked="" type="checkbox"/>		
15.1			
15.2			
15.3			
15.4			
15.5			
15.6			
15.7			
15.8			
15.9			
15.10			
15.11			
15.12			
15.13			
15.14			
15.15			
15.16			
15.17			

15.18	I like the teamwork			
15.19	I like the rewards			
15.20	I like to meet new friends			
15.21	I like to have something to do			
15.22	I like to feel important			
15.23	I want to be with my friends			
15.24	I want to be noticed for what I do			
15.25	I want to be popular			
15.26	I like to travel to training and competitions			
15.27	I like to get out of the house			
15.28	Parents or close friends want me to do sport			
15.29	I want to release tension			
15.30	I want to get rid of energy			

16. If you do not participate in sports, which of these **constraints** prohibit your sport participation.

Example:

		Serious constraints₁	Moderate constraints₂	No constraints₃
	Constraints			✓
16.1	Time constraints			
16.2	Nobody to go with			
16.3	Lack of skill			
16.4	No appropriate programs			
16.5	Lack of information			
16.6	Family responsibilities			
16.7	No appropriate facilities			
16.8	Not sporty			
16.9	Don't enjoy sport			
16.10	Fear injury			
16.11	Can't afford			
16.12	Parental restriction			
16.13	Poor health			
16.14	Co-ed environment (boys and girls together)			
16.15	Encountered racist attitudes			
16.16	Cultural differences			
16.17	Languages barriers			
16.18	Religious requirements			
16.19	Travel constraints			
16.20	Financial constraints			

IF THERE ARE ANY OTHER CONSTRAINTS PROHIBITING YOUR SPORT PARTICIPATION, PLEASE LIST THEM		
16.21		
16.22		

		Yes ₁	No ₂
17.	Where do you participate in your sport?		
	17.1 School :		
	17.2 Club :		
	17.3 Other :		

18. Does your school have the infrastructure/facilities for you to participate in different sports?

		Yes ₁	No ₂
18.1	Soccer field		
18.2	Rugby field		
18.3	Swimming pool		
18.4	Tennis court		
18.5	Basketball court		
18.6	Volleyball court		
18.7	Gymnastic Hall		
18.8	Boxing ring		
18.9	Judo Hall		
18.10	Dancing Hall		
18.11	Baseball field		
18.12	Cricket field/pitch		



Section C: The way I feel about myself

Directions: Here is a set of statements that tell how some people feel about themselves. Read each statement and decide whether or not it describes the way you feel about yourself. If it is true or mostly true for you, circle the word "yes" next to the statement. If it is false or mostly false for you, circle the word "no". Answer every question, even if some are hard to decide. Do not circle both "yes" and "no" for the same statement.

Remember that there are no right or wrong answers. Only you can tell us how you feel about yourself, so we hope you will mark the way you really feel inside.

1.	My classmates make fun of me.	Yes ₁	No ₂
2.	I am a happy person.	Yes ₁	No ₂
3.	It is hard for me to make friends.	Yes ₁	No ₂

4.	I am often sad.	Yes ₁	No ₂
5.	I am smart.	Yes ₁	No ₂
6.	I am shy.	Yes ₁	No ₂
7.	I get nervous when the teacher calls on me.	Yes ₁	No ₂
8.	My looks bother me.	Yes ₁	No ₂
9.	When I grow up, I will be an important person.	Yes ₁	No ₂
10.	I get worried when we have tests in school.	Yes ₁	No ₂
11.	I am unpopular.	Yes ₁	No ₂
12.	I am well behaved in school.	Yes ₁	No ₂
13.	It is usually my fault when something goes wrong.	Yes ₁	No ₂
14.	I cause trouble to my family.	Yes ₁	No ₂
15.	I am strong.	Yes ₁	No ₂
16.	I have good ideas.	Yes ₁	No ₂
17.	I am an important member of my family.	Yes ₁	No ₂
18.	I usually want my own way.	Yes ₁	No ₂
19.	I am good at making things with my hands.	Yes ₁	No ₂
20.	I give up easily.	Yes ₁	No ₂
21.	I am good in my schoolwork.	Yes ₁	No ₂
22.	I do many bad things.	Yes ₁	No ₂
23.	I can draw well.	Yes ₁	No ₂
24.	I am good in music.	Yes ₁	No ₂
25.	I behave badly at home.	Yes ₁	No ₂
26.	I am slow in finishing my schoolwork.	Yes ₁	No ₂
27.	I am an important member of my class.	Yes ₁	No ₂
28.	I am nervous.	Yes ₁	No ₂
29.	I have pretty eyes.	Yes ₁	No ₂
30.	I can give a good report in front of the class.	Yes ₁	No ₂
31.	In school I am a dreamer.	Yes ₁	No ₂
32.	I pick on my bother(s) and sister(s).	Yes ₁	No ₂
33.	My friends like my ideas.	Yes ₁	No ₂

34.	I often get into trouble.	Yes ₁	No ₂
35.	I am obedient at home.	Yes ₁	No ₂
36.	I am lucky.	Yes ₁	No ₂
37.	I worry a lot.	Yes ₁	No ₂
38.	My parents expect too much of me.	Yes ₁	No ₂
39.	I like being the way I am.	Yes ₁	No ₂
40.	I feel left out of things.	Yes ₁	No ₂
41.	I have nice hair.	Yes ₁	No ₂
42.	I often volunteer in school.	Yes ₁	No ₂
43.	I wish I were different.	Yes ₁	No ₂
44.	I sleep well at night.	Yes ₁	No ₂
45.	I hate school.	Yes ₁	No ₂
46.	I am among the last to be chosen for games.	Yes ₁	No ₂
47.	I am sick a lot.	Yes ₁	No ₂
48.	I am often mean to other people.	Yes ₁	No ₂
49.	My classmates in school think I have good ideas.	Yes ₁	No ₂
50.	I am unhappy.	Yes ₁	No ₂
51.	I have many friends.	Yes ₁	No ₂
52.	I am cheerful.	Yes ₁	No ₂
53.	I am dumb about most things.	Yes ₁	No ₂
54.	I am good-looking.	Yes ₁	No ₂
55.	I have lots of pep.	Yes ₁	No ₂
56.	I get into a lot of fights.	Yes ₁	No ₂
57.	I am popular with boys.	Yes ₁	No ₂
58.	People pick on me.	Yes ₁	No ₂
59.	My family is disappointed in me.	Yes ₁	No ₂
60.	I have a pleasant face.	Yes ₁	No ₂
61.	When I try to make something, everything seems to go wrong.	Yes ₁	No ₂
62.	I am picked on at home.	Yes ₁	No ₂
63.	I am a leader in games and sports.	Yes ₁	No ₂

64.	I am clumsy.	Yes ₁	No ₂
65.	In games and sports, I watch instead of play.	Yes ₁	No ₂
66.	I forget what I learn.	Yes ₁	No ₂
67.	I am easy to get along with.	Yes ₁	No ₂
68.	I lose my temper easily.	Yes ₁	No ₂
69.	I am popular with girls.	Yes ₁	No ₂
70.	I am a good reader.	Yes ₁	No ₂
71.	I would rather work alone than with a group.	Yes ₁	No ₂
72.	I like my brother (sister).	Yes ₁	No ₂
73.	I have a good figure.	Yes ₁	No ₂
74.	I am often afraid.	Yes ₁	No ₂
75.	I am always dropping or breaking things.	Yes ₁	No ₂
76.	I can be trusted.	Yes ₁	No ₂
77.	I am different from other people.	Yes ₁	No ₂
78.	I think bad thoughts.	Yes ₁	No ₂
79.	I cry easily.	Yes ₁	No ₂
80.	I am a good person.	Yes ₁	No ₂



Section D: Lifestyle

The next 10 questions ask about violence-related behaviors.

- During the past 30 days, on how many days did you carry a **weapon** such as a gun, knife, or club?
 - 0 days
 - 1 day
 - 2 or 3 days
 - 4 or 5 days
 - 6 or more days
- During the past 30 days, on how many days did you carry a **gun**?
 - 0 days

- B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
3. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club **on school property?**
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
4. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school
- A. A.0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
5. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club **on school property?**
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
6. During the past 12 months, how many times were you in a physical fight?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times

8. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
9. During the past 12 months, how many times were you in a physical fight **on school property**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
10. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
- A. Yes
 - B. No
11. Have you ever been physically forced to have sexual intercourse when you did not want to?
- A. Yes
 - B. No

The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

12. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities.
- A. Yes

B. No

13. During the past 12 months, did you ever **seriously** consider attempting suicide?

A. Yes

B. No

14. During the past 12 months, did you make a plan about how you would attempt suicide?

C. Yes

D. No

15. During the past 12 months, did you ever **actually** attempted suicide?

A. 0 days

B. 1 day

C. 2 or 3 days

D. 4 or 5 days

E. 6 or more days

16. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

A. **I did not attempt suicide** during the past 12 months.

B. Yes

C. No.

The next 12 questions deals with tobacco use.

17. Have you ever tried cigarette smoking, even one or two puffs?

A. Yes

B. No.

18. How old were you when you smoked a whole cigarette for the first time?

A. I have never smoked a whole cigarette

B. 8 years old or younger

C. 9 or 10 years old

D. 11 or 12 years old

E. 13 or 14 years old

F. 15 or 16 years old

G. 17 years old or older

19. During the past 30 days, on how many days did you smoke cigarettes?

A. 0 days

B. 1 or 2 days

C. 3 to 5 days

D. 6 to 9 days

- E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
20. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day.
- A. I did not smoke cigarettes during the past 30 days.
 - B. Less than 1 cigarette per day
 - C. 1 cigarette per day
 - D. 2 to 5 cigarettes per day
 - E. 6 to 10 cigarettes per day
 - F. 11 to 20 cigarettes per day
 - G. More than 20 cigarettes per day
21. During the past 30 days, how did you **usually** get your own cigarettes?
(Select only **one** response.)
- A. I did not smoke cigarettes during the past 30 days
 - B. I bought them in a store such as a convenience store, supermarket, discount store, or gas station
 - C. I bought them from a vending machine
 - D. I gave someone else money to buy them for me
 - E. I borrowed (or bummed) them from someone else
 - F. A person 18 years or older gave them to me
 - G. I took them from a store or family member
 - H. I got them some other way.
22. **When you bought or tried to buy cigarettes** in a store during the past 30 days, were you ever asked to show proof of age?
- A. I did not try to buy cigarettes in a store during the past 30 days
 - B. Yes, I was asked to show proof of age
 - C. No, I was **not** asked to show proof of age.
23. During the past 30 days, on how many days did you smoke cigarettes **on school property?**
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
24. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- A. Yes
 - B. No

25. During the past 12 months, did you ever try to **quit** smoking cigarettes?
- A. I did not smoke during the past 12 months
 - B. Yes
 - C. No.
26. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**.
- A. A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
27. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip on school property**?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
28. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

The next 5 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

29. During your life, on how many days have you had at least one drink or alcohol?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 9 days
 - D. 10 to 19 days
 - E. 20 to 39 days
 - F. 40 to 99 days

G. 100 or more days.

30. How old were you when you had your first drink of alcohol other than a few sips?

- A. I have never had a drink of alcohol other than a few sips.
- B. 8 years old or younger
- C. 9 or 10 years old
- D. 11 Or 12 years old
- E. 13 or 14 years old
- F. 15 or 16 years old
- G. 17 years old or older

31. During the past 30 days, on how many days did you have at least one drink of alcohol?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 9 days
- D. 10 to 19 days
- E. 20 to 39 days
- F. 40 to 99 days
- G. 100 or more days.

32. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- A. 0 days
- B. 1 days
- C. 2 days
- D. 3 to 5 days
- E. 6 to 9 days
- F. 10 to 19 days
- G. 20 or more days.

33. During the past 30 days, on how many days did you have at least one drink of alcohol **on school property?**

- A. 0 days
- B. 1 or 2 days
- C. 3 to 9 days
- D. 10 to 19 days
- E. 20 to 39 days
- F. 40 to 99 days
- G. 100 or more days.

The next 4 questions ask about dagga use. Dagga also is called grass, pot or Marijuana.

34. During your life, how many times have you used dagga?

- A. 0 days
- B. 1 or 2 days

- C. 3 to 9 days
- D. 10 to 19 days
- E. 20 to 39 days
- F. 40 to 99 days
- G. 100 or more days.

35. How old were you when you tried dagga for the first time?

- A. I have never had tried dagga
- B. 8 years old or younger
- C. 9 or 10 years old
- D. 11 Or 12 years old
- E. 13 or 14 years old
- F. 15 or 16 years old
- G. 17 years old or older

36. During the past 30 days, how many times did you use dagga?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

37. During the past 30 days, how many times did you use dagga on **school property**.

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

The next 9 questions ask about cocaine and other drugs.

38. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

39. During the past 30 days, how many times did you use **any** form of cocaine, including powder, crack, or freebase?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times

- D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
40. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
41. During the *past 30 days*, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
42. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
43. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
44. During your life, how many times have you taken **steroid** pills or shots without a doctor's prescription?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times

- E. 20 to 39 times
- F. 40 or more times

45. During your life, how many times have you used a needle to inject any **illegal** drug into your body?

- A. 0 times
- B. 1 time
- C. 2 or more times

46. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?

- A. Yes
- B. No

The next 8 questions ask about sexual behaviour.

47. Have you ever had sexual intercourse?

- A. Yes
- B. No

48. How old were you when you had sexual intercourse for the first time?

- A. I have never had sexual intercourse
- B. 11 years old or younger
- C. 12 years old
- D. 13 years old
- E. 14 years old
- F. 15 years old
- G. 16 years old
- H. 17 years old or older

49. During your life, with how many people have you had sexual intercourse?

- A. I have never had sexual intercourse
- B. 1 person
- C. 2 people
- D. 3 people
- E. 4 people
- F. 5 people
- G. 6 or more people

50. During the past 3 months, with how many people did you have sexual intercourse?

- A. I have never had sexual intercourse
- B. I have had sexual intercourse, but not during the past 3 months
- C. 1 person
- D. 2 people
- E. 3 people
- F. 4 people

- G. 5 people
- H. 6 or more people

51. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?

- A. I have never had sexual intercourse
- B. Yes
- C. No

52. The **last time** you had sexual intercourse, did you or your partner use a condom?

- A. I have never had sexual intercourse
- B. Yes
- C. No

53. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)

- A. I have never had sexual intercourse
- B. No method was used to prevent pregnancy
- C. Birth control pills
- D. Condoms
- E. Depo-Provera (injectable birth control)
- F. Withdrawal
- G. Some other method
- H. Not sure

54. How many times have you been pregnant or gotten someone pregnant?

- A. 0 times
- B. 1 time
- C. 2 or more times
- D. Not sure

The next 7 questions ask about body weight.

55. How do **you** describe your weight?

- A. Very underweight
- B. Slightly underweight
- C. About the right weight
- D. Slightly overweight
- E. Very overweight

56. Which of the following are you trying to do about your weight?

- A. **Lose** weight
- B. **Gain** weight
- C. **Stay** the same weight
- D. I am **not trying to do anything** about my weight

57. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?
- A. Yes
 - B. No
58. During the past 30 days, did you **eat less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?
- A. Yes
 - B. No
59. During the past 30 days, did you **go without eating for 24 hours or more** (also called fasting) to lose weight or to keep from gaining weight?
- A. Yes
 - B. No
60. During the past 30 days, did you take any **diet pills, powders, or liquids** without a doctor's advice to lose weight or to keep from gaining weight? (Do **not** include meal replacement products such as Slim Fast.)
- A. Yes
 - B. No
61. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?
- A. Yes
 - B. No

The next 7 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

62. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sport drinks, or other fruit-flavoured drinks.)
- A. I did not drink 100% fruit juice during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
63. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- A. I did not eat fruit during the past 7 days
 - B. 1 to 3 times during the past 7 days

- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

64. During the past 7 days, how many times did you eat **green salad**?

- A. I did not eat green salad during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

65. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)

- A. I did not eat potatoes during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

66. During the past 7 days, how many times did you eat **carrots**?

- A. I did not eat carrots during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

67. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)

- A. I did not eat other vegetables during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

68. During the past 7 days, how many glasses of milk did you drink? (Include the milk you drank in a glass or cup, from a carton, or with cereal. *Count the half pint of milk served at school as equal to one glass.*)

- A. I did not drink milk during the past 7 days

- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

The next 7 questions ask about physical activity

69. On how many of the past 7 days did you exercise or participate in physical activity for **at least 20 minutes that made you sweat and breathe hard**, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similare aerobic activities?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
70. On how many of the past 7 days did you participate in physical activity for **at least 30 minutes** that did **not** make you sweat or breath hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
71. On how of the past 7 days did you do exercises to **strengthen or tone your muscles**, such as push-ups, sit-ups, or weight lifting?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
72. On an average school day, how many hours do you watch TV?
- A. I do not watch TV on an average school day
 - B. Less than 1 hour per day

- C. 1 hour per day
- D. 2 hours per day
- E. 3 hours per day
- F. 4 hours per day
- G. 5 or more hours per day

73. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days

74. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?

- A. I do not take PE
- B. Less than 10 minutes
- C. 10 to 20 minutes
- D. 21 to 30 minutes
- E. 31 to 40 minutes
- F. 41 to 50 minutes
- G. 51 to 60 minutes
- H. More than 60 minutes

75. During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)

- A. 0 teams
- B. 1 team
- C. 2 teams
- D. 3 or more teams

The next question asks about AIDS education.

76. Have you ever been taught about AIDS or HIV infection in school?

- A. Yes
- B. No
- C. Not sure

