

# **THE PREVALENCE OF HEALTH RISK BEHAVIOURS AMONG HIGH SCHOOL LEARNERS IN THE CITY OF MASERU, LESOTHO**

Matumo Ramafikeng, MSc in Occupational Therapy (UCT)

## **Abstract**

This study was the first of its nature in Lesotho. Engagement in health risk behaviours is a public health concern, due to the consequences thereof. Concurrent engagement in risk behaviours has severe consequences on health and occupational abilities of the youth. The aim of the study was to establish and document the prevalence of risk behaviours among high school learners in the city of Maseru, Lesotho.

## **Methodology:**

The study was a cross-sectional survey in which a two stage sampling method was used to recruit a representative sample (N=1121) from Forms A, B, C, D and E in seven high schools. The US Youth Risk Behaviour Survey (US YRBS) was used to develop a Lesotho Youth Risk Behaviour Survey (LYRBS) self-administered questionnaire that was completed by the participants. Data analysis was conducted using the analytic components of STATA 10.0. Descriptive statistics and associations between and across categories of risk behaviours were drawn. Pivot tables in Microsoft Excel were also used to develop clusters of multiple behaviour engagement. Eleven clusters were drawn.

## **Results:**

The overall response rate was 63.4%. Comparison could only be made with other countries due to absence of empirical nationwide data on youth risk behaviours in Lesotho. As a result the study will provide prevalence on behaviour and not discuss trends in depth. Gender was found to be a determinant of participation in behaviours, as well as age of initiation. Some of the male learners reported age of onset in some of the behaviours to be as low as 8 years old or younger. Substance use related behaviours were the most prevalent. Lifetime prevalence of alcohol consumption was 51.8%; tobacco use 19.6%, dagga use 16.9%, use of inhalants 12%, prescription drugs 8.4% with 10.7%. Substance use in one month preceding data collection was reported as follows: dagga use 6.2% and binge drinking 17.5%. A high proportion (71.6%) of the learners had parents smoked and more than half (57.7%) were exposed to passive smoke. As for safety on the road, 30.4% of the learners had been driven by a drunk driver, 6% had driven drunk, 13.1% had walked alongside the road intoxicated with alcohol, 21.9% had not used a seat belt as passengers and 21.9% had not used it when driving. With reference to aggressive and violent behaviours 15.9% had carried a weapon, 10.9% had used mathematical compass or divider as a weapon, 22.2% had been involved in a fight, 20.1% were threatened at school, 38.4% had been bullied and 26.3% were bullied at school. As for partner violence 10.2% had slapped a partner and 4.6% had forced someone into sex. Suicide related behaviours were dominated by female participants. Overall,

12.8% of the learners had attempted suicide and 28.8% had felt sad to an extent that daily activity had been affected. 44.6% of the learners reported having had sex in a lifetime. In three months, 9.9% reported having had multiple sexual partners, 5.7% were intoxicated before having sex in their last sexual encounter, 3.6% had contracted sexually transmitted illnesses and 8.4% had never used condoms. 4.9% had used unhealthy weight control measures, 28.5% had watched TV or played computer games for more than 2 hours on a school day, 31.9% had not done high intensity exercise in a week and 33.1% had gambled. 41.4% of the learners had engaged in 6 or more behaviours concurrently 41.4%.

### **Conclusion:**

The young age of initiation of risk behaviours reported shows that engagement in Lesotho begins in childhood. This has been associated with severe consequences on health and well-being in adulthood. Substance use may be the root cause of risk behaviour associated problems that Lesotho may face. Risk behaviours often co-occur; therefore may lead to complex consequences on quality of life. This motivates for the study of multiple engagement in risk behaviours, particularly those associated with substance use.

### **Recommendations:**

It is recommended that research in risk behaviour engagement among children be conducted to draw information that would enable planning of appropriate intervention. Integrated planning and design of intervention strategies to delay the age of initiation of risk behaviours, could lead to an improved quality of life in adulthood.

### **Keywords**

Concurrent engagement in risk behaviours; Health risk behaviours; Occupational performance; Occupational injustice; Youth

### **Contact details:**

**Name:** 'Matumo Ramafikeng, Msc OT (UCT)

**Address:** P.O. Box 14764

Maseru 100

Lesotho

**Cellular phone:** (00266) 58736598

**Fax:** (00266) 22315587

**Email:** [matumocr@yahoo.co.uk](mailto:matumocr@yahoo.co.uk)