
Transitions to Adulthood in the Context of HIV/AIDS in South Africa

Results from Wave II, Community Survey

MEASURE Evaluation
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Cover photograph: High school students attend an AIDS prevention theater production by DramAidE at a school in KwaZulu-Natal, a province in South Africa with high HIV/AIDS prevalence, in a photograph by Patrick Coleman/Johns Hopkins University Center for Communication Programs.

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Abbreviations

ARH	adolescent reproductive health
DRA	Development Research Africa
EA	enumeration area
STATSSA	Statistics South Africa
STI	sexually transmitted infection
USAID	U.S. Agency for International Development

EXECUTIVE SUMMARY

The Transitions to Adulthood project examines adolescent sexual and reproductive behaviors in relation to their surrounding context, including educational and work opportunities, family, and environmental conditions. The study is designed to provide a better understanding of the opportunities and risks facing adolescents in the context of already high and still increasing prevalence of HIV/AIDS in South Africa.

In order to examine the intersection of the multiple dimensions determining adolescent reproductive behavior, data were collected on three different levels – individual, household, and community. The first and second rounds of data collection for the individual and household surveys took place during 2000 and 2001 (collected over about six weeks of each year). The first round of community data collection was also done in 2001, approximately six months after the baseline data for the adolescent and household surveys. The community module, which included information from both direct community observation and street interviews with community members, gathered data on community infrastructure, crime and safety, clubs and organizations, attitudes towards HIV/AIDS, and perceptions of high-risk behaviors among youth. The primary objective of this report is to provide the descriptive results for the second round of data collection (wave II) of the community module of the Transitions Study, collected in July-August of 2003.

This study utilized a modified multi-stage cluster sample design approach. With this design, 118 enumeration areas (EAs) were randomly selected at baseline using a sampling frame of all EAs contained within two administrative areas (Durban Metropolitan and Mtunzini Magisterial districts) in the province of KwaZulu-Natal. The two administrative areas, or districts, were chosen due to the variety of populations they contained (urban, rural, and transitional). The boundaries of each EA was determined according to previous maps drawn up by Statistics South Africa (STATSSA), the official governmental agency for demographic, economic, and health statistics, and contained approximately 100 households each. For this study, a *community* was defined according to the administrative boundaries of each EA. For the wave II community module, 115 of the same EAs chosen at baseline were revisited. In addition, fieldworkers were successful in gaining permission from the tribal court secretary in two of the rural EAs where permission was denied at Wave I, resulting in a total of 117 EAs visited in wave II.

The community observation (N = 230) and street intercept data (N = 4,569) were analyzed separately and all results disaggregated by geographic location (urban versus rural) and race (African versus other racial groups in South Africa, namely White, Colored, and Indian). In addition, the results from the street intercept interviews were further stratified by respondent's sex and age. A kappa statistic, which compares the inter-rater reliability of responses from the two fieldworkers assigned to each community, was also computed for each item included as part of the community observation survey.

Key Findings

- The presence of community structures and facilities varied according to a community's geographic location and predominate ethnic make up. While almost all EAs have at least one abandoned lot, the existence of a park and/or a (non-agricultural) field was much less common in rural and African areas.
- In general, the physical conditions of most structures and facilities located in rural and African EAs were in relative disrepair compared to urban and non-African neighborhoods. Rural and African areas have less litter and African EAs have less damage to major roads.
- A higher proportion of rural and/or African EAs have many types of community facilities available within or near their EA boundaries when compared with their urban and non-African counterparts. The presence of a private doctor's office, a post office or bank, on the other hand, was limited to urban neighborhoods. An EA was more likely to contain a spaza/tuckshop if located in a predominately African area.
- Loitering by groups of young men, which may be used as an indicator of male unemployment and the potential for gang activity in the neighborhood, appears more common in rural and/or African communities.
- Analysis using the kappa statistic shows that the level of consensus between two observers tended to be relatively low when recording information regarding physical conditions of neighborhood structures and facilities, presence of security at schools, and loitering. The observed discrepancies may be due, at least in part, to the more subjective nature of recording the physical appearance of an area or a building, as well as the time of day each field worker visited the EA. This conclusion is supported by the higher inter-rater reliability for almost all "counts" of community resources, which is arguably a more objective measurement.
- Personal safety is a major concern for community members, particularly women. However, contrary to the apparent high level of concern regarding safety, most respondents reported taking no special measures to protect themselves or their household. Theft, burglary, robbery and assault were reported as the most common crimes committed.
- Nearly half of all respondents reported that they participate in a religious group. Youth involvement was perceived highest in religious groups and/or soccer clubs. Disaggregated results showed the rate of participation in organization event (i.e., participation in three or more community organizations) varied significantly according to a respondent's sex, age group, geographical location and race.
- The majority of respondents report the presence of additional facilities in adjacent EAs, particularly schools and religious buildings. Post offices, banks, pharmacies, and crises units at police stations were not as universal and occurred most often in EAs near an urban and/or

predominately non-African community. Most respondents reported that if a given facility is nearby, youth used it.

- Africans were more likely than their non-African counterparts to report a higher perceived level of HIV in their neighborhoods. Overall, males, those of an older age, and those living in rural areas were more inclined to stigmatize those with HIV or AIDS.
- The perceived level of youth participation in alcohol and drug use is reportedly high. Regarding types of drug or alcohol use, youth are thought to drink beer and use marijuana most often. Almost half of all respondents thought that youth are at high risk for HIV. Perceived risk for HIV among youth was particularly low, however, among non-African respondents.

CHAPTER 1. INTRODUCTION

1.1 HIV/AIDS Burden in South Africa

South Africa has experienced one of the worst HIV/AIDS epidemics in the world, with quickly escalating infection and prevalence rates. While only 1% of women attending antenatal clinics were found to be HIV-positive in 1990, the figure rose to over 22% by the end of 1998 (UNAIDS, 2002). Recent statistics from the first nationally representative study of HIV prevalence in South Africa has found similar alarming rates of HIV in the general population (Nelson Mandela/HSRC, 2002). Saliva-based HIV tests on over 8,800 individuals nationwide found that 11.4% of South Africans, or 4.5 million people, are currently living with HIV/AIDS. Other sources have estimated that this equates to as many as one in eight adults (aged 15-49) infected with the virus (Gilbert & Walker, 2002).

As in the rest of South Africa, HIV/AIDS in KwaZulu-Natal is spreading most rapidly among youth. Nearly half of the province's entire population is under age 19, with close to one-third between the ages of 10-24 (Varga, 1997). A study done with university students in KwaZulu-Natal indicates that HIV prevalence is high among young adults, with 26% of women and 12% of men aged 20-24 already HIV-positive (Stephenson, 2000).

1.2 Transitions to Adulthood Project

The Transitions to Adulthood project examines adolescent sexual and reproductive behaviors in relation to their surrounding context, including educational and work opportunities as well as family and environmental conditions. A particular concern of this study is to assess the effectiveness of the Life Skills program, which is a component of the curriculum 2005 initiative.

One of the major parts of the South African government's response to the HIV/AIDS epidemic is mandatory Life Skills-HIV/AIDS education in secondary (and subsequently middle) schools. In 1995 the departments of health and education, building upon the Children's Rights Charter of 1992, formed the National Coordinating Committee for Life Skills and HIV/AIDS, which gave highest priority to establishing a life skills/HIV education course in secondary schools, Curriculum 2005, and planned for it to be developed by January 1998 and fully implemented by 2005. Life Skills education was conceptualized as "the formalized teaching of requisite skills for surviving, living with others and succeeding in a complex society." The formal goal of the *Life Skills and HIV/AIDS Education: Learning Program for Grades 8-12* was to increase knowledge, develop skills, promote positive and responsible attitudes, and provide motivational supports. However, because of AIDS, it focused on a range of coping mechanisms. The National Project Committee oversaw curricula development and issued implementation guidelines, but each province designed and implemented its own program, assisted by relevant national directorates (e.g., the National AIDS Programme). Inevitably, provinces have implemented life skills curricula at different speeds and intensities. It is estimated, for example, that in KwaZulu-Natal

only about 15% of secondary schools had fully implemented the province's policy, including formal adoption of the "official" curricula and teacher training, by the end of 2001 (Brown, Macintyre, & Karim, 2002).

The success of the Life Skills program is examined in context, including how the program combines with other resources within families or communities to influence reproductive outcomes among adolescents. The Transitions study is designed to provide increased understanding of the opportunities and risks facing adolescents in the context of already high and still increasing prevalence of AIDS.

The ultimate goals of the Transitions study are threefold:

- identify interventions that will delay marriage and early childbearing among adolescent girls so that their transition to adulthood can be more successful;
- evaluate the effectiveness of the Life Skills and other programs that have been developed to prevent and mitigate the transmission of HIV; and
- contribute to the design and refining of policies and programs that will facilitate investments in improving opportunities and capacities for adolescents.

To achieve these goals, the study has three objectives:

- investigate the impact of life skills curricula and other programs on addressing adolescent understanding of sexually transmitted infection/HIV (STI/HIV) transmission and personal risks, attitudes towards persons living with AIDS, and risk-taking and health-seeking behaviors, especially those behaviors associated with the spread of STI/HIV;
- document patterns and trends – and the inter-relationships among them over the life course of the adolescent – in the key events during an adolescent's transition to adulthood including sexual initiation and subsequent sexual relationships, experience of STIs, risk-taking behaviors including unprotected sex, school leaving, work, pregnancy, marriage, and first and subsequent births; and
- advance knowledge about the key external factors affecting the incidence and timing of these events, as well as the overall quality of adolescence in terms of capacity development (external factors include education and the quality of schooling experiences, types of work opportunities, violence in communities or in relationships, peer relationships, youth-oriented community programs or organizations, and the reproductive health environment).

In order to examine the intersection of the multiple dimensions determining adolescent reproductive behavior, the Transitions study examines the inter-relatedness of adolescent, family, school and community life, by collecting data at three levels – individual, household, and community. It illustrates how each of these sets of factors exert influence on an individual's understanding of his or her environment, and how this translates into risk-taking or health seeking behaviors. In turn, the behaviors are hypothesized to dictate differential outcomes – both in terms of reproductive health outcomes and in the opportunities in the work and home environment.

Within communities, we hypothesize a number of critical characteristics that are likely to be directly and indirectly related to the quality and length of adolescents' transition to adulthood in the context of AIDS. Three sets of characteristics are of interest. The first involves the general economic and social well-being of the community, including educational and employment profiles and perceived level of violence. Another set focuses on the activities and programs in which youth might be involved, including youth organizations and church groups. The third set is concerned with AIDS, positing that community perceptions of persons living with AIDS and of the level of risk within the community will set the context for individual perceptions and risk-taking behaviors. These variables will facilitate a measure of community cohesion and social capital which in turn are posited to influence effectiveness of life skills programs, and levels of sexual activity among youth.

The first and second rounds of data collection for the individual and household surveys took place during 2000 and 2001 (approximately six weeks each year). Structured interviews were conducted within households that were identified as having an adolescent member between the ages of 14 and 22. The household survey included questions about family members, living conditions, economic shock, household expenditure, government assistance, and discussions about HIV in the household. Youth in the household that met eligibility criteria for the adolescent survey were then asked questions that included demographics, education and work history, HIV/AIDS knowledge, risk perception and stigma, sexual experience and knowledge, condom use, and reproductive history.

The first round of community data was also collected in 2001, approximately six months after the baseline data for the adolescent and household surveys. The community module, which included information from both direct community observations and street interviews with community members, gathered data on community infrastructure, crime and safety, available transportation, clubs and organizations, and attitudes towards HIV/AIDS. The primary purpose of this report is to provide the descriptive results for wave II of the community module of the Transitions Study. Data for wave II were collected in July-August of 2003. This report does not seek to compare its findings with the wave I community module (Rutenberg et al., 2001). Subsequent analyses will utilize the multiple data sources collected through the study.

1.3 Importance of Measuring Community Level Variables

During the 1990s, a growing body of empirical work in the United States focused on the association between neighborhood conditions and various individual outcomes, primarily for adolescents and young adults (Gephart, 1997). Many of these studies have found that elements of the broader social and economic context of communities have a significant association with various developmental outcomes for youth, even after controlling for family and individual characteristics, including a family's economic status (Brooks-Gunn, Duncan, Klebanov & Sealander, 1993; Coulton, Korbin, Su & Chow, 1995; Coulton & Pandey, 1992).

Initially used in order to explain the connection between rates of crime and delinquency and health-related problems in children (Sampson, 1992), the theory of social disorganization has been used increasingly to explore the link between negative macro-level processes (i.e., political, economic and social inequality) and various developmental and health outcomes at the individual level (Brooks-Gunn, Duncan & Aber, 1997; Kirby, 1999). Originally developed by Shaw and McKay (1942), the social disorganization theory identifies a set of general community level characteristics that are thought to affect the occurrence of problem behaviors negatively through the impediment of social organization. These have included such things as residential mobility and population turnover, population heterogeneity, housing/population density, and poverty/resource deprivation (Gephart, 1997).

Although there is a growing body of evidence that suggests community context exerts a powerful effect on youth development, there remains a paucity of research on the social context of HIV/AIDS, especially in the developing country context. While it appears that the vast majority of research on adolescent reproductive health (ARH) in South Africa has remained focused on the micro-level determinates of behavior, there are recent studies that portrays a trend towards addressing more contextual determinates of adolescent sexual and reproductive behavior (Eaton, Flisher & Aarø, 2003; Kelly, 2000; Kelly & Parker, 2000). Some of the most informative research on contextual effects and ARH in South Africa has been published as part of the Beyond Awareness Campaign, carried out by the South African Department of Health (Kelly, 2000; Kelly & Parker, 2000). This research points out that the vast majority of youth in South Africa are not ignorant to the situation of HIV/AIDS that surrounds them, rather many do not live in contexts which are conducive to protective action, including their sexual and reproductive choices.

1.4 Measurement of Community Effects

Although the importance of social and community factors on an individual's reproductive health decisions has long been recognized, the best way to measure this dynamic process is a challenge. In the United States, most multi-level studies have used aggregated census or individual/household survey data to capture neighborhood or community level effects (Some examples include: Bilborrow, McDevitt, Kossoudji & Fuller, 1987; Brooks-Gunn et al., 1993; Ennett, Flewelling, Lindrooth & Norton, 1997; Plotnick & Hoffman, 1999; Sampson, Raudenbush & Earls, 1997). Some researchers have utilized direct observation of the

community, including mapping techniques (Aronson, O'Campo & Peak, 1996; Cohen, Spear, Scribner, Kissinger, Mason & Wildgen, 2000).

In developing countries, several international study programs have included community modules (e.g. the World Fertility Surveys, DHS Service Provision Assessment, the World Bank's LSMS Surveys, etc.). These modules have focused primarily on assessing the availability/accessibility of health services in a given area. They have generally not measured the social and cultural contexts of an individual's environment.

One of the most frequently cited measurement issues in the research literature on the collection and measurement of community effects is how a "community" or "neighborhood" should be defined. Often, this debate has focused on a conceptual versus political/administrative definition of "community" (Bilsborrow, 1985; Duncan & Raudenbush, 1999; Freedman, 1985; Tienda, 1991). How to define a community has been a topic of contention among social scientists for years. Hillery (1955) reviewed 94 definitions of community, with some of his references dating back to the early 1920s. He found that, overall, there was a general agreement that "community consists of persons in social interaction within a geographic area and having one or more additional common ties."

Although a community has most often been defined according to spatial criteria (i.e., topographical or political/administrative boundaries), it may also be conceptualized in relation to a normative or social structure. As stated by Amos Hawley (1950), "From a spatial standpoint, the community may be defined as comprising that area the resident population of which is interrelated and integrated with reference to its daily requirements." Some alternative denotations of community have included socio-psychological-ethnic composition, closeness/integration of individual relationships, integration relative to trade with other areas, population size, or extent of economic activity (Bilsborrow, 1985). In theory, it makes sense that a community should be defined according to its unique social dimensions since, ultimately, it is the interaction between these and an individual that may produce differences in subsequent reproductive health behaviors (Tienda, 1991). In practice, however, these alternative definitions have generally been forsaken due to obvious practical constraints including the operation of a sampling unit defined in terms of a subjective ecological or sociological definition, most likely differing for each individual within a given community. In addition, large-scale studies require some sort of sampling frame in order to obtain a representative sample, further prohibiting the possibility of defining a community according to something other than its administrative or political boundaries (Bilsborrow, 1985).

In this study we defined a community as the geographical boundaries of each EA. This was the only feasible definition for all of the reasons outlined above. In addition, using the geographical unit was the only way to link the different levels of data. However, in interpreting the data, it is important to note that since each EA is made up of a certain number of households (see details in methods section below), the rural EAs where households are widely dispersed include a much larger geographic area than urban EAs, which are more densely populated.

CHAPTER 2. METHODS

2.1 Selection of EAs

This study utilized a modified multi-stage cluster sample design approach (Rutenberg et al., 2001). With this design, 118 EAs were randomly selected at baseline using a sampling frame of all EAs contained within two administrative areas (Durban Metropolitan and Mtunzini Magisterial districts) in the province of KwaZulu-Natal. The two administrative areas, or districts, were chosen due to the variety of populations they contained (urban, rural and transitional). The boundaries of each EA were determined according to previous maps drawn up by STATSSA,² the official governmental agency for demographic, economic, and health statistics. Each EA contained approximately 100 households. As discussed in the previous section, for this study, a “community” was defined according to the administrative boundaries of each EA.

At wave I, community characteristics were assessed for 113 of the 118 EAs selected. Five EAs were not included at wave I because they were either deemed unsafe or the local tribal representative refused permission to conduct the surveys. For the wave II community module, 115 of the original 118 EAs were visited. In addition to the 113 visited during wave I, two EAs where permission had been declined at wave I were added to wave II after tribal court secretaries granted permission.

2.2 Questionnaires

Two complementary instruments were used to collect community-level information:

- *Direct Community Observation* – This instrument uses a structured checklist that included questions regarding the condition of open spaces, schools, roads, and other community buildings (i.e., presence of litter, streetlights, fences, etc.), as well as questions pertaining to the general organizational infrastructure. Direct community observation also included mapping of the EA.
- *Street Intercept Interviews* – This instrument uses face-to-face interviews with community members, who were recruited from central locations within each EA (i.e., shopping centers, bus stops, along busy streets, etc.). Questions centered on a respondent’s perceptions regarding neighborhood safety and crime, self and youth participation in clubs and organizations,

² The agency’s Web site is located at <http://www.statssa.gov.za/>.

availability of community facilities, stigma surrounding HIV/AIDS, and general perceptions towards youth.

The items included in the community survey (wave I) were based on previous research on community influences on risky behavior and discussions with local collaborators in South Africa. In order to ensure comparability with wave I community data, only slight modifications were made to the questionnaires used at wave II. Several questions, such as availability of transportation in the community, did not have sufficient variation at baseline and were excluded at follow-up. It was also determined during the wave I survey that several questions regarding neighborhood resources in adjacent EAs (i.e., within 500 meters of the surveyed EA boundaries) should also be included at this survey round. These questions were added in order to capture those community facilities or characteristics that are available beyond the administratively defined boundaries of a “community.” In addition, the street intercept questionnaire was expanded in order to collect more in-depth information on stigma and HIV/AIDS, as well as questions on youths’ participation in other high-risk behaviors including alcohol and drug use.

Both the community observation and street intercept instruments were translated into Zulu and pilot tested in a rural and urban EA during the first week of July 2003. The field testing of the survey instruments was conducted as a joint effort between Development Research Africa (DRA) and Tulane University, which provided technical assistance. The four field workers involved in the pilot testing of the questionnaires participated in a two-day seminar where all instrument items were reviewed and appropriate changes made.

2.3 Training of Interviewers

The training of interviewers was undertaken by DRA, which also conducted all field work. The training manual developed during pilot testing was used as the primary guideline during training in order to ensure standardized procedures in the field. A total of 22 field workers were trained during a three-day workshop in July 2003. Day one curricula included study background, survey methodology (i.e., mapping techniques, how to approach community leaders, etc.), and an item-by-item explanation of both questionnaires. Where applicable, the standardized definition of a term (i.e., how to identify a “minor” versus “major” road) was included as part of the manual and discussed during training. Although most field workers had prior experience in conducting interviews, basic interviewing skills were stressed during the first day of training, including how to identify a proper respondent, building rapport with respondent, and standardization of questions.

During the second day of training, all interviewers conducted a field test of both survey instruments. The final day was used as a time for feedback with DRA quality controllers and a supervisor. During the feedback, the two fieldworkers for each EA team were able to compare each other’s responses for the community observation module, including the maps they had drawn, and discussed any discrepancies. However, in order to improve the validity of the inter-rater reliability undertaken as part of the analysis of the direct community observation data, the two observers in each EA were not privy to one another’s responses during actual data collection.

The quality of data from the street intercept survey was also assessed during the final day of training. Field workers had the opportunity to discuss any problems encountered during the pilot test and to resolve misunderstandings. A general feedback session was conducted with all 22 interviewers as a final training activity in order to share and discuss all the issues that had been raised earlier in the day by individual interviewers.

2.4 Data Collection Procedures

Wave II data were collected during July and August of 2003. A team of two interviewers worked in each EA and were jointly responsible for completing 40 street intercept interviews and two community observation surveys per EA. Unlike wave I, where only one community observation per EA was completed, the two field workers during wave II worked independently and conducted two observations per EA so that the inter-rater reliability of each item could be assessed during data analysis.

The first step of the direct community observation survey was to map the EA according to the boundaries previously defined by STATSSA. Each field worker went to the EA with a copy of the original, STATSSA map, which the worker used as a reference when drawing his or her own map. The field worker walked or drove the entire boundary of the EA in order to become familiar with the perimeter of the area and to identify the community characteristics inside the EA boundary. Community observers also recorded data on any facilities or structures that were outside of the EA boundaries, but could be observed when standing within the EA (i.e., were within 500 meters). Every community characteristic (i.e., formal houses, shacks, street lights, open fields, etc.) had a standardized, unique symbol that all field workers used when drawing their individual map. The field worker then filled out the questionnaire for direct community observation. Each field worker took along a training manual, which included an explanation or standardized definition for each question contained on the survey.

Most respondents for the street intercept survey were recruited from busy central locations in the EA. In some rural areas, however, it was necessary to interview community members in their houses due to the very low number of people circulating within the neighborhood. Before beginning an interview, field workers first explained the purpose of the survey, the confidentiality of responses, and confirmed that the respondent lived within the EA boundaries. Selection criteria also included a respondent's age and sex, with interviewers conducting an equal number of interviews with male and female respondents in the younger (14-30 years) and older (31+ years) age groups. These broad age groups were selected in order to gain an understanding of general community. Field workers were matched with an EA according to their native language and ethnicity and spent an average of two days in each EA completing both the direct community observation and the street intercept interviews. A field supervisor made unannounced periodic visits to EAs while interviewers were working.

2.5 Data Entry and Analysis

Data from the direct community observation (N = 230) and street intercept interviews (N = 4,569) were collected for 115 of the 118 EAs originally selected. DRA was responsible for entering all data. Data were first captured using the "double capture" mechanism on EpiInfo, which automatically checks the data twice. During this process, EpiInfo runs random checks, highlights any discrepancies, and allows errors to be corrected by retuning to the original

questionnaire schedule. Finally, an overall validation of the entire database for both the community observation and street intercept survey was conducted by examining output tables on SPSS software in order to assess data quality and consistency.

Data analysis for this report is focused on the bivariate results of the community module at wave II, with the primary objective of providing an overall description of community characteristics. All data analysis was by an independent consultant. The original data sets were transferred from SPSS to STATA 7.0 software, which was used for all subsequent analysis. The general quality of the data from each survey was then examined and the data cleaned. The community observation and street intercept data were analyzed separately and all results disaggregated by geographic location (urban versus rural) and race (African versus other). In addition, the results from the street intercept interviews were further stratified by respondents' sex and age.

The significance of differentials between the sub-groups for dichotomous variables (1,0) was tested with the F-statistic produced from a Pearson chi-squared statistic. Continuous variables included as part of the community observation module were examined using the Wald statistic. A kappa statistic,³ which compares the inter-reliability of responses from the two fieldworkers in each EA, was also computed for all items included in the community observation survey. The primary-sampling unit, or PSU, was set according to the enumeration area for all analysis in order to account for the cluster sample design and obtain the correct standard errors.

2.6 Study Limitations

As with all studies, this project faced some limitations that must be taken into account when analyzing data and drawing conclusions from results. Most of the problems encountered in this study can be attributed to the challenges inherent to working in the field and collecting data in a multicultural setting. Field workers generally had more difficulty working within traditional rural EAs than in urban areas. Permission to conduct the surveys was denied by the tribal court secretary for three rural EAs. In addition, some rural areas did not have sufficient pedestrian traffic in order to conduct all 20 street intercept interviews out in "community spaces." In these instances, field workers were forced to conduct some interviews within households. Bias also may have been introduced during mapping structures and other community facilities in rural areas due to absence of marked roads, street names, plot numbers, and the presence of informal settlements. The only reported problem in urban EAs was a difficulty in locating willing respondents, particularly within those areas that were predominately white.

The relatively small sample of rural EAs also made analysis of some stratified results difficult to interpret. The lack of statistical power inherent to small subgroups may be remedied through future multivariate analysis, entering "geographic location" as a control variable. Interpretation of some stratified results should also be done keeping the sampling methodology in mind. Because STATSSA defined an EA's boundaries according to the number of households it contained (100 households in this case), the rural areas tend to be geographically bigger than urban EAs. This difference in absolute geographic area between rural and urban EAs may confound some stratified results, particularly the presence of structures and organizations in the EAs and adjacent areas.

³ For an explanation of the Kappa statistic, see Gordis, L. (1996). *Epidemiology*. Philadelphia: W.B. Saunders Co.

CHAPTER 3. COMMUNITY OBSERVATION SURVEY RESULTS

The primary objective of this report is to present the overall, descriptive results of the wave II community module. The bivariate results for the community observation survey are examined in this chapter, including characteristics and conditions of open spaces, lighting, area schools, roads, rubbish and sewage, community maintenance, facilities, and level of loitering. All results for the direct community observation survey were disaggregated by geographic location and predominate race⁴ of the EA. Because there were two observations per EA, the kappa statistic is also presented for each variable in order to examine inter-rater reliability. The results for the street intercept survey are then presented in Chapter 4. A demographic profile of all respondents is first examined. Respondents' perceptions regarding neighborhood crime and safety, participation in organizations and clubs, HIV/AIDS stigma, and youth risk-taking behavior were then looked at and stratified by sex, age group, place of residence, and race. The EAs included in this study were predominantly urban (85%) and African (66%), which is consistent with the population distribution in the study area.

3.1 Characteristics and Conditions of Open Spaces

Table 3.1 presents data regarding the characteristics and conditions of open spaces observed in each EA. An open space was counted as being part of that particular EA if it was located inside or within 500 meters of the EA's boundary (i.e., can be observed when standing within the EA). However, information regarding the conditions of the open space (i.e., if it is mowed, if it has a working structure, etc.) was limited to those areas located inside the EA itself.

As observed, almost every community has at least one abandoned lot, regardless of geographic location or predominate race (Table 3.2). Fields and parks are less common. As would be expected, rural and predominately African EAs are significantly more likely to have at least one agricultural field when compared to the number of urban and non-African EAs with one crop field. About 30% of communities in urban areas have at least one open space being used as a park; no parks were observed in rural EAs ($p=.008$). Similarly, over 40% of non-African EAs have at least one park available in the neighborhood compared with only 17% of African EAs with a park ($p=.006$).

⁴ The "predominate" race of an EA was calculated by examining the percentage of African (Black), Colored, Indian, White and Mixed adolescent respondents in each EA from the individual survey at Wave II. EAs where African youth made up 75-100% of respondents were categorized as predominately "African"; the remainder of EAs were categorized as being predominately "Other."

Table 3.1 Characteristics of open spaces in EA and within 500 meters, by geographic location

	Total (n = 230)	Urban (n = 196)	Rural (n = 34)	p-value
% with at least 1 abandoned lot*	98.3	98.0	100	.552
% mowed**	16.3	18.1	6.1	.021
% fenced**	4.3	4.2	5.4	.704
% with working structure**	2.0	2.3	0	.009
% with lights**	38.9	44.2	9.5	.000
% with no litter**	50.1	44.6	80.7	.000
% with at least 1 field	37.4	35.2	50.0	.209
% mowed	59.2	57.9	64.7	.650
% fenced	18.7	21.2	8.8	.241
% with working structure	36.2	43.0	8.8	.004
% with lights	25.2	29.9	5.9	.004
% with no litter	92.3	90.5	0	.017
% with at least 1 agricultural field	45.2	36.2	97.1	.000
% with at least 1 park	25.2	29.6	0	.008
% mowed	88.4	88.4	-	-
% fenced	35.3	35.3	-	-
% with working structure	92.0	92.0	-	-
% with lights	44.5	44.5	-	-
% with no litter	78.6	78.6	-	-

* Percent of EAs with at least one in or within 500 meters of EA.

** Only reflects the percentage of those located inside the EA boundaries.

Condition of the open spaces tends to differ significantly according to an EA's geographic location and predominate racial group. Overall, abandoned lots and fields appear to be better maintained if located in an urban or predominately non-African area. One exception, however, is seen for the percentage of abandoned lots and parks with no litter. Only about 45% of abandoned lots in urban EAs are free of trash, compared with close to 81% of those located in rural areas ($p=.000$). Similar trends are observed when comparing parks in African versus "other" EAs, with those located in a predominately African area cleaner. Although the condition of parks could only be examined for urban communities, it is important to note that the majority are mowed and have a working structure present. The instance of urban parks with fencing (35%) and lights (45%) is much lower. It appears that parks in non-African areas are more likely to have lights than those in predominately African neighborhoods, but also have a higher presence of litter.

Table 3.2 Characteristics of open spaces in EA and within 500 meters, by predominate race

	African (n = 152)	Other (n = 78)	p-value
% with at least 1 abandoned lot*	98.7	97.4	.630
% mowed**	8.6	31.3	.000
% fenced**	3.8	5.4	.527
% with working structure**	1.1	3.6	.182
% with lights**	29.3	57.9	.000
% with no litter**	54.4	41.4	.066
% with at least 1 field	44.7	23.1	.375
% mowed	51.8	87.0	.008
% fenced	16.8	25.9	.540
% with working structure	31.1	55.6	.154
% with lights	19.1	48.1	.022
% with no litter	92.8	90.7	.773
% with at least 1 agricultural field	61.8	12.8	.000
% with at least 1 park	17.1	41.0	.006
% mowed	90.4	86.7	.747
% fenced	35.3	35.4	.992
% with working structure	91.0	92.7	.864
% with lights	26.3	59.4	.028
% with no litter	94.2	65.9	.024

* Percent of EAs with at least one in or within 500 meters of EA.

** Only reflects the percentage of those located inside the EA boundaries.

3.2 Community Lighting

As seen in Table 3.3, 22% of the EAs had no lighting and 70% had 100% lighting. As expected, a much larger proportion of rural communities (82%) have no street lights when compared with their urban counterparts (11.8%) (p=.000). A similar significant trend was observed when comparing the presence of lighting in African versus non-African EAs (Table 3.4). Close to one-third of predominately African areas have no street lights, compared with only about 2% of non-African areas (p=.000).

Table 3.3 Lighting in the EA, by geographic location

	Total (n = 230)	Urban (n = 196)	Rural (n = 34)	p-value
% of EA with lighting				.000
none	22.3	11.8	82.4	
25%	3.1	0.5	17.7	
50%	0.9	1.0	0	
75%	3.9	4.6	0	
100%	69.9	82.1	0	
% of street lights broken				.835
none	91.0	90.7	100	
25%	7.3	7.6	0	
50%	1.7	1.7	0	
75%	0	0	0	
100%	0	0	0	
% with stanchion/flood lights	4.4	3.6	8.8	.292

Table 3.4 Lighting in the EA, by predominate race

	African (n = 152)	Other (n = 78)	p-value
% of EA with lighting			.000
none	32.5	2.6	
25%	4.6	0	
50%	1.3	0	
75%	5.3	1.3	
100%	56.3	96.2	
% of street lights broken			.487
none	90.2	92.1	
25%	6.9	7.9	
50%	2.9	0	
75%	0	0	
100%	0	0	
% with stanchion/flood lights	5.3	2.6	.499

Although not significant, it appears that street lights located in rural areas are in better repair (i.e., not broken) than those in more urban settings. This difference was not as pronounced when examining the percent of lights broken in African versus non-African areas. Rural and African communities tend to have a higher presence of stanchion or flood lights than urban and non-African EAs.

3.3 Characteristics and Conditions of Schools

The presence and conditions of schools in the EA and within 500 meters of the EA boundaries was also examined through direct community observation (Tables 3.5 and 3.6). Overall, 68% of the EAs had at least one school nearby. The proportion of rural EAs with at least one school (88%) is significantly higher than the presence of a school in urban communities (65%) ($p=.059$), however, this may be due to the larger geographic size of the rural EAs. The schools located in an urban setting are more likely, however, to have a fence, a field, and to be protected by a guard or locked gate. There is no significant difference in the presence of a school when comparing African to non-African EAs. Schools in non-African areas, however, are significantly more likely to have a fence or field than their African counterparts.

Table 3.5 Characteristics and conditions of schools in or within 500 meters of EA, by geographic location

	Total (n=230)	Urban (n=196)	Rural (n=34)	p-value
% with at least 1 school	68.3	64.8	88.2	.059
% of schools with fence	92.4	94.1	85.0	.245
% of schools with no field	20.9	19.0	28.9	.293
% of schools with guard	15.7	17.7	7.3	.173
% of schools with gates locked	15.7	17.7	7.3	.173

Table 3.6 Characteristics and conditions of schools in or within 500 meters of EA, by predominate race

	African (n=152)	Other (n=78)	p-value
% with at least 1 school	71.7	61.5	.267
% of schools with fence	89.5	99.0	.008
% of schools with no field	27.4	6.2	.001
% of schools with guard	13.6	20.6	.359
% of schools with gates locked	13.6	20.6	.359

3.4 Characteristics and Conditions of Roads

As seen in Table 3.7, urban EAs are significantly more likely to have both surfaced major and minor roads than EAs in rural areas. Just over 90% of major roads and 73% of minor roads in urban communities are paved. Only about 15% of major roads in rural areas are in the same condition; there are no surfaced minor roads in rural areas.

Table 3.7 Characteristics and conditions of roads in EA, by geographic location

	Total (n = 230)	Urban (n = 196)	Rural (n = 34)	p-value
% major roads surfaced				.000
none	7.0	3.1	29.4	
25%	3.0	1.0	14.7	
50%	4.4	0	29.4	
75%	2.2	0.5	11.8	
100%	80.0	91.3	14.7	
no major roads	3.5	4.1	0	
% of major roads with no potholes	53.9	61.7	8.8	.000
% of major roads with pedestrian crossings	8.7	8.2	11.8	.620
% minor roads surfaced				.000
none	17.8	8.2	73.5	
25%	3.0	2.0	8.8	
50%	3.9	4.1	2.9	
75%	5.7	4.1	14.7	
100%	62.2	73.0	0	
no minor roads	7.4	8.7	0	
% of minor roads with no potholes	44.4	52.0	-	.000
% of minor roads with pedestrian crossings	3.5	3.6	2.9	.795
% EAs with surfaced pavements	41.7	49.0	0	.001
% of EAs with surfaced paths	23.5	27.6	0	.010

Similar significant differences were observed when disaggregating results by predominate race of the EA (Table 3.8). Just over 96% of major roads and 91% of minor roads in non-African areas are paved compared with only about 72% and 47% of major and minor roads, respectively, that are located in African neighborhoods ($p=.000$).

Table 3.8 Characteristics and conditions of roads in EA, by predominate race

	African (n = 152)	Other (n = 78)	p-value
% major roads surfaced			.024
none	9.9	1.2	
25%	3.3	2.6	
50%	6.5	0	
75%	3.2	0	
100%	71.7	96.2	
no major roads	5.3	0	
% of major roads with no potholes	65.8	30.8	.000
% of major roads with pedestrian crossings	5.3	15.4	.059
% minor roads surfaced			.000
none	26.3	1.3	
25%	3.3	2.6	
50%	5.9	0	
75%	8.6	0	
100%	47.4	91.0	
no minor roads	8.6	5.1	
% of minor roads with no potholes	52.0	29.5	.001
% of minor roads with pedestrian crossings	0.7	9.0	.032
% EAs with surfaced pavements	27.0	70.5	.000
% of EAs with surfaced paths	18.4	33.3	.065

Maintenance of major roads, as measured by the absence of potholes, also appears to be better in urban areas with over 60% of major thoroughfares pothole-free, compared with only about 9% of major roads in rural areas ($p=.000$). The presence of pot holes in minor roads also differs significantly according to geographic location, with all small rural roads having potholes compared with only half of those located in urban EAs ($p=.000$). Conversely, both major and minor roads are more likely to be free of potholes if located in an African rather than non-African area. Urban roads, as well as those located in predominately African EAs, are significantly more likely to have to have surfaced pavements and paths than those located in rural and/or non-African communities.

3.5 Community Maintenance, including Presence of Rubbish and Sewage

Tables 3.9 and 3.10 present the results for indicators of general community maintenance, including the presence of rubbish and sewage within the EA boundaries.

Table 3.9 Community maintenance, including rubbish and sewage in EA, by geographic location

	Total (n = 230)	Urban (n = 196)	Rural (n = 34)	p-value
% of EAs with burned/abandoned buildings	33.0	26.5	70.6	.001
% of EAs with storm water drains	68.7	73.0	44.1	.007
% of EAs with refuse bins	27.0	29.1	14.7	.193
% of EAs with public water tap	30.9	24.5	67.7	.002
% of EAs with fire hydrants	41.7	49.0	0	.000
% of EAs with verges maintained	55.7	63.8	8.8	.002
% of EAs with visible rubbish:				
on street	46.3	45.6	50.0	.695
outside shops/bars/kiosks	38.1	35.2	54.6	.058
outside houses	44.5	42.4	57.6	.189
% of EAs with visible sewage	4.8	5.6	0	.282
% of EAs with missing manhole covers	7.4	8.7	0	.161
% of EAs with broken sewage/water pipes	13.1	14.9	2.9	.060

Table 3.10 Community maintenance, including rubbish and sewage in EA, by predominate race

	African (n = 152)	Other (n = 78)	p-value
% of EAs with burned/abandoned buildings	42.8	14.1	.002
% of EAs with storm water drains	57.2	91.0	.000
% of EAs with refuse bins	15.8	48.7	.000
% of EAs with public water tap	44.1	5.1	.000
% of EAs with fire hydrants	19.1	85.9	.000
% of EAs with verges maintained	36.8	92.3	.000
% of EAs with visible rubbish:			
on street	43.6	51.3	.394
outside shops/bars/kiosks	43.3	27.6	.083
outside houses	52.3	61.5	.312
% of EAs with visible sewage	6.6	1.3	.087
% of EAs with missing manhole covers	9.3	3.9	.160
% of EAs with broken sewage/water pipes	19.2	1.3	.000

Overall, urban and non-African communities appear to be better maintained, with significantly more containing storm drains, fire hydrants and manicured verges (i.e., greens and bushes along roads). Urban EAs are also significantly less likely (26%) to have a burned or abandoned building than rural EAs (71%) ($p=.001$), which may be an indicator of overall neighborhood neglect. Similarly, significantly more African EAs (43%) have at least one burned or abandoned building present, when compared with non-African areas (14%) ($p=.002$).

A significantly larger proportion of rural and/or African community members, however, have access to a public water tap in their area. There are no significant differences between the presence of rubbish and sewage and an EAs geographic location or racial make-up. However, two indicators – percentage of EAs with visible rubbish outside shops/kiosks and percentage with broken sewage or water pipes – were borderline significant (at the .05 level) when results were disaggregated by geographic location. Predominate racial group of the EA does appear to matter with regard to the presence of broken sewage/water pipes. Just over 19% of African EAs have some sort of visible break in their water/sewage system, compared with only 1% of non-African EAs with the same problem.

3.6 Community Facilities

The community observation module also included a large section of questions regarding the availability and condition of neighborhood facilities. Again, a facility was counted as being part of an EA, or available to its community members, if it was within 500 meters of the EA's boundary. Information regarding the physical condition of the facility was only collected for those buildings inside the EA's boundary. As seen in Tables 3.11 and 3.12, the most common community facilities include religious buildings, spaza shops (small neighborhood stores), liquor stores and public telephones.

As observed in Table 3.11, rural EAs are significantly more likely to have at least one religious building (60%) and a spaza shop (94%) than urban EAs (25% and 73% respectively). Close to 82% of all rural EAs also have a spaza shop that sells liquor, compared with only 42% of the spaza shops located in urban EAs ($p=.000$). However, these differences may be due to the fact that rural EAs are geographically much larger than urban EAs.

Table 3.11 Community facilities in and within 500 meters of EA, by geographic location

	Total (n=230)	Urban (n=196)	Rural (n=34)	p-value
% with at least 1 religious bldg.*	30.0	25.0	58.8	.006
% fenced	56.5	61.2	45.0	.354
% with no visible damage	73.8	79.6	59.6	.155
% with at least 1 post office/bank	1.7	2.0	0	.552
% fenced	0	0	-	-
% with no visible damage	50.0	50.0	-	-
% with at least 1 crèche	23.0	20.9	35.3	.196
% fenced	67.9	70.7	58.3	.557
% with no visible damage	77.4	90.0	33.3	.002
% with at least 1 police station	0.9	0	5.9	.018
% fenced	0.1	-	50.0	-
% with no visible damage	0	-	0	-
% with at least 1 private doctor	7.8	7.1	11.8	.512
% fenced	44.4	42.9	50.0	.868
% with no visible damage	66.7	57.1	100	.052
% with at least 1 pharmacy	2.6	3.1	0	-
% fenced	0.4	16.7	-	-
% with no visible damage	1.7	66.7	-	-
% with at least 1 clinic	5.2	2.0	23.5	.000
% fenced	100	100	100	-
% with no visible damage	100	100	100	-
% with at least 1 hospital	0.9	0	5.9	.018
% fenced	0.9	-	100	-
% with no visible damage	0.9	-	100	-
% with at least 1 pool	0.9	1.0	0	.677
% fenced	0.9	100	-	-
% with no visible damage	0.9	100	-	-
% with at least 1 shopping complex	3.5	4.1	0	.394
% fenced	3.5	0	-	-
% with no visible damage	3.5	62.5	-	-
% with at least 1 of spaza	76.1	73.0	94.1	.063
% fenced	27.5	27.4	27.5	.995
% with no visible damage	57.6	59.2	50.5	.477
% with at least 1 liquor store	43.9	44.9	38.2	.599
% fenced	23.7	23.2	26.9	.794
% with no visible damage	53.4	52.2	61.5	.563
% with at least 1 public telephone	54.4	52.6	64.7	.355
% fenced	13.6	8.4	37.9	.049
% with no visible damage	81.5	80.7	85.2	.589
% with at least 1 community hall	9.1	7.7	17.7	.189
% fenced	28.6	40.0	0	.057
% with no visible damage	61.9	73.3	33.3	.240
% EAs with a spaza/tuckshop that sells liquor	48.0	42.3	81.8	.000

* Percentage EAs with at least one facility represents the number in and within 500 meters of EA; condition of facilities only includes those buildings located within EA boundaries.

Rural communities are more likely to have access to have a clinic, with just over 23% of EAs in rural areas reporting one or more clinics, compared with only 2% of their urban counterparts ($p=.000$). A significantly larger proportion of rural EAs also have a hospital within their boundaries or nearby. Disaggregated results by predominate racial groups show that non-African EAs are significantly more likely to contain, or be close-by, to at least one private doctor's office and a shopping complex than African areas (Table 3.12). African EAs, on the other hand, are significantly more likely to have at least one spaza shop and/or a community hall.

Because some EAs did not contain many of the community facilities asked about on the survey, it is more difficult to look at the stratified results of facility conditions, as well as examine their inter-rater reliability. The condition of the facilities that could be compared did not seem to depend on their rural or urban location. For example, 90% of all crèches in urban EAs have no visible damage, compared with only 33% of those crèches located in a rural area ($p=.002$). On the other hand, all private doctor's offices located in or near a rural EA have no damage compared with only half of those located in an urban EA ($p=.052$). The lack of a static trend between facility conditions and geographic location may indicate that the physical condition of a building is determined by variables other than an area's rural or urban status. It appears, however, that facilities in non-African (versus African) areas, however, are generally better maintained.

Table 3.12 Community facilities in and within 500 meters of EA, by predominate race

	African (n = 152)	Other (n = 78)	p-value
% with at least 1 religious bldg.*	27.0	35.9	.326
% fenced	56.1	57.1	.945
% with no visible damage	58.3	96.4	.000
% with at least 1 post office/bank	0	5.1	.048
% fenced	-	0	-
% with no visible damage	-	50.0	-
% with at least 1 crèche	23.7	21.8	.818
% fenced	58.3	88.2	.035
% with no visible damage	66.7	100	.002
% with at least 1 police station	1.3	0	.473
% fenced	50.0	-	-
% with no visible damage	0	-	-
% with at least 1 private doctor	3.3	16.7	.010
% fenced	60.0	38.5	.576
% with no visible damage	100	53.8	.049
% with at least 1 pharmacy	0	7.7	.015
% fenced	-	16.7	-
% with no visible damage	-	66.7	-
% with at least 1 clinic	5.3	5.1	.976
% fenced	100	100	-
% with no visible damage	100	100	-
% with at least 1 hospital	1.3	0	.473
% fenced	100	-	-
% with no visible damage	100	-	-
% with at least 1 pool	1.3	0	.473
% fenced	100	-	-
% with no visible damage	100	-	-
% with at least 1 shopping complex	0	10.3	.005
% fenced	-	0	-
% with no visible damage	-	62.5	-
% with at least 1 of spaza	82.9	62.8	.017
% fenced	21.9	42.0	.034
% with no visible damage	60.8	49.3	.251
% with at least 1 liquor store	46.7	38.5	.375
% fenced	21.4	29.2	.501
% with no visible damage	54.3	51.1	.781
% with at least 1 public telephone	55.9	51.3	.626
% fenced	13.9	12.9	.899
% with no visible damage	87.5	68.8	.019
% with at least 1 community hall	11.2	5.1	.005
% fenced	23.5	50.0	.493
% with no visible damage	52.9	100	.228
% EAs with a spaza/tuckshop that sells liquor	65.1	15.4	.000

* Percentage of EAs with at least one facility represents the number in and within 500 meters of EA; condition of facilities only includes those buildings located within EA boundaries.

† Too few rating categories, impossible to calculate kappa statistic.

3.7 Loitering and Presence of Squatter Settlements

Finally, Tables 3.13 and 3.14 show the results of the questions measuring the presence of loitering in the community. The question intentionally asked about loitering by groups of young men in order to capture male unemployment in the area, as well as the possibility of gangs or other problem neighborhood activities that may result as a consequence of youth idleness.

As expected, both the incidence and level of loitering appears to be more of a problem in urban areas. Loitering at shopping nodes is present in significantly more urban (52%) than rural (9%) EAs ($p=.001$). Almost all (97%) rural EAs have loiterers outside on the streets, although the proportion is also high, at just over 70%, within urban EAs ($p=.002$). The average number of young men in a group of loiterers in front of shopping nodes and on the street is significantly greater within urban communities. In addition, almost half of all urban EAs either have a squatter settlement in or just beyond their boundaries, compared with only 6% of rural EAs ($p=.000$).

Table 3.13 Loitering in EA and presence of a squatter settlement, by geographic location

	Total (n = 230)	Urban (n = 196)	Rural (n = 34)	p-value
% of EAs with loitering:				
at shopping nodes	54.8	51.5	8.8	.001
in parks	9.6	11.2	0	-
on street	75.2	71.4	97.1	.002
outside school	9.6	9.2	11.7	.703
Avg. number of loiterers:				
at shopping nodes	4.9	5.4	3.5	.000
in parks	9.6	4.8	-	-
on street	6.0	6.7	3.2	.000
outside school	5.3	5.6	4.3	.223
% of EAs* with squatter settlement	41.7	48.0	5.9	.000

*EA or adjacent EA

As seen in Table 3.14, the incidence of loitering also appears to be more common in African racial areas, when compared to non-African racial areas.

Table 3.14 Loitering in EA and presence of a squatter settlement, by predominate race

	African (n=152)	Other (n=78)	p-value
% of EAs with loitering:			
at shopping nodes	70.4	24.4	.000
in parks	9.2	10.3	.844
on street	90.1	46.2	.000
outside school	9.9	9.0	.851
Avg. number of loiterers:			
at shopping nodes	4.9	5.1	.885
in parks	5.7	3.3	.060
on street	6.2	5.6	.575
outside school	6.2	3.6	.022
% of EAs* with squatter settlement	55.3	15.4	.000

*EA or adjacent EA

Over 70% of African racial EAs have groups of young men loitering around shopping nodes, compared with 24% of non-African racial EAs (p=.000). Similarly, loitering in neighborhood streets appears more common in African areas. Over half of African areas also report the presence of a squatter settlement, compared with only about one-sixth of non-African communities (p=.000).

3.8 Data Quality

As stated in the data analysis section, the kappa statistic compares the inter-reliability of responses from the two fieldworkers in each EA, and was computed for all items included in the community observation survey. Overall, the level of agreement between the two community observers was much higher when counting the presence of different types of community structures or buildings, such open spaces, community facilities, and schools. However, when observers were asked to record the conditions of the structures or buildings, the level of agreement was much lower. This is likely due to the fact that these elements are more subjective. For example, there is perfect agreement between the two observers with regard to the presence of abandoned lots, while, there is often only fair to moderate⁵ agreement when recording data on a lot's conditions. Some items may have low reliability, because their visibility changed. For example, the percentage of EAs with visible rubbish, with missing manhole covers, and broken sewage/water pipes show only a "moderate" level of agreement in the .50 range. Presence of visible rubbish may be a more subjective measurement, and also may have differed by the time of visit by the observer. A missing manhole cover or broken sewage/water pipe, however, would seem to be a more objective measure, although these items may have been obscured from plain view and therefore missed by one of the observers in some cases.

⁵ Interpretation of intermediate values is based on the scale proposed by Landis and Koch (1977).

CHAPTER 4. STREET INTERCEPT SURVEY RESULTS

In this chapter, results of the street intercept survey are presented. Table 4.1 displays the demographic profile of the respondents of the street intercept survey. As observed, the majority (70%) of those interviewed are African, with the remainder primarily Asian (17%) or White (10%). Only about 2% of respondents are colored. This distribution reflects the overall population. As a result of the purposive sampling methodology utilized in this survey, the respondents are equally divided between male and female as well as between younger (14-30 years) and older (31+) age groups. Again, the purpose of this sampling strategy was to gain a broad understanding of community attitudes.

Table 4.1 Respondent characteristics (total N = 4,569)

		Percent	N
Race	African	70.4	3,202
	Asian	17.2	779
	Colored	2.5	112
	White	10.0	457
Sex	Male	49.9	2,281
	Female	50.1	2,288
Age	14-30	49.7	2,269
	31+	50.3	2,300

4.1 Perceived Neighborhood Safety and Crime

As seen in Table 4.2, overall examination of indicators of perceived personal safety show that the majority (79%) of all respondents feel safe walking around their neighborhood during the day; a much smaller proportion (26%) have the same feeling of safety at night. Just over 60% of respondents also feel that there are unsafe areas in their communities.

Stratified results reveal that male respondents and those in the younger age group are more likely to portray a higher level of confidence in their safety. Significantly more males state that they feel safe walking in their communities during the day (82%) or at night (31%), when compared to their female counterparts (75% and 22% respectively) ($p=.000$). Similarly, males were less likely than female respondents to deem some areas within their neighborhood as unsafe. Respondents in the younger age group also express a higher level of confidence in their personal safety when compared with their older aged counterparts. Significantly more respondents, age 14-30 years, state that they feel safe walking during the day (82%) and at night (29%) than those

31 years and older (76% and 24% respectively) (p=.000). Accordingly, respondents are significantly more likely to feel “very safe” if they are male and/or young. Similar patterns exist with regard to the other indicators measuring perceived neighborhood safety, with more male and younger respondents knowing of a safe house and relating a higher level of police presence in their area.

Table 4.2 Percent response to indicators of neighborhood safety, by sex and age group of respondent

	Sex				Age Group		
	Total	Male (n=2288)	Female (n=2281)	p- value	14-30 (n=2269)	31+ (n=2300)	p- value
Feels safe walking during day	78.7	82.0	75.4	.000	81.6	75.6	.000
Feels safe walking at night	26.2	30.6	21.7	.000	28.8	23.6	.000
Feels there are unsafe areas	64.2	60.5	68.1	.042	62.9	65.6	.042
Level of perceived safety:				.000			.000
very safe	19.5	21.2	17.1		20.8	18.2	
fairly safe	58.5	58.3	58.7		59.7	57.3	
very unsafe	22.0	19.8	24.2		19.5	24.5	
Agrees that there are gangs	62.2	61.1	63.2	.089	60.9	63.4	.023
Last time observed fight:				.597			.035
never	21.1	21.1	21.3		20.0	22.5	
in last year or over a year	50.6	51.2	50.0		50.6	50.6	
past month	28.2	27.7	28.7		29.4	27.0	
Knows of safe houses	20.9	22.1	19.6	.025	21.8	20.0	.177
States police patrol area	15.6	16.4	14.9	.068	16.3	15.0	.124
Frequency of police foot patrols:				.004			.032
once a month or more	30.1	31.9	28.3		31.4	28.8	
less than monthly or never	69.9	68.1	71.7		68.6	71.3	

Feeling safe walking in the neighborhood during the day also differs significantly according to geographic location and race (Table 4.3). Just over 85% of rural respondents stated they feel safe around their neighborhood during the day, compared with 78% of their urban counterparts (p=.031). Interestingly, just over 84% of rural respondents agree that there are gangs in their neighborhood, compared with 65% of their urban counterparts (p=.000). Similarly, over half of respondents in rural areas state they feel “very unsafe,” compared with only about one-eighth of urban residents (p=.000). A heightened sense of safety in urban areas may be supported by a

higher level of police patrol; only 0.7% of those interviewed in rural EAs state that police patrol their areas once a day.

Overall, African respondents appear to feel a higher level of insecurity in their neighborhood when compared to their non-African counterparts. Non-African respondents are significantly more likely to feel safe at night, as well as feel “very safe” around their neighborhood in general. African respondents, however, are significantly more likely to report a higher presence of police presence in their neighborhood compared with their non-African counterparts. The street intercept survey also included questions regarding measures taken to increase safety of one’s own person and household. As seen in Table 4.4, many respondents take no special action in protecting themselves or their homes. A large proportion also state they simply “stay indoors” or “have a fence” (for home security).

A significantly higher proportion of women state that they stay inside in order to protect themselves (36%) and their house (18%), when compared with their male counterparts (22% and 16% respectively). Keeping a weapon for self-protection was more common for males, those between the ages of 14-30, and residents of urban EAs. Just over 3% of male respondents also state they keep a weapon as their primary means of protecting their house, compared with only 0.6% of women who state they have a weapon in their household (p=.000).

Table 4.3 Percent response to indicators of neighborhood safety, by geographic location and race of respondent

	Geographic Location			Race		
	Urban (n=2288)	Rural (n=2281)	p- value	African (n=3202)	Other (n=1348)	p- value
Feels safe walking during day	77.5	85.3	.031	79.8	76.1	.459
Feels safe walking at night	26.5	24.2	.622	22.3	35.4	.006
Feels there are unsafe areas	65.4	57.5	.222	66.6	58.6	.139
Level of perceived safety:			.000			.000
very safe	21.9	21.9		14.4	30.8	
fairly safe	62.1	38.3		55.6	65.4	
very unsafe	16.2	55.2		30.0	3.8	
Agrees that there are gangs	58.2	84.1	.000	77.9	23.9	.000
Last time observed fight:			.000			.000
never	23.8	6.2		12.6	41.4	
in last year or over a year	45.3	81.0		58.6	32.0	
past month	30.9	12.8		28.8	26.7	
Knows of safe houses	18.2	35.5	.000	25.3	9.6	.005
States police patrol area	17.4	5.5	.005	21.9	1.1	.000
Frequency of police foot patrols:			.000			.005
once a month or more	34.1	7.2		74.3	59.2	
less than once a month or never	65.9	92.8		40.8	25.7	

Table 4.4 Percent response to indicators of personal or household safety measures, by sex and age group of respondent

	Total	Sex			Age Group		
		Male (n=2288)	Female (n=2281)	p- value	14-30 (n=2269)	31+ (n=2300)	p- value
Safety measures to protect self:							
stay indoors	29.1	22.3	35.9	.000	29.9	29.3	.274
keep a weapon	6.3	11.0	1.6	.000	5.3	7.3	.010
have a fence	2.8	3.0	2.6	.330	2.6	3.1	.303
traditional method	0.9	1.4	0.4	.001	0.6	1.1	.118
nothing	49.3	50.6	48.1	.091	48.8	49.9	.464
other	15.9	15.8	16.0	.845	16.8	15.0	.062
Safety measures to protect house:							
stay indoors	17.2	15.9	18.4	.030	16.7	17.7	.370
keep a weapon	2.0	3.5	0.6	.000	1.9	2.2	.392
have a fence	23.7	23.9	23.5	.712	23.6	23.8	.813
traditional method	0.6	0.4	0.9	.033	0.6	0.7	.769
nothing	37.5	37.2	37.8	.648	36.8	38.1	.285
other	37.6	36.9	38.3	.195	37.1	38.0	.301

Measures to protect one's person, as well as one's house, differ most often according to geographic location and race (Table 4.5). Respondents in urban areas and those who are non-African are significantly more likely to employ safety measures for themselves or household.

Table 4.5 Percent response to indicators of personal or household safety measures, by geographic location and race of respondent

	Geographic Location			Race		
	Urban (n=2288)	Rural (n=2281)	p- value	African (n=3202)	Other (n=1348)	p- value
Safety measures to protect self:						
stay indoors	29.1	29.3	.934	29.0	29.3	.922
keep a weapon	7.0	2.2	.000	4.1	11.7	.000
have a fence	3.2	0.7	.026	1.3	6.4	.000
traditional method	0.6	2.2	.020	1.2	0	.036
nothing	47.0	62.6	.000	55.5	34.7	.000
other	18.3	2.1	.000	10.2	29.4	.000
Safety measures to protect home:						
stay indoors	17.9	12.8	.029	23.0	3.5	.000
keep a weapon	2.1	1.8	.648	2.1	1.9	.779
have a fence	27.4	2.4	.000	8.9	58.5	.000
traditional method	0.5	1.0	.261	0.7	0.5	.684
nothing	15.9	18.4	.027	51.7	4.2	.000
other	43.1	5.7	.000	19.9	78.8	.000

Over 60% of respondents in rural areas state they “do nothing” for self-protection compared with 47% of those in urban EAs (p=.000). Likewise, over half of African respondents employ no measures to protect themselves, compared with about one-third of their non-African counterparts (p=.000). Similar trends are observed for measures to protect one’s home. One exception is seen for African respondents, who are significantly more likely than non-Africans to stay inside in order to protect their house.

Tables 4.6-4.9 examine questions relating to crime in the neighborhood. As observed in Table 4.6, the largest proportion of respondents name theft and assault as the two crimes that occur most and are most feared. Respondents are about equally split in their beliefs about who commits neighborhood crimes – local residents, outsiders, and both those who live in and out of the community.

Table 4.6 Percent response to indicators of neighborhood crime, by sex and age group of respondent

	Sex				Age Group		
	Total	Male (n=2288)	Female (n=2281)	p-value	14-30 (n=2269)	31+ (n=2300)	p-value
Crime that occurs most:				.585			.043
theft	48.9	48.8	48.9		49.5	48.2	
assault	30.7	31.4	30.0		30.6	30.8	
murder	3.9	3.5	4.3		3.8	4.1	
car jacking	2.7	2.8	2.7		2.8	2.6	
other	12.7	12.5	13.0		12.3	13.2	
don't know	1.1	1.1	1.1		1.2	1.1	
Crime feared most:				.000			.000
theft	23.5	23.9	23.1		20.3	26.7	
assault	28.9	31.0	26.8		30.7	27.1	
murder	19.9	22.2	17.6		19.9	19.9	
car jacking	6.3	7.6	5.0		5.3	7.3	
other	20.5	14.4	26.6		22.9	18.2	
don't know	0.9	0.9	1.0		1.0	0.9	
Crime committed by:				.107			.001
those in neighborhood	25.4	24.6	26.2		27.2	23.6	
those that live outside	29.2	29.9	28.4		30.3	28.1	
both those in and out	35.0	35.9	34.1		33.3	36.7	
there is no crime	4.0	4.0	4.1		3.8	4.2	
don't know	6.4	5.7	7.2		5.5	7.3	

Stratified results show that there are some significant differences in the crime feared most and a respondent's sex and age. Males appear more afraid of violent crimes, namely assault and murder than their female counterparts. Younger respondents seem more likely than those in the older age group to state they fear an assault; older respondents appear more concerned with theft. A significantly higher proportion of respondents in the younger age group also feel that criminal acts are most often carried out by those living in the EA.

As seen in Table 4.7, there are consistent, significant differences with regard to a respondent's geographic location, his or her race, and his or her perceptions regarding types of crime. About two-thirds of respondents in rural areas state that theft is the most common crime in their neighborhood, compared with about half of urban respondents ($p=.000$). Urban residents, on the other hand appear to be more concerned with assault than those living in rural areas.

About one-third of those interviewed in urban EAs not only state that assault is the one crime that occurs most frequently, but also the crime they fear most. Interestingly, murder is a crime feared by over 26% of residents in rural areas, compared to 19% of respondents living in urban areas. African respondents also appear more likely than their non-African counterparts to state that violent crimes occur most often in their neighborhood and are also among the types of crimes they fear most. A higher proportion of rural residents and those in the African sub-group believe that most crimes are committed by those in their community, when compared with the beliefs of their urban and non-African counterparts, respectively.

Table 4.7 Percent response to indicators of neighborhood crime, by geographic location and race of respondent

	Geographic Location			Race		
	Urban (n=2288)	Rural (n=2281)	p- value	African (n=3202)	Other (n=1348)	p- value
Crime that occurs most:			.000			.000
theft	46.7	61.3		44.8	58.5	
assault	33.3	15.4		38.1	13.1	
murder	3.1	8.8		5.3	0.7	
car jacking	3.1	0.3		1.3	6.0	
other	12.6	13.7		9.9	19.3	
don't know	1.2	0.4		0.6	2.3	
Crime feared most:			.000			.000
theft	21.4	35.4		23.0	24.6	
assault	31.0	16.5		31.4	23.2	
murder	18.7	26.8		24.6	8.9	
car jacking	7.3	0.6		1.2	18.2	
other	20.5	20.7		19.4	22.9	
don't know	1.1	0.2		0.4	2.1	
Crime committed by:			.000			.000
those living in						
neighborhood	22.9	39.7		31.9	10.2	
those that live outside	32.1	12.8		19.5	52.0	
both those in and out	35.2	33.8		37.0	30.2	
there is no crime	3.5	6.8		4.5	2.8	
don't know	6.3	6.9		7.1	4.8	

Respondents were also asked questions regarding incidence of criminal acts, both to themselves and to members of their family (Tables 4.8 and 4.9). Acts of burglary and robbery to respondent, and/or to a family member, appears most common among all respondents.

Criminal acts that involve bodily harm appears to be more common among males than females. Just about 5% of males interviewed state that they have been assaulted or that their life has been in jeopardy, compared with 2% of women ($p=.000$). Significantly more female respondents (6%), however, state that a member of their family has been assaulted than males report in reference to their family members (4%) ($p=.003$). Almost 19% of older respondents relate a personal experience with burglary, compared with 14% of respondents in the older age groups ($p=.000$). Younger respondents, on the other hand, are significantly more likely to report instances of burglary (14%) and theft (5%) to a family member than older respondents (10% and 3% respectively) ($p=.000$ and $p=.012$ respectively).

Respondents living in urban areas appear to experience a higher occurrence of all types of criminal acts when compared with their rural counterparts. Significantly more urban respondents state that they have personally experienced robbery, assault, car hijacking, and/or theft. More rural residents, however, report burglary and attempted/actual murder to a family member.

Examination of incidence of criminal acts stratified by racial group reveals that non-African respondents are significantly more likely to have experienced car hijacking and theft than their African counterparts. On the other hand, African respondents are significantly more likely to report that a family member has experienced at least one of all types of criminal acts examined, except burglary, car hijacking, or theft.

Table 4.8 Percent response to indicators of crime to self or family, by sex and age group of respondent

	Sex				Age Group		
	Total	Male (n=2288)	Female (n=2281)	p- value	14-30 (n=2269)	31+ (n=2300)	p- value
Incidence of crime to self:							
burglary	16.5	16.5	16.6	.892	14.2	18.8	.000
robbery	11.1	11.2	10.9	.789	11.0	11.1	.992
assault	3.9	5.3	2.5	.000	3.9	3.8	.800
car hijacking	1.4	1.6	1.1	.272	1.2	1.5	.238
attempted murder	3.5	5.2	1.8	.000	3.6	3.3	.630
theft	5.5	6.2	4.9	.065	5.0	6.1	.098
Incidence of crime to family:							
burglary	11.9	11.5	12.4	.309	13.8	10.1	.000
robbery	13.4	13.2	13.6	.692	13.9	12.8	.302
assault	4.5	3.6	5.5	.003	4.6	4.5	.903
car hijacking	2.1	1.9	2.2	.494	1.9	2.2	.379
attempted or actual murder	3.8	3.6	4.1	.277	4.3	3.4	.138
theft	4.2	3.7	4.6	.114	5.0	3.4	.012

Table 4.9 Percent response to indicators of crime to self or family, by geographic location and race of respondent

	Geographic Location			Race		
	Urban (n=2288)	Rural (n=2281)	p- value	African (n=3202)	Other (n=1348)	p- value
Incidence of crime to self:						
burglary	16.9	14.4	.356	15.6	18.7	.248
robbery	12.2	5.0	.001	11.0	11.4	.865
assault	4.2	2.1	.043	4.1	3.3	.389
car hijacking	1.6	0.2	.004	0.4	3.6	.000
attempted murder	3.2	4.7	.160	4.1	2.0	.019
theft	6.5	0.2	.000	1.1	15.8	.000
Incidence of crime to family:						
burglary	11.0	17.2	.001	12.7	10.3	.259
robbery	13.4	13.2	.921	15.8	7.9	.000
assault	4.8	2.8	.124	5.5	2.2	.001
car hijacking	2.2	1.3	.298	0.9	4.8	.000
attempted or actual murder	2.9	9.0	.000	5.3	0.5	.000
theft	4.8	0.6	.000	1.9	9.7	.000

4.2 Community Participation in Clubs and Organizations

Community participation of respondents, as well as their perceptions regarding youth involvement in clubs and organizations, was also assessed (Tables 4.10-4.13). As observed in Table 4.10, respondents are most likely to participate currently in a religious or soccer group. Overall participation, however, appears quite low, with 40% of all respondents stating that they do not attend any type of club or organization.

Significantly more male respondents (23%) state that they currently participate in a soccer club, when compared to females (2%) ($p=.000$). Males are also more likely to belong to a neighborhood watch or a parent-teacher association than females. Women are more likely to participate in a religious group, with over half of females interviewed stating that they currently belong to such an organization (compared with 40% of males, $p=.000$). Not surprisingly, female respondents are also significantly more likely than males to participate in women's clubs and stokvel (sewing) groups. Women also appear more likely to belong to at least one club or organization, although overall level of participation (i.e., in three or more clubs or organizations) is higher among males.

Table 4.10 Percent response to indicators of community participation, by sex and age group of respondents

	Sex				Age Group		
	Total	Male (n=2288)	Female (n=2281)	p- value	14-30 (n=2269)	31+ (n=2300)	p- value
Soccer club	12.8	23.1	2.5	.000	20.7	5.0	.000
Other sports club	8.0	8.4	7.7	.398	13.3	2.9	.000
Dance club	3.9	4.1	3.6	.374	6.0	1.7	.000
Women's club	3.7	0.7	6.7	.000	2.0	5.4	.000
Religious group	47.7	39.9	55.5	.000	47.3	48.0	.588
Stokvel	13.1	10.4	15.9	.000	9.2	17.0	.000
Neighborhood watch	3.1	4.4	1.8	.000	2.2	4.0	.000
Parent-teacher association	0.9	1.2	0.7	.034	0.3	1.6	.000
Youth club	5.6	6.1	5.1	.073	7.5	3.7	.000
Overall participation level of respondent:				.000			.000
none	41.0	44.5	37.6		38.6	43.5	
one	32.6	28.4	36.7		30.5	34.6	
two	17.1	16.8	17.5		19.7	14.6	
three or more	9.3	10.4	8.2		11.2	7.4	

Table 4.11 Percent response to indicators of community participation, by geographic location and race of respondent

	Geographic Location			Race		
	Urban (n=2288)	Rural (n=2281)	p- value	African (n=3202)	Other (n=1348)	p- value
Soccer club	11.6	19.9	.000	16.7	3.9	.000
Other sports club	8.0	8.5	.692	9.7	4.1	.007
Dance club	4.0	3.2	.472	4.8	1.8	.005
Women's club	3.5	4.9	.200	4.9	1.0	.000
Religious group	42.6	76.9	.000	60.9	16.5	.000
Stokvel	13.5	10.9	.227	18.7	0.2	.000
Neighborhood watch	3.3	1.6	.035	2.4	4.8	.169
Parent-teacher association	0.8	1.5	.200	0.9	1.0	.688
Youth club	6.5	0.2	.000	6.1	4.4	.263
Overall participation level of respondent:			.000			.000
none	45.7	14.3		26.7	74.7	
one	29.5	49.9		39.3	16.8	
two	14.9	30.0		22.0	5.9	
three or more	9.9	5.8		12.1	2.6	

When compared to respondents aged 31 years or older, those in the younger age group are more likely to participate in sports-related activities, such as soccer or dance groups. Older respondents, on the other hand, seem to participate in more sedentary events. Older respondents are also more likely than their younger counterparts to be involved in a club or organization, but younger respondents are involved at a higher rate. The majority of respondents living in rural areas (77%) are involved in a religious group, compared with 43% of those interviewed in urban areas (p=.000). Respondents are also more likely to participate in a soccer club if living in a rural area (20%), versus urban area (12%, p=.000). It also appears that residents of rural areas may be more involved in organization clubs or groups. Nearly one-half of rural respondents report they participate in at least one group/organization, compared with only one-third of those living in urban areas (p=.000).

African respondents are not only more likely to report participation in every type of group or organization (except neighborhood watch) than non-African respondents, but also participate at a much higher rate. Almost two-thirds of non-African respondents report no participation in any type of group, compared with only one-quarter of their African counterparts (p=.000). Likewise, just over 12% of African respondents report participation in three or more groups, compared with only 3% of those non-African. As seen in Table 4.12, most respondents perceive that youth participation is highest in sports and religious groups.

Table 4.12 Percent response to perception of youth community participation indicators, by sex and age group of respondent

	Sex				Age Group		
	Total	Male (n=2288)	Female (n=2281)	p- value	14-30 (n=2269)	31+ (n=2300)	p- value
Soccer club	88.9	90.3	87.4	.007	90.3	87.4	.008
Other sports club	62.6	64.9	60.2	.019	66.2	58.9	.004
Dance club	45.1	47.3	42.7	.034	48.6	41.3	.000
Women's clubs	17.1	15.5	18.5	.076	16.9	17.3	.752
Religious group	89.5	89.3	89.7	.738	90.2	88.8	.166
Stokvel	36.6	37.1	36.2	.647	34.1	39.2	.003
Neighborhood watch	13.1	15.6	10.5	.000	13.4	12.9	.656
Parent-teacher association	7.1	7.9	6.3	.092	7.1	7.0	.935
Youth club	38.9	38.9	38.9	.999	40.4	37.4	.071
Overall participation level of youth:				.256			.000
none	5.6	56.5	5.5		43.8	6.9	
one	9.9	8.7	11.2		8.7	11.3	
two	20.1	19.4	20.9		17.5	23.1	
three or more	64.4	66.2	62.5		69.4	58.6	

In general, males, younger aged respondents, those living in urban areas, and those who are African perceive youth participation to be to be higher in most types of organizations, when compared to their respective counterparts.

Interestingly, younger respondents are more likely to state that youth do not participate in any community organizations or clubs than those in the older age group, which may be indicative of their first-hand knowledge of youth activity. Urban respondents are significantly more likely than their rural counterparts to believe youth participate in non-sports oriented functions, such as stokvel and youth clubs in general. African respondents generally perceive a higher level of participation by youth in most groups when compared to their non-African counterparts. Non-African respondents, however, are significantly more likely than Africans to state that youth participate in other types of sports clubs, dance clubs and/or youth clubs. African respondents also perceive overall youth participation as much higher than those non-African. Over 66% of African respondents state that youth participate in three or more organizations, compared with 45% of non-Africans (p=.000) (Table 4.13).

Table 4.13 Percent response to perception of youth community participation indicators, by geographic location and race of respondent

	Geographic Location			Race		
	Urban (n=2288)	Rural (n=2281)	p- value	African (n=3202)	Other (n=1348)	p- value
Soccer club	88.4	91.0	.392	90.2	81.6	.025
Other sports club	69.3	39.0	.000	59.7	79.1	.000
Dance club	49.4	30.6	.019	42.1	63.5	.000
Women's club	20.0	7.9	.000	18.7	6.5	.000
Religious group	88.9	92.3	.197	90.1	87.1	.396
Stokvel	41.6	20.3	.000	39.2	3.1	.000
Neighborhood watch	14.1	10.2	.228	14.4	6.8	.044
Parent-teacher association	7.2	6.7	.857	8.0	2.4	.004
Youth club	45.9	14.7	.000	32.4	75.0	.000
Overall participation level:			.004			.000
none	7.8	0.9		3.4	28.9	
one	8.7	12.5		9.3	17.8	
two	16.3	28.4		21.2	8.2	
three or more	67.3	58.2		66.1	45.2	

Respondents were also asked about accessibility of community clubs and organization in terms of their affordability for youth (Tables 4.14 and 4.15). The majority of respondents perceived that youth can afford most types of clubs. There was some doubt, however, regarding accessibility to women's clubs and stokvel groups.

Table 4.14 Percent who feel club is affordable for youth, by sex and age group of respondent

	Total	Sex			Age Group		
		Male (n=2288)	Female (n=2281)	p- value	14-30 (n=2269)	31+ (n=2300)	p- value
Soccer club	86.8	86.7	86.9	.932	85.7	88.2	.113
Other sports club	88.2	87.0	89.6	.262	88.0	88.5	.818
Dance club	82.6	85.8	79.5	.053	84.1	80.6	.263
Women's club	59.8	54.5	63.0	.087	63.0	56.9	.119
Religious group	94.3	95.9	92.9	.035	93.9	94.6	.792
Stokvel	47.9	47.8	47.8	.991	50.6	45.3	.030
Neighborhood watch	86.8	87.8	85.9	.664	85.2	88.2	.475
Parent-teacher association	76.9	50.0	99.0	.091	62.5	99.0	.188
Youth club	82.3	80.6	84.0	.380	80.7	84.2	.365

As observed in Table 4.15, results stratified by a respondent’s race produced the most consistent differences with regard to the perceived affordability of neighborhood groups. In almost every instance, non-African respondents are significantly more likely than their African counterparts to feel that youth are financially able to access organized groups and clubs in the neighborhood.

Table 4.15 Percent who feel club is affordable for youth, by geographic location and race of respondent

	Geographic Location			Race		
	Urban (n=2288)	Rural (n=2281)	p- value	African (n=3202)	Other (n=1348)	p- value
Soccer club	86.2	92.9	.148	83.4	93.8	.000
Other sports club	88.2	88.9	.933	83.9	93.4	.000
Dance club	81.9	100.0	.312	76.0	91.2	.099
Women’s club	61.7	50.0	.063	57.6	92.3	.001
Religious group	94.2	100.0	.653	94.3	93.3	.840
Stokvel	53.3	29.7	.000	47.8	55.6	.643
Neighborhood watch	11.0	0.2	.000	64.3	91.0	.007
Parent-teacher association	-	-	-	72.7	100	.481
Youth club	82.5	50.0	.255	81.9	92.9	.297

4.3 Facilities in Adjacent Communities

Respondents were also asked regarding the presence of various facilities in adjacent EAs. Although these facilities may not be within an EA’s boundary, and therefore were not observed and recorded during the community observation module, community members (including youth) may utilize them as a resource within reach of their own neighborhood. As observed in Table 4.16, the majority of respondents stated that EAs adjacent to their neighborhood have at least one school, religious building, crèche, spaza shop, or liquor store, regardless of their sex, age, geographic location, or race.

Post offices and banks, police stations, pharmacies, hospitals, public swimming pools, crisis units, and a neighborhood watch are not as universal and tend to differ according to a respondent’s type of neighborhood (urban verses rural) and race. Overall, respondents in the younger age group, those living in urban areas, and those in the non-African group were significantly more likely to report that almost all types of facilities as present in an adjacent EA, including those facilities that were less common (Table 4.17).

All respondents were also specifically asked regarding the use of each type of nearby facility by youth in their community. Nearly all respondents stated that if the facility was present in an adjacent EA, youth used it (results not shown).

Table 4.16 Percent response to indicators of community facilities in adjacent communities, by sex and age group of respondent

	Sex				Age Group		
	Total	Male (n=2288)	Female (n=2281)	p- value	14-30 (n=2269)	31+ (n=2300)	p- value
Schools	90.5	90.2	90.8	.404	91.4	89.6	.032
Religious buildings	82.2	81.6	82.8	.157	83.1	81.3	.033
Post offices and banks	31.4	31.8	31.0	.410	32.4	30.4	.025
Creches	58.5	57.9	59.0	.323	60.1	56.9	.015
Police stations	38.1	38.9	37.3	.127	39.0	37.2	.050
Private doctors	51.0	50.8	51.2	.642	52.2	49.8	.006
Pharmacies	30.8	31.6	30.1	.097	32.0	29.7	.003
Clinics	52.2	51.3	53.0	.148	53.0	51.4	.157
Hospitals	11.8	11.9	11.7	.557	11.9	11.6	.614
Public swimming pools	17.1	17.3	16.9	.463	17.8	16.4	.005
Shopping complex	43.3	44.8	41.9	.004	44.6	42.1	.008
Spaza and tuckshops	89.9	89.9	89.8	.918	90.5	89.2	.168
Crisis unit at police station	14.7	14.7	14.6	.966	15.2	14.2	.200
Neighborhood watch	8.5	8.8	8.3	.401	8.7	8.4	.621
Liquor stores (shabeens)	79.5	80.0	78.6	.071	80.8	78.1	.001
Community hall	48.0	49.0	47.0	.053	49.5	46.6	.007

Table 4.17 Percent response to indicators of community facilities in adjacent communities, by geographic location and race of respondent

	Geographic Location			Race		
	Urban (n=2288)	Rural (n=2281)	p- value	African (n=3202)	Other (n=1348)	p- value
Schools	91.9	82.2	.030	92.0	86.7	.215
Religious buildings	85.5	63.7	.001	81.8	83.1	.807
Post offices and banks	35.4	8.6	.012	23.4	50.0	.001
Creches	60.4	47.5	.139	64.2	45.1	.010
Police stations	42.8	11.0	.002	38.6	36.7	.817
Private doctors	57.8	12.1	.000	40.2	76.4	.000
Pharmacies	36.1	1.0	.000	17.0	63.1	.000
Clinics	53.8	43.0	.269	55.2	44.5	.143
Hospitals	13.5	1.9	.003	4.8	28.1	.000
Public swimming pools	20.1	0.2	.000	10.8	32.0	.001
Shopping complex	50.8	0.7	.000	31.4	71.0	.001
Spaza and tuckshops	92.3	75.9	.001	93.2	82.1	.000
Crisis unit at police station	16.9	2.4	.003	10.5	24.7	.003
Neighborhood watch	9.6	2.2	.007	4.2	18.7	.000
Liquor stores (shabeens)	84.8	48.8	.000	80.0	78.3	.769
Community hall	50.5	33.8	.120	53.3	35.8	.024

4.4 HIV/AIDS and Stigma

Community attitudes toward HIV/AIDS were also assessed by asking respondents several questions related to stigma surrounding HIV and the disease (Tables 4.18 and 4.19).

Table 4.18 Percent response to indicators of HIV/AIDS and stigma, by sex and age group of respondent

	Sex			Age Group			
	Total	Male (n=2288)	Female (n=2281)	p- value	14-30 (n=2269)	31+ (n=2300)	p- value
Out of 10, how many are HIV+:				.029			.000
none	19.8	20.4	19.2		18.9	20.7	
1-4	39.5	40.6	38.4		41.4	37.6	
5-10	27.2	25.6	28.9		28.1	26.3	
don't know	13.5	13.4	13.7		11.6	15.4	
How many families have lost someone to AIDS:				.220			.002
none	60.6	61.9	59.2		60.7	60.4	
1	10.9	10.2	11.6		12.1	9.7	
3-5	18.8	18.0	19.6		19.1	18.5	
6+	8.4	8.4	8.4		7.0	9.8	
don't know	1.4	1.5	1.2		1.1	1.6	
What type of people are HIV+:				.363			.000
youth in general	55.6	55.7	55.5		54.9	56.3	
female youth	8.0	8.0	8.0		9.0	7.0	
male youth	2.0	2.1	1.9		2.7	1.3	
misbehaving young women	2.6	2.2	3.1		3.1	2.2	
both young and old	18.3	18.8	17.8		19.0	17.7	
other	0.4	0.6	0.3		0.4	0.4	
don't know	13.0	12.6	13.4		11.0	15.1	
Believes an HIV+ student should stay in school	90.2	88.9	91.4	.002	91.7	88.6	.001
Would keep family member's HIV+ status a secret	26.4	26.7	26.1	.642	27.7	25.1	.043
Would take care of family member sick with HIV/AIDS	96.6	95.4	97.7	.000	96.8	96.3	.395
There are services from community health worker in neighborhood	20.3	18.8	21.9	.003	20.4	20.3	.972

Perceived level of HIV/AIDS in neighborhoods was first examined, as knowing someone with HIV or AIDS may affect stigma. About 40% of respondents, regardless of sex, age, geographic location, or race believe that, among every 10 people in their surrounding community, between one and four are currently HIV-positive.

Overall, female respondents appeared to be somewhat more tolerant of people living with HIV/AIDS than their male counterparts. Just over 91% of female respondents believe that a HIV-positive student should be allowed to stay in school, compared with 89% of males ($p=.002$) that share the same attitude. More females (98%) also state they would take care of a family member living with HIV/AIDS while 95% of males would do the same ($p=.000$). While a significantly larger proportion of younger-age respondents believe HIV-positive youth should stay in school, they are also more likely than older respondents to want to keep a family member's HIV status a secret. Younger respondents appear more likely than those in the older age group to believe that at least one family in their community has lost someone to AIDS.

There are no significant differences in the number of people HIV-positive or the perceived number of families who have lost a member to AIDS and a respondent's place of residence (Table 4.19). Non-Africans are significantly more likely than their African counterparts to perceive HIV/AIDS as a disease that is affecting those outside of their community. Over 44% of non-Africans interviewed stated that there are no HIV-positive members of their neighborhood, compared with only about 9% of African respondents ($p=.000$). Similarly, the vast majority of non-African respondents (85%) stated that no one in their community has lost a family member to AIDS, while only about half of African respondents believed the same ($p=.000$).

Stigma surrounding HIV/AIDS also appears to differ according to a respondent's place of residence and race. A significantly lower proportion of rural and African respondents believe that an HIV-positive student should remain in school when compared with their respective comparison groups. Urban and/or African respondents, however, are significantly more likely than their rural and non-African counterparts to want to keep the HIV status of a family member a secret. In addition, respondents in urban areas are significantly more likely than those interviewed in rural communities to state they would take care of a family member sick with HIV/AIDS. Female, urban, and African respondents are significantly more likely to observe the presence of community health workers in their neighborhood.

Table 4.19 Percent response to indicators of HIV/AIDS and stigma, by geographic location and race of respondent

	Geographic Location			Race		
	Urban (n=2288)	Rural (n=2281)	p- value	African (n=3202)	Other (n=1348)	p- value
Out of 10, how many are HIV+:			.108			.000
none	21.0	13.0		9.2	44.6	
1-4	38.7	43.7		42.0	33.7	
5-10	27.3	26.8		36.7	4.8	
don't know	13.0	16.5		12.0	17.0	
How many families have lost someone to AIDS:			.391			.000
none	61.4	56.0		50.4	84.7	
1	10.8	11.3		11.6	9.3	
3-5	18.4	20.9		25.0	4.0	
6+	8.1	10.0		11.5	1.1	
don't know	1.3	1.8		1.5	1.1	
What type of people are HIV+:			.000			.000
youth in general	51.8	75.5		60.4	37.3	
female youth	7.6	9.8		9.8	0.9	
male youth	2.1	1.9		2.0	2.2	
misbehaving young women	2.7	2.0		2.4	3.4	
both young and old	20.5	6.6		16.3	26.4	
other	0.5	0.2		0.5	0.3	
don't know	14.7	3.9		8.6	29.6	
Believes an HIV+ student should stay in school	93.1	73.7	.000	89.4	92.0	.008
Would keep family member's HIV+ status a secret	28.1	16.8	.006	27.5	23.7	.261
Would take care of family member sick with HIV/AIDS	97.0	94.0	.002	96.5	96.6	.913
There are community health worker services in neighborhood	16.2	43.5	.000	26.6	4.8	.000

4.5 Risk-taking Behavior of Youth

As observed in Table 4.20, the perception that youth drink alcohol “often” is high among all respondents. Most respondents also stated that youth drink beer the most, primarily in shabeens and taverns.

Table 4.20 Percent response to indicators regarding perceptions of high-risk behavior involving alcohol among neighborhood youth, by sex and age group of respondent

	Sex				Age Group		
	Total	Male (n=2288)	Female (n=2281)	p- value	14-30 (n=2269)	31+ (n=2300)	p- value
Frequency of alcohol use:				.198			.007
never	3.7	3.3	4.1		2.8	4.6	
sometimes	22.0	22.5	21.5		21.5	22.4	
often	74.3	74.3	74.4		75.7	73.0	
Type alcohol used most:*							
beer	86.5	88.5	84.6	.000	87.3	85.7	.121
wine	7.5	7.5	8.4	.258	9.3	6.6	.001
home brew (beer made at home)	6.2	5.9	6.4	.346	5.7	6.6	.213
spirits (brandy, whiskey, etc.)	50.0	50.8	49.2	.314	53.2	46.8	.000
cider	4.8	5.1	4.5	.199	6.4	3.2	.000
Where youth drink alcohol:*							
tuckshops	16.2	16.2	16.3	.963	17.1	15.4	.082
shabeens	40.0	40.3	39.7	.624	39.5	40.6	.409
taverns	42.9	44.7	41.1	.001	44.1	41.7	.114
outside (streets, parks, etc.)	12.2	11.3	13.1	.076	12.1	12.1	.854
shops/stores/spazas	11.8	12.2	11.5	.491	12.2	11.5	.478
other	13.3	13.1	13.4	.817	14.7	11.9	.006

* More than one response possible.

Those under 31 years of age are significantly more likely than older respondents to perceive a high level of alcohol use among youth. It also appears that males are more likely than women to cite beer as the drink of choice for youth in their neighborhood. Younger respondents are significantly more likely than their older counterparts to believe that youth use wine, spirits, and cider. Significantly more respondents in rural areas than urban areas state that youth drink beer or “home brew” over other types of alcohol and cite tuckshops and outside areas (i.e., on the street, in parks, etc.) as the primary location that youth go to use alcohol (Table 4.21).

Table 4.21 Percent response to indicators regarding perceptions of high-risk behavior involving alcohol among neighborhood youth, by geographic location and race of respondent

	Geographic Location			Race		
	Urban (n=2288)	Rural (n=2281)	p- value	African (n=3202)	Other (n=1348)	p- value
Frequency of alcohol use:			.598			.002
never	3.6	4.5		2.6	6.2	
sometimes	21.6	24.1		19.0	29.4	
often	74.8	71.5		78.4	64.4	
Type alcohol used most:*						
beer	85.5	92.0	.021	92.5	71.6	.000
wine	8.5	4.8	.041	10.5	1.6	.000
home brew (beer made at home)	3.9	19.4	.000	8.5	0.4	.000
spirits (brandy, whiskey, etc.)	52.8	34.1	.000	52.0	45.1	.108
cider	5.5	0.9	.001	6.3	1.2	.000
Where youth drink alcohol:*						
tuckshops	14.5	26.4	.039	22.5	1.0	.000
shabeens	43.9	18.0	.000	46.1	25.1	.001
taverns	45.1	30.5	.060	42.9	42.9	.999
outside (streets, parks, etc.)	8.4	12.9	.061	9.5	18.8	.000
shops/stores/spazas	8.8	28.9	.000	15.6	2.6	.000
other	14.0	9.0	.206	8.4	25.1	.000

* More than one response possible.

Overall, a higher proportion of African than non-African respondents answered affirmatively to almost all the indicators relating to alcohol use among youth. African respondents are significantly more likely than their non-African counterparts to perceive that youth use alcohol “often,” and that they drink most types of alcohol, including beer, wine, home brew, and cider. African respondents are also more likely than non-Africans to believe that youth use alcohol in tuckshops, shabeens, and spaza stores.

Table 4.22 examines community perceptions regarding drug use among youth. An alarmingly high proportion (88%) of all respondents believes that youth in their neighborhood use drugs, particularly marijuana or pot (dagga). About half of all respondents state that drug use by youth most often takes place outside. Another third think that drugs are used by youth in their own home.

Table 4.22 Percent response to indicators regarding perceptions of high-risk behavior involving drugs among neighborhood youth, by sex and age group of respondent

	Total	Sex			Age Group		
		Male (n=2288)	Female (n=2281)	p- value	14-30 (n=2269)	31+ (n=2300)	p- value
Thinks youth use drugs	88.3	89.4	87.3	.017	90.2	86.4	.000
Where youth go to use drugs:*							
outside (street, bushes, etc.)	53.7	55.3	52.1	.027	53.2	54.2	.546
home	32.7	33.4	32.0	.303	34.9	30.5	.005
tuckshops	9.3	8.6	10.2	.090	9.5	9.1	.631
another neighborhood	10.7	11.8	9.6	.006	10.8	10.6	.802
Drug youth use most:*							
marijuana/pot/dagga	86.1	88.0	84.0	.001	89.4	82.8	.000
mandrax/buttons	34.5	35.6	33.3	.076	35.0	33.9	.332
glue	1.6	1.3	1.9	.151	1.8	1.3	.163
heroin	0.5	0.5	0.4	.691	0.6	0.4	.362
cocaine	2.2	2.0	2.4	.309	2.6	1.8	.157
crack	1.0	0.9	1.1	.409	1.3	0.6	.014
petrol/benzene	1.7	1.5	1.9	.251	1.8	1.6	.574
ecstasy	7.7	7.6	7.8	.791	10.6	4.7	.000
LSD	0.8	0.9	0.7	.353	1.1	0.6	.130

*More than one response possible.

Close to 12% of all males interviewed think that youth go to another community to use drugs, compared with about 10% of females who think young drug users leave the area (p=.006). Younger respondents are more likely than those in the older age group to cite crack, ecstasy, and LSD as drugs that youth use as well. Overall, respondents from urban areas and those who are racially non-African think that youth use a wider variety of drugs than those living in rural areas or those who are racially African (Table 4.23). Similarly, respondents in urban areas and non-Africans are significantly more likely than their respective comparison groups to believe that youth go beyond their community boundaries to use drugs. Most respondents state that youth use either their own or someone else's home for sexual encounters (Table 4.24). About half of all respondents perceive youth's risk of HIV to be high; the remaining respondents are split between a low to medium risk to youth.

Examination of disaggregated results show that males, younger respondents, and those who are African are significantly more likely to think that youth have sex at home than their respective counterpart groups (Table 4.25). Younger respondents are significantly more likely than their older aged counterparts to believe youth use backrooms to engage in sexual activity. Somewhat contradictory to earlier results regarding the relatively low prevalence of HIV/AIDS in their neighborhood, nearly half of all respondents believe that youth in their neighborhood are at high risk for HIV. Stratified results also show that African respondents are significantly more likely than their non-African counterparts to perceive that youth in their neighborhood are at "high" risk for HIV.

Table 4.23 Percent response to indicators regarding perceptions of high-risk behavior involving drugs among neighborhood youth, by geographic location and race of respondent

	Geographic Location			Race		
	Urban (n=2288)	Rural (n=2281)	p- value	African (n=3202)	Other (n=1348)	p- value
Thinks youth use drugs Where youth go to use drugs:*	88.5	87.4	.756	92.3	78.7	.000
outside (street, bushes, etc.)	53.5	55.3	.667	56.1	47.2	.081
home	34.7	21.2	.000	38.8	16.1	.000
tuckshops	8.0	16.7	.005	12.2	1.2	.000
another neighborhood	12.1	2.8	.000	9.7	13.6	.153
Drug youth use most:*						
marijuana/pot/dagga	85.6	89.3	.163	92.1	69.7	.000
mandrax/buttons	39.7	4.7	.000	37.9	24.6	.023
glue	0.2	1.7	.004	1.6	1.4	.754
heroin	0.6	-	.296	0.6	0.3	.376
cocaine	2.5	3.3	.020	1.5	4.1	.016
crack	1.1	-	.220	0.1	3.3	.000
petrol/benzene	2.0	0.2	.003	2.1	0.5	.016
ecstasy	9.1	-	.057	1.7	23.9	.000
LSD	1.0	-	.314	0	2.9	.000

* More than one response possible.

Table 4.24 Percent response to indicators regarding perceptions of high-risk sexual behavior among neighborhood youth, by sex and age group of respondent

	Total	Sex			Age Group		
		Male (n=2288)	Female (n=2281)	p- value	14-30 (n=2269)	31+ (n=2300)	p- value
Where youth go to have sex:*							
home	60.2	61.6	58.7	.030	65.2	55.2	.000
outside (forest, bushes, etc.)	14.5	14.5	14.5	.995	14.1	14.8	.552
backrooms	15.2	16.1	14.3	.045	16.6	13.8	.001
another neighborhood	6.0	5.7	6.4	.410	5.6	6.4	.152
Perceived HIV risk for youth:				.277			.846
low	24.6	24.8	24.4		24.3	24.9	
medium	27.9	28.8	27.1		28.2	27.7	
high	47.5	46.5	48.5		47.6	47.4	

* More than one response possible.

Table 4.25 Percent response to indicators regarding perceptions of high-risk sexual behavior among neighborhood youth, by geographic location and race of respondent

	Geographic Location			Race		
	Urban (n=2288)	Rural (n=2281)	p- value	African (n=3202)	Other (n=1348)	p- value
Where youth go to have sex:*						
home	59.1	66.0	.187	69.6	37.9	.000
outside (forest, bushes, etc.)	14.0	17.3	.381	9.6	25.9	.000
backrooms	17.4	2.5	.000	20.9	1.7	.000
another neighborhood	7.0	0.4	.000	3.9	11.0	.000
Perceived HIV risk for youth:			.112			.000
low	25.7	17.6		16.0	44.6	
medium	26.7	35.6		27.0	29.8	
high	47.6	46.8		57.0	25.6	

* More than one response possible.

CHAPTER 5. CONCLUSIONS

These results provide important insight into many contextual elements of South African life in Durban metro area and point to several potential areas of study regarding community effects on ARH outcomes that merit further investigation. Overall examination of neighborhood characteristics reveals that the presence of community structures and facilities, as well their physical appearance, varies considerably according to a community's geographic location and predominate racial make-up, which is consistent with what is known about the South African context and in fact what one would expect to find in urban and rural areas. For example, while the presence of an abandoned lot was almost universal to all EAs, existence of a park or a field was much less common in rural and African areas. In general, the physical conditions of most structures and facilities located in rural and African EAs were in relative disrepair when compared to urban and non-African neighborhoods. There were, however, a few exceptions. Rural and predominately African areas tended to have less litter in abandoned lots and potholes were reported less often for major roads in African EAs. In addition, it is encouraging that a higher proportion of rural and African areas have more of several types of neighborhood facilities than urban and non-African EAs. While this may be due, at least in part, to the fact that rural EAs include larger geographic areas, rural access to some types of community assets, such as public clinics, may be improving. On the other hand, some facilities, such as a private doctor's office, a post office, or a pharmacy, were almost exclusively characteristic of urban areas. It is also important to note the particularly high percentage of rural and African EAs that contained a spaza/tuckshop that sells liquor.

The interpretation of the results regarding loitering by groups of young men (used as an indicator of male unemployment and potential gang activity) appears most useful when analyzed in context, according to the geographic location of the EA, as well as its racial make-up. While loitering is generally more common in rural and African neighborhoods, it may be that boys are hanging out along streets or at schools because these are the only communal spots to gather. For example, urban young men were more likely to be seen gathering in parks – a community facility that was not present in rural areas. On the other hand, rural and African respondents were significantly more likely to agree that there was gang activity in their communities, which supports the community observation results regarding a higher presence of loitering in these areas.

Examination of the inter-rater reliability of items on the community observation survey appears most relevant when considering results relating to physical appearance of neighborhood facilities and structures, as well as loitering in the neighborhood. The level of consensus between the two observations tended to be relatively low when recording data regarding conditions of open spaces, presence of security at schools, presence of rubbish, and the physical appearance of community facilities. The observed discrepancies may be due to the more subjective nature of recording the physical appearance of an area or a building. This conclusion is supported by the higher inter-rater reliability observed for almost all "counts" concerning the presence of various community resources, which is arguably a more objective measurement. Another explanation for some of the differences between observers may be due to the time of day for field worker visits.

For example, a guard may be present at a neighborhood school during the afternoon, but not at the beginning of the school day. Similarly, one community observer may have seen many youth loitering in the streets during the afternoon, but almost no one during morning hours. This problem may be remedied in future field work by standardizing the time of day observers visit each EA.

Results from the street intercept survey highlight several areas of concern for community members. Personal safety is a considerable worry for many people, particularly women who are more likely to feel “very unsafe” in their surroundings. Given this high level of anxiety, it is somewhat surprising that almost half of all female respondents also stated that they do not take any special measures to protect themselves. Perhaps some community members, particularly women, feel that there is nothing they can do to protect themselves. Higher police presence in the community does not necessarily translate into a higher sense of security – in fact, the opposite was observed. This finding may reflect the fact that in many communities people fear the police. Respondents in urban and African areas were more likely to report that police patrol the area at least once a month, but were also more likely to feel unsafe in general. Although urban residents were more likely to relay an overall sense of safety, they were also more likely to employ some sort of measure to protect themselves and their household, including keeping a weapon for self-defense. In general, theft, burglary, robbery, and assault appeared to be the most prevalent crimes, both in terms of actual incidence as well as the primary source of fear for community members. Residents of urban and predominately non-African areas reported more often their personal experiences with these types of crimes.

Most community members report that youth participate most often in sports groups, particularly soccer. Respondents themselves, however, reported that they participate in religious groups most often. It will be important for future analysis to explore in-depth the effects and relative contribution of the social cohesion implied by a high level of community participation in organized events within rural and African neighborhoods. Results also point out the need to encourage increased participation in some types of organization, particularly neighborhood watch and youth groups in general. Perceived affordability of these particular types of organizations indicated that financial constraints may be a primary cause for the low level of participation presently.

The high presence of facilities, particularly schools and religious buildings, in nearby EAs indicates that community members are going beyond their own community boundaries to access neighborhood-level resources. This is an important finding since the definition of a “community” was based on its administrative boundaries, not on the community members’ conceptualization. Inclusion of information on nearby facilities most likely represents a more accurate picture of what is available (i.e., within 500 meters) within a “community.” This conclusion is supported by fact that the vast majority of respondents stated that, if present, youth use these nearby facilities. It will be important for future analysis to look specifically at those nearby facilities that are not as “universal” (i.e., post offices/banks, pharmacies, crisis units, etc.), as these may be a better indication of the overall level of resources available within a community.

Although HIV/AIDS is clearly an issue of considerable concern for many community members, there still appears to be the belief among non-Africans that it is a disease that affects “others.”

This may be due, at least in part, to the low level of non-Africans who have personally experienced HIV/AIDS, as indicated by the perceived low prevalence in their communities. Overall, males, those in the older age group, and those living in rural areas seem to be more willing to stigmatize people living with HIV/AIDS. Rural residents were particularly negative towards the idea of allowing a HIV-positive student to remain in school. African community members also report a harsher attitude towards those who are HIV-positive and as would therefore be expected, they also fear community retribution more than others, opting more often than their non-African counterparts to keep a family member's HIV-positive status a secret.

Results also indicate that South African youth are most likely engaging in a cascade of risk-taking behaviors, including alcohol and drug use. The perceived high use of alcohol and drugs by youth is an important finding in itself, but also should be examined in relation to studying sexual risk-taking behaviors, as it has been shown that risk-behaviors tend to cluster together.

REFERENCES

- Aronson, R.E., O'Campo, P.J., & Peak, G.L. (1996). *The use of neighborhood mapping in community evaluation: the experience of the Baltimore City Healthy Start Evaluation* (Hopkins Population Center WP96-07). Baltimore, MD: The Johns Hopkins School of Hygiene and Public Health and Baltimore City Health Department.
- Bilsborrow, R. (1985). Collecting community-level data for fertility analysis. In Casterline, J. B. (Ed.), *The Collection and Analysis of Community Data* (pp. 255-268). Voorbury, Netherlands: International Statistical Institute.
- Bilsborrow, R., McDevitt, T.M., Kossoudji, S., & Fuller, R. (1987). The impact of origin community characteristics on rural-urban out-migration in a developing country. *Demography*, 24(2), 191-210.
- Brooks-Gunn, J., Duncan G.J., & Aber J.L. (1997). *Neighborhood Poverty: Context and Consequences for Children*. New York: Russell Sage Foundation.
- Brooks-Gunn, J., Duncan G., Klebanov P., & Sealand N. (1993). Do neighborhoods influence child and adolescent development? *Am J Sociol*, 99(2), 353-95.
- Brown, L., Macintyre, K., & Karim, A. (2002). *Reaching secondary school students with lifeskills: principals report dramatic expansion* [research update brochure]. Washington: The Population Council/Horizons Communications Unit. Available at <http://www.popcouncil.org/pdfs/horizons/lfsklsprinru.pdf>
- Cohen, D., Spear, S., Scribner, R., Kissinger, P., Mason, K., & Wildgen, J. (2000). "Broken windows" and the risk of gonorrhea. *Am J Public Health*, 90(2), 230-236.
- Coulton, C.J., Korbin, J.E., Su, M., & Chow, J. (1995). Community level factors and child maltreatment rates. *Child Dev*, 66(5), 1262-1276.
- Coulton, C.J., & Pandey S. (1992). Geographic concentration of poverty and risk to children in urban neighborhoods. *Am Behav Scientist*, 35(3), 238-257.
- Duncan, G., & Raudenbush, S. (1999). Assessing the effects of context in studies of child and youth development. *Educ Psychologist*, 34(1), 29-41.
- Eaton, L., Flisher, A.J., & Aarø, L.E. (2003). Unsafe sexual behaviour in South African youth. *Soc Sci Med*, 56(1), 149-165.
- Ennett, S., Flewelling, R., Lindrooth, R., & Norton, E. (1997). School and neighborhood characteristics associated with school rates of alcohol, cigarette and marijuana use. *J Health Soc Behav*, 38, 55-71.
- Freedman, R. (1985). Summary observations on the WFS seminar on collection and analysis of data on community and institutional factors. In J.B. Casterline (Ed.), *The Collection and Analysis of Community Data* (pp. 269-271). Voorbury, Netherlands: International Statistical Institute.
- Gephart, M.A. (1997). *Neighborhoods and Communities as Contexts for Development. Neighborhood Poverty: Context and Consequences for Children*. Volume 1 (pp. 1-43). New York: Russell Sage Foundation.

- Gilbert, L., & Walker, L. (2002). HIV/AIDS in South Africa: an overview. *Cad Saude Publica*, 18(3), 651-660.
- Hawley, A. (1950). *Human Ecology: A Theory of Community Structure* (p. 257). New York: Ronald Press.
- Hillery, G. (1955). Definitions of community: areas of agreement. *Social Forces*, 20, 111-123.
- Kelly, K. (2000). *Communicating for Action: A Contextual Evaluation of Youth Responses to HIV/AIDS*. Pretoria, South Africa: Department of Health (Sentinel Site Monitoring and Evaluation Project for the Beyond Awareness Campaign).
- Kelly, K., & Parker, P. (2000). *Communities of Practice: Contextual Mediators of Youth Response to HIV/AIDS*. Pretoria, South Africa: Department of Health (Sentinel Site Monitoring and Evaluation Project for the Beyond Awareness Campaign).
- Kirby, D. (ETR Associates). (1999). Antecedents of adolescent sexual risk-taking, pregnancy, and childbearing: implications for research and programs. Draft. Washington, DC: National Campaign to Prevent Teen Pregnancy.
- Landis, J.R., & Koch, G.G. (1977). A one way components of variance model for categorical data. *Biometrics*, 33, 671-679.
- Nelson Mandela/HSRC. (2002). *Nelson Mandela/HSRC Study of HIV/AIDS: South African National HIV Prevalence, Behavioral Risks and Mass Media*. Cape Town, South Africa: Nelson Mandela/HSRC.
- Plotnick, R., & Hoffman, S. (1999). The effect of neighborhood characteristics on young adult outcomes: alternative estimates. *Soc Sci Quarterly*, 80, 1-18.
- Rutenberg, N., Kehus-Alons, C., Brown, L., Macintyre, K., Dallimore, A., & Kaufman, C. (2001). *Transitions to Adulthood in the Context of AIDS in South Africa: Report of Wave I*. Washington, DC: Horizons Program.
- Sampson, R.J. (1992). Family management and child development: insights from social disorganization theory. In R.J. Sampson (Ed.), *Advances in Criminological Theory*. Vol. 3. New Brunswick, N.J.: Transaction Books.
- Sampson, R.J., Raudenbush, S.W., & Earls, F. (1997). Neighborhoods and violent crime: a multilevel study of collective efficacy. *Science*, 277(5328), 918-924.
- Shaw, C., & McKay, H. (1942). *Juvenile Delinquency and Urban Areas*. Chicago, IL: University of Chicago Press.
- Stephenson, J. (2000). AIDS in South Africa takes center stage. *JAMA*, 284(2), 165-167.
- Tienda, M. (1991). Poor people and poor places: deciphering neighborhood effects on poverty outcomes. In J. Huber (Ed.), *Macro-Micro Linkages in Sociology* (pp. 245-263). Newberry, CA: Sage Publications.
- Tsui, A. (1985). Community effects on contraceptive use. In J.B. Casterline (Ed.), *The Collection and Analysis of Community Data* (pp. 255-268). Voorbury, Netherlands: International Statistical Institute.
- Joint United Nations Programme on HIV/AIDS (UNAIDS). (2002). Epidemiological fact sheet on HIV/AIDS and sexually transmitted infections: South Africa. 2002 update. Fact sheet.

Varga, C.A. (1997). Sexual Decision-Making and Negotiation in the Midst of AIDS: Youth in KwaZulu/Natal, South Africa. *Health Trans Rev* 7,(Supplement 3), 45-67.

APPENDIX A: COMMUNITY OBSERVATION SURVEY

1. SURVEY CHARACTERISTICS:													
EA #	1.1							Enumerator Enter code	1.2		Date of observation	1.3	[dd/mm/yy]
Day of the week	1.4			Start Time	1.5	:		Initiation Point	1.6				
Record Mon – Sun				Use 24 hour schedule				Enter address and mark on initiation map					

BOUNDARY FOR AUDIT IS ENUMERATION AREA ONLY UNLESS IT IS SPECIFIED THAT YOU SHOULD INCLUDE INFORMATION WITHIN 500M OF THE EA BOUNDARIES

2. OPEN SPACES: Any space that does not belong to a household / business /community facility IN THE EA & WITHIN 500 METERS OF THE EA BOUNDARIES

Space # link to map	Where	Type of Space	Ground cover	Fenced	Structure* present	Structure working	Lights	Cleanliness / Presence of litter						
	1= In the EA 2=Outside the boundary but within 500m of the EA boundary	1=Abandoned lot 2=Field 3=Park 4=Agriculture Other describe	1=Unmowed grass 2=Mowed grass 3=Sand 4=Concrete 5=Crops/ veges	1=Yes 2=No	1=Yes 2=No	1=Yes 2=No -2= Not applicable	1=None 2=Lights from street 3=Park lights	(See code A (multiple response, separate with a comma)						
2.1.1		2.1.2		2.1.3		2.1.4		2.1.5		2.1.6		2.1.7		2.1.8
2.2.1		2.2.2		2.2.3		2.2.4		2.2.5		2.2.6		2.2.7		2.2.8
2.3.1		2.3.2		2.3.3		2.3.4		2.3.5		2.3.6		2.3.7		2.3.8
2.4.1		2.4.2		2.4.3		2.4.4		2.4.5		2.4.6		2.4.7		2.4.8
2.5.1		2.5.2		2.5.3		2.5.4		2.5.5		2.5.6		2.5.7		2.5.8
2.6.1		2.6.2		2.6.3		2.6.4		2.6.5		2.6.6		2.6.7		2.6.8
2.7.1		2.7.2		2.7.3		2.7.4		2.7.5		2.7.6		2.7.7		2.7.8
2.8.1		2.8.2		2.8.3		2.8.4		2.8.5		2.8.6		2.8.7		2.8.8

*Structures—e.g., playground equipment, benches, goalposts
Codes A: 1=No litter / there are rubbish bins, 2= Litter (paper, plastic) on ground, 3= Broken glass on ground, 4= Presence of abandoned cars

What are abandoned lots being used for?	1=Seasonal field, 2= Informal trader, 3=Homeless people, 4=Shacks, 5=Rubbish dump, 6=Nothing, Other													
enter space code OS....	2.9					enter space code OS....	2.11							
enter space code OS....	2.10					enter space code OS....	2.12							

3. LIGHTING: IN THE EA ONLY

What percent of streets in EA have street lighting?	1=None	2= 25 %	3= 50 %	4= 75 %	5=100 %	3.1
What percent of street lights appear broken?						3.2
Does EA have stanchion lights/flood lights?	1=Yes, 2= No					3.3

4. SCHOOLS: IN THE EA & WITHIN 500 METERS OF THE EA BOUNDARIES

Is there a school (s) within the EA boundaries?	1=Yes, 2=No	4.1
Name the schools within the EA boundaries?	4.2.1	
	4.2.2	
Is there a school (s) outside the EA boundaries but within 500m of the EA boundaries?	1=Yes, 2=No	4.3
Name the school (s) outside the EA boundaries but within 500m if the EA boundaries?	4.4.1	
	4.4.2	

What is the condition of the school like? 1 = No visible damage (mint condition) 2 = Minor cosmetic damage (cosmetic problems such as peeling paint, a broken window, or overgrown lawn) 3 = minor structural damage (e.g., visible termite damage or minor foundation or roof problems) 4 = major structural damage (e.g., deteriorated condition or abandoned). -5= Cannot be observed, too far Rewrite names of schools			Is there fencing? 1=Yes 2=No -5= Cannot be observed, too far		Describe the playing field? 1=No field 2=Field, no structures 3=Field with structures 4=Field away from schools -5= Cannot be observed, too far		Is there a security guard present? 1=Yes 2=No -5= Cannot be observed, too far		Are the school gates locked? 1=Yes 2=No -5= Cannot be observed, too far -5= Cannot be observed, too far	
	4.5.1		4.6.1		4.7.1		4.8.1		4.9.1	
	4.5.2		4.6.2		4.7.2		4.8.2		4.9.2	
	4.5.3		4.6.3		4.7.3		4.8.3		4.9.3	
	4.5.4		4.6.4		4.7.4		4.8.4		4.9.4	

5. ROADS: IN THE EA ONLY									
What percent of major/minor roads are surfaced? 1=None, 2= 25%, 3= 50%, 4= 75%, 5=100%				Presence of potholes 1=None, 2= Few, 3= Many			Existence of pedestrian crossings 1=Yes, 2= No		
Major roads		5.1.1		5.2.1		5.3.1			
Minor roads		5.1.2		5.2.2		5.3.2			
Are there surfaced pavements in this EA?							1=Yes	5.4	
Are there surfaced paths in this EA?							2= No	5.5	

6. RUBBISH & SEWAGE (including human excrement): IN THE EA ONLY									
Is there any visible rubbish (outside of rubbish bins)?								1=Yes, 2=No	
On the streets	6.1		Outside shops, bars, kiosks	6.2		Outside houses	6.3		
Any visible sewage on the roads?							1= Yes 2= No	6.4	
Are there any missing manhole covers?								6.5	
Is there any evidence of broken sewerage or water pipes?								6.6	

7. COMMUNITY MAINTENANCE: IN THE EA ONLY									
Presence of burnt/abandoned buildings							1= Yes 2= No	7.1	
Presence of storm water drains								7.2	
Presence of refuse bins in public areas								7.3	
Presence of public water tap/water kiosk								7.4	
Presence of fire hydrants								7.5	
Verges maintained								7.6	

8. COMMUNITY FACILITIES: IN THE EA & WITHIN 500 METERS OF THE EA BOUNDARIES

Type of institution	Number in the EA		Fenced 1=Yes 2=No		Condition of buildings 1 = No visible damage (mint condition) 2 = Minor cosmetic damage (cosmetic problems such as peeling paint, a broken window, or overgrown lawn). 3 = Minor structural damage (e.g., visible termite damage or minor foundation or roof problems 4 = Major structural damage (e.g., deteriorated condition or abandoned).		Number OUTSIDE THE EA BOUNDARY but within 500m of the boundary	
Religious buildings	8.1.1		8.1.2		8.1.3		8.1.4	
Post offices, agencies, banks	8.2.1		8.2.2		8.2.3		8.2.4	
Crèches	8.3.1		8.3.2		8.3.3		8.3.4	
Police stations	8.4.1		8.4.2		8.4.3		8.4.4	
Private doctors	8.5.1		8.5.2		8.5.3		8.5.4	
Pharmacies	8.6.1		8.6.2		8.6.3		8.6.4	
Clinics	8.7.1		8.7.2		8.7.3		8.7.4	
Hospitals	8.8.1		8.8.2		8.8.3		8.8.4	
Public swimming pools	8.9.1		8.9.2		8.9.3		8.9.4	
Shopping complex/s	8.10.1		8.10.2		8.10.3		8.10.4	
Spaza shops/ tuckshops/ general dealers	8.11.1		8.11.2		8.11.3		8.11.4	
Liquor stores/ shabeens/ taverns	8.12.1		8.12.2		8.12.3		8.12.4	
Public telephones	8.13.1		8.13.2		8.13.3		8.13.4	
Community hall	8.14.1		8.14.2		8.14.3		8.14.4	
Do any of the spaza shops, tuckshops, general dealers sell liquor?						1=Yes, 2= No	8.14	

9. LOITERING: IN THE EA ONLY

Are there any groups of young men loitering around.....?															
...shopping nodes?				...parks?				...on the Streets?				...outside Schools?			
1=Yes, 2= No		Number		1=Yes, 2= No		Number		1=Yes, 2= No		Number		1=Yes, 2= No		Number	
9.1.1		9.1.2		9.2.1		9.2.2		9.3.1		9.3.2		9.4.1		9.4.2	

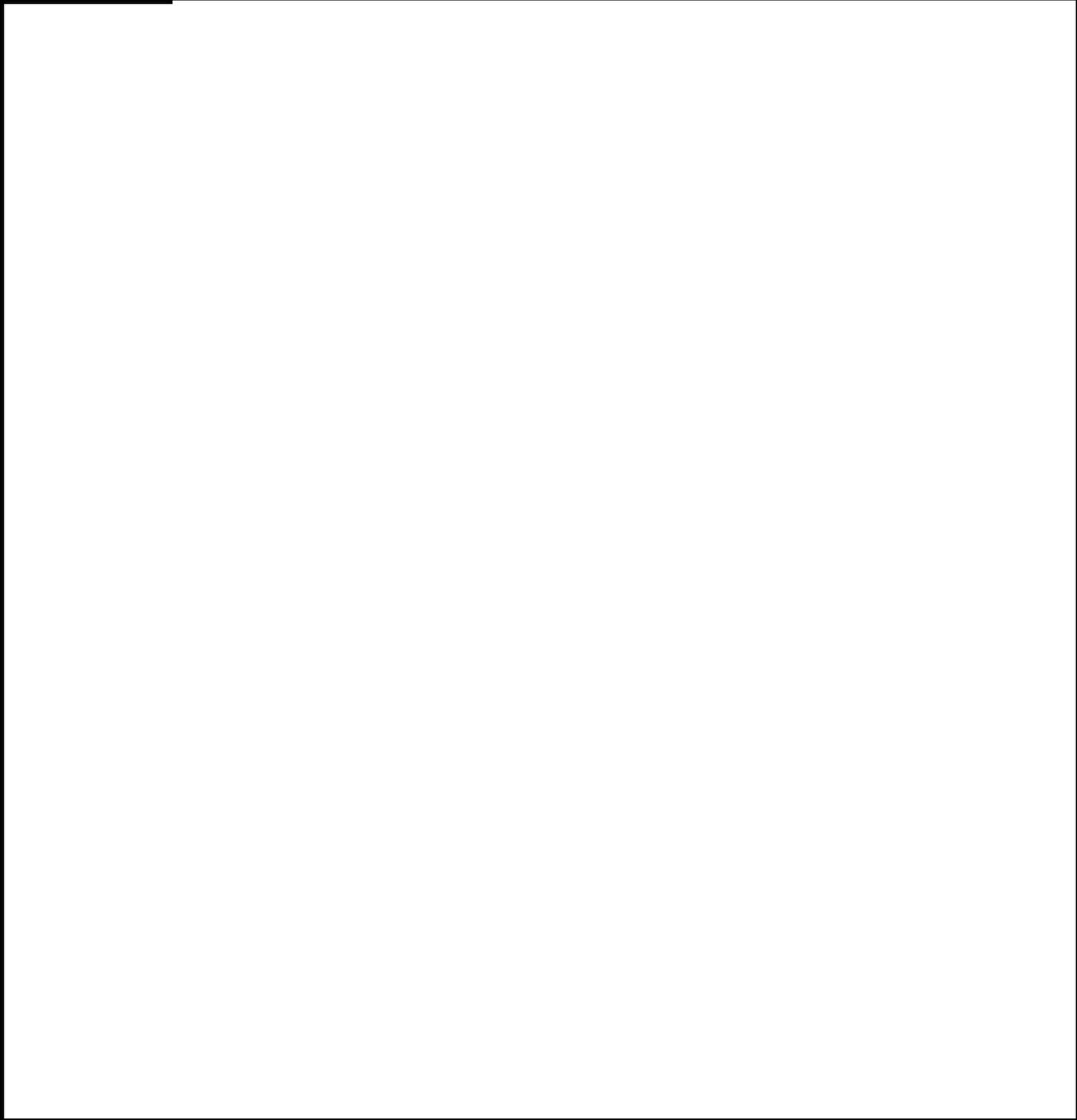
10. MISCELLANEOUS: IN THE EA & WITHIN 500 METERS OF THE EA BOUNDARIES

Is there a squatter settlement within this EA or within 500m of the EA boundaries?	1=Yes, 2= No	10.1	
--	--------------	------	--

11. ENUMERATOR COMMENTS: ABOUT THE EA ONLY

In one sentence describe the general in this neighbourhood:			
... condition of the housing ...			11.1
... condition of private motor vehicles ...			11.2
... clothing of the people ...			11.3
... attitude of the people ...			11.4
Would you hang out in this neighbourhood?	1=Yes, 2= No, -1= D o not know	11.5	
Please explain?			11.6
Use 24 hour schedule End Time			11.7 :

↖	↑	↗	MAP:	EA #								
←	N	→		Circle north								
↙	↓	↘		Name of Area:								



APPENDIX B: STREET INTERCEPT SURVEY

DO YOU LIVE IN THIS COMMUNITY? (define EA or neighborhood?)	IF NO ABANDON AND DON'T CONTINUE INTERVIEW
---	---

1. SURVEY CHARACTERISTICS:

EA #	1.1							Fieldworker <i>Enter assigned code</i>	1.2		Day of interview <i>1=Mon, 2=Tue, 3=Wed, 4=Thu, 5=Fri, 6=Sat, 7= Sun</i>	1.3	
Address of Respondent								1.4					
<i>Check to confirm that it falls within EA</i>													

2. RESPONDENT CHARACTERISTICS:

Race <i>(enter do not ask)</i>	2.1		Sex <i>(enter do not ask)</i>	2.2		Age group <i>(ask)</i>	2.3	
<i>1=African, 2= Asian, 3= Colored, 4= White</i>			<i>1=Male, 2= Female</i>			<i>1=14 - 30 years, 2= 31 and older</i>		

3. SAFETY OF COMMUNITY:

Do you feel safe walking around THIS NEIGHBOURHOOD during the day? <i>Uzizwa uphaphile uma uhamba kulendawo emini?</i>	<i>1=Yes 2=No</i>	3.1	
Do you feel safe walking around THIS NEIGHBOURHOOD at night? <i>Uzizwa uphaphile uma uhamba kulendawo ebusuku?</i>		3.2	
Are there areas in THIS NEIGHBOURHOOD where you feel unsafe? <i>Zikhona yini izindawo lapho uzizwa khona ungaphephile kulendawo?</i>		3.3	
Are there any gangs in THIS NEIGHBOURHOOD? <i>Ikhona yini imigulukudu kulendawo?</i>		3.4	
When did you last see a fight in THIS NEIGHBOURHOOD? <i>Ugcine nini ukubona kuliwa kulendawo?</i>	<i>1=Never, 2= In the past month, 3= In past year 4=Over a year ago</i>		3.5
What <u>one</u> type of crime occurs most in THIS NEIGHBOURHOOD? Do not read out options <i>Ibuphi ubugebengu obuvamile ukwenzeka kulendawo?</i>			3.6
What <u>one</u> type of crime are you most scared of in THIS NEIGHBOURHOOD? Do not read out options <i>Ibuphi ubugebengu obusaba kakhulu kulendawo?</i>			3.7
<i>1=House-breaking & theft 3=Murder 5=Mugging / stabbing/Assault 7=Drug-related crime -1=Do not know 2=Rape 4=Child Abuse 6=Car-jacking 8=Gang-related crime Other (specify)</i>			
Do you think crime in THIS NEIGHBOURHOOD is committed by people from within THIS NEIGHBOURHOOD or by outsiders? <i>Ucabanga ukuthi ubugebengu budalwa abantu abasuka ngaphandle noma abakhona endaweni na?</i>	<i>1=People from within this area 2=People from outside the area 3=Both -1=Do not know</i>		3.8
What do you do to protect YOURSELF from crime in THIS NEIGHBOURHOOD? <i>Ikuphi okwenzayo ukuzivikela kulobugengu obenzeka kulendawo?</i>			3.9.1
			3.9.2
Do not read out options			3.9.3
What do you do to protect YOUR HOUSE and household contents from crime in THIS NEIGHBOURHOOD? <i>Wena kanye nomndeni, kanye nezimpahla onazo endlini nizivikela kanjani kulobugebengu obenzeka kulendawo?</i>			3.10.1
Do not read out options			3.10.2
			3.10.3
<i>1 = High fence / wall 6 = Armed response 11 = Intercom 2 = Security guard 7 = Carry a weapon 12 = Member of a gang 3 = Neighbourhood watch 8 = Burglar alarm 13 = Special security door locks 4 = Traditional Methods 9 = Special window/door grilles 14 = Stay indoors 5 = Dog 10 = Razor wire/broken bottles 15= Nothing Other (specify)</i>			
Do you feel safer as a result of taking the precautions to protect yourself and your house? <i>Uzizwa uvikelekile ngokwenza lokhu okushilo ngenhla na?</i>	<i>1=Very safe 2=Fairly safe 3=Bit unsafe 4=Very unsafe</i>		3.11

Are there "safe houses" in THIS NEIGHBOURHOOD that you know about? <i>Kungaba zikhona yini izindlu ozaziyo ongaphephela kuzona?</i>		1=Yes, 2=No, -1=Do not know		3.12					
How often do you see a police officer <u>on duty</u> IN THIS NEIGHBOURHOOD? (place where you live) <i>Ugcine nini ukubona iphoyisa lisemsebenzini lihamba ngezinyawo kulendawo?</i>				3.13					
1=At least once a day 2=At least once a week 3=At least once a month 4=Less than once a month 5=Never									
Do police patrol on foot IN THIS NEIGHBOURHOOD? <i>Kungabe amaphoyisa ayahamba yini ngezinyawo uma esebenza kulendawo?</i>		1=Yes, 2=No -1=Do not know		3.14					
4. CRIME:									
How many times in the last 12 months have any of the following crimes happened to you or someone in your family living in this NEIGHBOURHOOD? <i>Sekukangaki ezinyangeni ezingu-12 ezidlule kwenzeka ubugebengu obufana nalobu obulandelayo kuwena noma kwelinye lamalunga omndeni wakho na?</i>		# of times happened to YOU? <i>Izikhathi ezingakhi kwenzeka kuwena?</i> (ATTEMPTED OR ACTUAL)		# of times happened to someone in your family? <i>Izikhathi ezingakhi kwenzeka komunye wabomndeni?</i> (ATTEMPTED OR ACTUAL)					
Burglary – <i>Ukugqekeza</i>		4.1.1		4.1.2					
Robbery or Mugging – <i>Ukubanjwa inkunzi</i>		4.2.1		4.2.2					
Assault – <i>Ukulinyazwa</i>		4.3.1		4.3.2					
Theft of or from vehicle – <i>Ukuntshontshelwa imoto</i>		4.4.1		4.4.2					
Hijacking – <i>Ukuphucwa imoto</i>		4.5.1		4.5.2					
How many times in the last 12 months, has someone attempted to murder you? <i>Kukangaki ezinyangeni ezi12 ezidlule umuntu ezama ukukubulala?</i>				4.6.1					
How many times in the last 12 months has a member of your family living in this NEIGHBOURHOOD been murdered or had someone attempt to murder them? <i>Kukangani ezinyangeni ezi12 ezidlule ilunga lomndeni elihlala kulendawo lizanywa ukubulawa noma libulewe?</i>				4.6.2					
5. CLUBS AND ORGANISATIONS:									
Do you participate in any of the following clubs and organisations located IN THIS NEIGHBOURHOOD? <i>Imaphi amaqembu nama-Organisation akhona kulendawo obamba kuwo iqhaza?</i> 1=Yes, 2= No		Is there a fee to join? <i>Kungabe kukhokhwa imali yokujoyina?</i> 1=Yes, 2= No, -1 Do not know		Do teenagers living IN THIS NEIGHBOURHOOD participate? <i>Kungabe intsha kulendawo iyalibamba iqhaza na?</i> 1=Yes, 2= No, -1 Do not know		Do you think the joining fee is affordable for young people living IN THIS NEIGHBOURHOOD? <i>Ucabanga ukuthi intsha yakulendawo ingakumela yini ukukhokha lemali?</i> 1=Yes, 2= No, -1 Do not know			
Soccer teams / clubs		5.1.1		5.1.2		5.1.3		5.1.4	
Other sports teams / clubs		5.2.1		5.2.2		5.2.3		5.2.4	
Dance clubs		5.3.1		5.3.2		5.3.3		5.3.4	
Women's clubs		5.4.1		5.4.2		5.4.3		5.4.4	
Religious groups		5.5.1		5.5.2		5.5.3		5.5.4	
Stokvel		5.6.1		5.6.2		5.6.3		5.6.4	
Neighbourhood Watch		5.7.1		5.7.2		5.7.3		5.7.4	
Parents-Teachers Assoc		5.8.1		5.8.2		5.8.3		5.8.4	
Youth clubs		5.9.1		5.9.2		5.9.3		5.9.4	
Other recreation clubs (name them)		5.10.1		5.10.2		5.10.3		5.10.4	
Other recreation clubs (name them)		5.11.1		5.11.2		5.11.3		5.11.4	

6. COMMUNITY FACILITIES:					
Type of institution	Are there any [...] nearby but NOT WITHIN this NEIGHBOURHOOD we have spoken about? <i>Kungabe zikhona eziseduzane hayi ngaphakathi kulendawo esesikhulume ngayo na?</i> 1=Yes, 2= No skip to next row		On average, how long would it take to walk to the NEAREST [...] ? [In minutes] <i>Kungangithatha isikhathi /imizuzu emingakii ukuhamba ngiyakhona ?</i>		Do you think young people living within this NEIGHBOURHOOD use the nearest [...] ? <i>Ucabanga ukuthi intsha eneminyaka ephakathi kuka 14-22 kulendawo iyazisebenzisa yini lezizikhungo?</i> 1=Yes, 2= No
Schools	6.1.1		6.1.2		6.1.3
Religious buildings	6.2.1		6.2.2		6.2.3
Post offices, agencies, banks	6.3.1		6.3.2		6.3.3
Crèches	6.4.1		6.4.2		6.4.3
Police stations	6.5.1		6.5.2		6.5.3
Private doctors	6.6.1		6.6.2		6.6.3
Pharmacies	6.7.1		6.7.2		6.7.3
Clinics	6.8.1		6.8.2		6.8.3
Hospitals	6.9.1		6.9.2		6.9.3
Public swimming pools	6.10.1		6.10.2		6.10.3
Shopping complex/s	6.11.1		6.11.2		6.11.3
Spaza shops/ tuckshops/ general dealers	6.12.1		6.12.2		6.12.3
Crisis unit at nearest police station	6.13.1		6.13.2		6.13.3
Neighbourhood watch	6.14.1		6.14.2		6.14.3
Liquor stores/ shabeens/ taverns	6.15.1		6.15.2		6.15.3
Community hall	6.16.1		6.16.2		6.16.3

7. STIGMA:			
Out of 10 people, how many people in this NEIGHBOURHOOD do you think are HIV+? <i>Ebantwini abangu 10 bangaki ocabanga ukuthi bane gciwane lengculazi (HIV) kulendawo?</i>			7.1
What type of people are they? <i>Abantu abanjani labo?</i>	1= Youth / adolescents (youth both male & female) 2= Female youth 3= Male Youth 4= Misbehaving young women 5= Mixed young & old Other (specify) -1 Do not know		7.2
Do you think that a student who is infected with HIV should be allowed to remain in school? <i>Ucabanga ukuthi ingane yesikole ene HIV kumele ivunyelwe yini ukuba ses'koleni?</i>	1=Yes 2=No		7.3
If a member of your family contracted HIV, would you want it to remain a secret? <i>Uma ilunga lomndeni line HIV ungathanda ukuba kube imfihlo?</i>			7.4
If a member of YOUR FAMILY were sick with HIV/AIDS, would you be willing to care for them? <i>Makungabakhona emndenini wakho oguliswa yiAIDS, ungaba naso isifiso sokumnakekela?</i>			7.5
How many families do you know who you think have lost someone to AIDS? <i>Mingaki imindenini oyaziyo esishonelwe izihlobo zazo ngokuguliswa ingculaza?</i>			7.6
Do community health workers provide health services to this NEIGHBOURHOOD? <i>Kungabe bakhona abahlengikazi abasebenza emphakathini kulendawo?</i>	1=Yes 2=No		7.7

8. PERCEPTIONS OF YOUTH:			
Do you think adolescents and young adults IN THIS NEIGHBOURHOOD use drugs? <i>Ucabanga ukuthi intsha yakulendawo iyazisebenzisa izidakamizwa?</i>	1=Yes, 2=No	8.1	
How often do you think adolescents and young adults IN THIS NEIGHBOURHOOD drink alcohol? <i>Ucabanga ukuthi iphuzutshwala kangakanani intsha kulendawo?</i>	1=Never 2=Sometimes 3=Often	8.2	
Where do young kids from this NEIGHBOURHOOD go to drink alcohol? <i>Ingabe intsha yakulendawo iphuzela kuphi utshwala ?</i>	1= Tuckshops 2= Shabeens 3= Taverns 4= Outside (e.g., streets, sportgrounds, etc.) 5= Shops / stores/spazas Other (specify) -1 Do not know	8.3	
What is the most common type of alcohol consumed by youth in this neighborhood? <i>Ihlobo luni lotshwala olusetshenziswa kakhulu yintsha yakulendawo?</i>	1=Beer 2=Wine 3=Traditional beer, home brew 4=Brandy/ whiskey, other spirits	8.4	
Where do young kids from this NEIGHBOURHOOD go to do drugs? <i>Ingabe intsha yakulendawo izenzela kuphi izidakamizwa?</i>	1= Outside (on the road/ in the streets/ streets/ street corner, bushes, 2= In their homes 3= Tuckshops 4= Outside neighborhood Other (specify) -1 Do not know	8.5	
What are the most common drugs being used by youth in the neighborhood? <i>Luhlobo luni lwezidakamizwa olusetshenziswa kakhulu yintsha yakulendawo?</i>	1= Marajuana/ Pot/ Dagga 2= Mandrax/Buttons 3= Glue 4= Heroin 5= Cocaine/Coke 6= Crack/Rocks 7= Petrol/ Benzine 8= Ecstasy/Pills 9= LSD/Acid Other (specify) -1 Do not know	8.6	
Where do young couples from this NEIGHBOURHOOD go to have sex (where they can be alone)? <i>Ingabe intsha eyizithandani kulendawo ilwenzela kuphi ucansi lapho ibakhona yodwa?</i>	1= At home (own or other) 2= Outside (bushes, forest, etc.) 3= Backrooms 4= Outside neighborhood Other (specify) -1 Do not know	8.7	
Do you think adolescents and young adults IN THIS NEIGHBOURHOOD are at low, medium or high risk of HIV infection? <i>Ucabanga ukuthi intsha kulendawo esesimeni esingakanani sokuthola i-HIV?</i>	1=Low 2=Medium 3=High	8.8	

9. Interviewer notes		
Where did you conduct this interview?	9.1	