

**ABSTINENCE RELATED TRAINING NEEDS FOR YOUTH IN  
THE CONTEXT OF HIV/AIDS IN NEWCASTLE UNITING  
PRESBYTERIAN CHURCH.**

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## Declaration

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## **Abstract**

The aim of this research study was to investigate the needs of youth within the Uniting Presbyterian church in Newcastle to abstain from sex before marriage with a view to developing guidelines for an abstinence training program. Youth within the church are encouraged to abstain from sex until marriage as a strategy to prevent infection from HIV and other sexually transmitted diseases. It is therefore important to identify youth abstinence training needs. The project further evaluated current HIV and AIDS programs at Newcastle UPSCA and identified gaps between these programmes and the need for abstinence training for youth. Findings from this investigation provided recommendations for the development of guidelines for an HIV/AIDS youth friendly program that provides skills to abstain from pre-marital sex.

This study elicited data from 25 young people (aged between 15-24 years, five of them male) and 3 leaders (2 coordinators and a local minister). Three types of data were collected namely: self administered questionnaires with 25 young people (aged 15-24 years), three in-depth interviews with two HIV and AIDS Coordinators and a local minister in charge of the congregation, and a focus group discussion with the same group of 25 youth.

What came out clearly is that youth who already have children or those in romantic relationships are more likely to be sexually active than abstaining. Further to this, youths who experience pressure to abstain are doing so because of lack of opportunity and the pressure on them. The research concluded that the abstinence-only approach is not enough to address the needs of youth in preventing them from HIV infection. The author suggests that there is a need for a comprehensive approach to sexuality education for young people and recommended intervention strategies that will promote condom use in a targeted way to those who are sexually active, and provide them with relevant prevention information.

## **Opsomming**

Die doelwit van die navorsingstudie was om die jeug van die Verenigende Presbiteriaanse Kerk van Newcastle se behoefte met betrekking tot voorhuwelikse seks te bepaal met die doel om riglyne daar te stel vir 'n Onthoudingsopleidingsprogram vir die jeug. Die jeuglede binne die kerk word aangemoedig om hul te weerhou van voorhuwelikse seks as strategie om hul te beskerm teen MIV-infeksie asook ander seksueel oordraagbare siektes. Dit is derhalwe belangrik om die jeug se onthoudingsbehoefte te identifiseer. Die projek het vervolgens huidige MIV- en VIGS-programme by die Newcastle VPK geëvalueer en uitvalle binne die programme en die opleidingsprogram vir onthoudings geïdentifiseer. Die bevindinge van hierdie ondersoek was gebruik om riglyne vir 'n MIV/VIGS jeugvriendelike program te ontwikkel om die jeug toe te rus met vaardighede om hulself te weerhou van voorhuwelikse seks.

Die studie het data van 25 jong respondente gebruik (tussen die ouderdomme 15-24 jaar, waarvan vyf manlik) en drie leiers (twee koördineerders en 'n plaaslike pastoor). Drie tipes data is versamel, naamlik: vraelyste voltooi deur 25 jong mense (tussen die ouderdomme 15-24 jaar) ; drie in-diepte onderhoude met twee MIV en VIGS-Koördineerders en 'n plaaslike pastoor in beheer van die gemeente, sowel as 'n fokus-groep besprekingsessie met dieselfde 25 jong mense van die groep.

Die ondersoek het baie duidelik bewys dat jong mense wat alreeds kinders het of dié wat in 'n romantiese verhouding betrokke is, meer seksueel aktief blyk te wees as om onthouding toe te pas. Dit blyk verder dat die jeug wat aangemoedig word om onthouding toe te pas dit eerder doen as gevolg van die feit dat hul geen geleentheid het nie en ook na aanleiding van die druk wat op hul uitgeoefen word. Die studie het tot die slotsom gekom dat die slegs-onthoudingsbenadering nie voldoende is om die jeug se behoeftes tot die voorkoming van MIV aan te spreek nie. Die outeur beveel aan dat daar 'n noodsaaklikheid bestaan vir 'n omvattende benadering vir seksonderrig vir jong mense. Daar moet ook strategieë toegepas word om kondoomgebruik op 'n doelgerigte wyse toe te pas onder die jeug wat reeds seksueel aktief is en hulle toe te rus met die relevante inligting om voorkoming toe te pas.

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## **Chapter 1**

### **1.1 Introduction**

In responding to increasing challenges related to HIV and AIDS, the Uniting Presbyterian Church has identified HIV and AIDS as one of the mission priorities and the church places emphasis on abstinence from sex as a major prevention strategy against HIV infection among the youth<sup>1</sup>. Like many religious organizations, the UPCSA has strong views about sex and sexuality, advocating that sex should only take place in the context of marriage. As a result, a comprehensive approach to HIV prevention is not advocated, hindering the promotion of condoms among youth who may be sexually active.

#### **1.1.2 Problem statement**

Sadly, while these strong religious views are maintained and abstinence emphasized among the youth, we continue to experience high HIV related morbidity and mortality rates among the youth within the church. This has been exacerbated by increasing numbers of teenage pregnancies, prompting the youth to ask:

‘Is it really practical for the church to be telling us to abstain from sex before marriage?’  
(Newcastle male aged 23)

‘How can we be empowered to refuse sex before marriage?’ (Newcastle female aged 17)

These are important questions raised during one of the HIV and AIDS workshops in Newcastle Uniting Presbyterian Church in Madadeni, with youth questioning the effectiveness of emphasizing abstinence as the only prevention strategy against HIV infection. They argued that in the light of rising numbers of youth who are infected by HIV and growing numbers of young girls getting pregnant before marriage, it is evident that youth within the church are not abstaining from sex and waiting until marriage. Two

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<sup>1</sup> In this study the terms ‘youth’ and ‘young people’ will refer to those aged roughly between 15 and 24 years.



statements struck me during this dialogue with them:

“It is not practical for the church to be telling us to abstain from sex until marriage when there are so many teenage pregnancies in this congregation”.

“Yes, restoration classes are full, let us face it, youth are not abstaining, that is a fact”.

As a follow up to these concerns, this study sought to investigate reasons for youth not abstaining from sex before marriage and to identify the kind of training they require to do so, in the context of HIV and AIDS at Newcastle Uniting Presbyterian Church.

With HIV/AIDS as one on the Uniting Presbyterian Church’s mission priorities (including stewardship and evangelism) the church has initiated HIV/AIDS programs targeting all church members to mobilize support for people infected and affected by HIV/AIDS, raise awareness, promote treatment and encourage abstinence from sex among those who are not married and faithfulness to one partner, to those in marriage, as prevention strategies against the spread of HIV. Youth at this workshop were questioning the church’s emphasis on abstinence as a major prevention strategy against HIV infection for young people.

In assessing the concerns raised by these youth, the researcher came to the realization that although the Uniting Presbyterian Church, like many religious organizations has strong views about issues of sexuality advocating that sex should only take place in the context of marriage. The church does not have any program aimed at empowering young people to abstain from sex before marriage. Consequently, youth within the church are at the risk of infection from sexually transmitted infections including HIV. This is evident in the growing morbidity and mortality rates, a rise in teenage pregnancies and more youth attending restoration classes after giving birth to children out of marriage.

## **1.2 Research Question**

The research question that I wished to address was: “What are the abstinence training

needs for youth in the context of HIV/AIDS at Newcastle Uniting Presbyterian Church?” According to Christensen (1985: 59) the statement of the problem needs to be formulated into a research question which satisfies Kerlinger’s definition of “an interrogative sentence or statement that asks- ‘what relation exists between two or more variables?’” For Kerlinger (1973) in Christensen (1985), there are three criteria that good research problems must meet:

- Variables in the problem should express a relation
- Secondly, the problem should be stated in a question form
- Lastly, the problem statement should be such as imply possibilities of empirical testing.

In seeking a solution to this problem, the main aim of this study is to establish reasons for youth not abstaining from sex before marriage and identify their needs for doing so. In order to develop guidelines for an abstinence training programme that will empower youth at Newcastle to abstain from sex before marriage. It is important to note that most abstinence programs have been developed in the West and very little has been studied about abstinence needs for youth in Africa, particularly in the context of HIV/AIDS pandemic in sub-Saharan Africa. According to studies conducted by Karibu and Ezeh (2009) on abstinence from sex, youth abstain from sex for various reasons such as strong moral or religious values for youth who have not had sex before (primary abstainers) and a desire to avoid sexually transmitted diseases (STIs), including HIV, or pregnancy for youth who have had sex before but want to abstain (secondary abstainers).

It is therefore necessary to understand these differences and identify reasons for abstinence or lack of it among the youth in Newcastle. Addressing this research question is essential in designing a relevant HIV/AIDS program as an intervention strategy for youth in Newcastle.

### **1.3 Context of the study**

Newcastle is in Kwa-Zulu Natal, South Africa, a country which is home to the world’s

largest population of people living with HIV, estimated at 5.7 million (UNAIDS 2009: 27). Youth are one of the most affected age groups. The chaotic environment in which contemporary South African youth came of age during the transition to democracy is reflected in their sexual lives and behavior (Varga, 2000), as many social institutions which previously assisted them through the transition to sexually active adulthood, and often instilled safe sex practices, have undergone radical change or disappeared altogether. Erosion of traditional peer education networks, extended family systems, and changes in household and marriage structures have combined with rapid urbanization and Westernization to create an environment of mixed messages, confusion and few resources for young people to rely upon in the process of sexual socialization.

With increased morbidity and mortality rates as a result of HIV/AIDS, parents caring for youth living with HIV/AIDS continue to face multiple challenges in families, community and within the church. Are we not leaving the fate of our children to chance and adding to the plight of these parents by offering false hope that youth will be safe through preaching abstinence from sex without a program that empowers them to do so? As Cruz (2004: 50) rightly notes, the infection represents a life cycle shift for parents. At a time when most parents may have already completed the task of raising children and considering some of their major tasks over, the presence of infection and the role of care giving when children are sick, dictate that they undergo a role reversal. As a result, some parents experience disruption in the natural order of families, resuming a long discarded role as guardian or decision maker for their child and also go through the pain of having to watch their offspring die.

### **1.3.1 Unemployment, crime and violence.**

There is also a need to explore relationships between lack of abstinence from sex until marriage, unemployment and crime among youth in Newcastle. This is especially necessary considering the violence that swept across Kwa-Zulu Natal during the struggle against Apartheid and a transition to democracy in South Africa.

Death rate attributable to violence in Africa is estimated at 60.9 per 100 000 people, more than twice the global rate (WHO, 2004 a). Crime and violence have been on the increase in Sub-Saharan Africa among the unemployed young people. Youth gangs are mushrooming all over and are used to satisfy the economic needs of many youths through violence. In South Africa, for example, the government found that homicide, primarily involving fire-arms, was one of the leading causes of death among young men aged 15-21 years, and that gun shots from all causes were leading the cause of non-natural death in South Africa (Fleshman, 2001). According to an advocacy group, Gun Free South Africa, 12 % of gun death victims in 1998 were young women and about 7 % of gun death victims were at the age of 17 (Fleshman, 2001).

The researcher is raising these questions to point to the necessity of studies probing whether there is any link to failure to abstain from sex with unemployment, crime and violence in South Africa.

#### **1.4 Significance of the study**

This study is significant in that it benefited the youth at Newcastle Uniting Presbyterian Church through guidelines that enabled the HIV and AIDS Committee to develop a training program for abstinence from sex before marriage. Although it was not possible to make inferences from findings of this study, the developed guidelines provided UPCSA with helpful information on the experiences of young people. These findings will be made available to HIV/AIDS Committees so that experiences of young people within the church are considered when developing programs targeting youth.

#### **1.5 Objectives of the study**

The study sought to meet the following objectives:

- To investigate reasons for youth not abstaining from sex before marriage
- To identify abstinence related training needs for youth at UPCSA Newcastle

- To identify gaps between Newcastle HIV/AIDS programme and the needs for abstinence training for youth
- To provide guidelines for the development of a youth behavioural change program that provides youth with life skills.

## **1.6 Structure of the study**

The first chapter attempts to provide a background of the problem of lack of abstinence from sex among the youth in Newcastle and demonstrates how the church's response has failed to address this challenge. As a result, there are increasing numbers of teenage pregnancies, high percentages of morbidity and mortality rates and increasing numbers of youth dropping out of school. The chapter also provides a brief background of the context in which these young people struggle with sexual development and outlines the objectives and significance of the study.

Chapter two provides details of preliminary literature review with a view to understanding findings from other studies with regards to abstinence from sex among youth in different countries particularly in the context of HIV and AIDS. This chapter also explores the subject of abstinence from sex in detail distinguishing between abstinence only and comprehensive approaches to sexual health. In order to understand the practice of abstinence within the Zulu cultural context (Newcastle), further examination of cultural virginity testing, virginity pledges and controversy around human rights and health concerns regarding these practices are also explored.

Chapter three outlines the research methodology employed in conducting this study with specific reference to subject selection (sampling), measuring instruments and data collection procedures. The three instruments employed for data collection in the study are questionnaires, interviews and focus group discussions which are explained in detail with steps and procedures employed to adhere to ethical requirements and ensure that confidentiality and the rights of participants are observed and protected.

Chapter four provides an in-depth critical analysis of data that was collected through the study. Analysis of data aimed at identifying challenges that youth face with regard to abstinence from sex before marriage, their experiences and perceptions about abstinence from sex and how this information can be translated into guidelines for developing an abstinence training program for youth within the Uniting Presbyterian Church.

In the final chapter five, conclusions from the study are drawn and inferences from the results made in order to make recommendations that will provide guidelines for the development of a program aimed at empowering youth to abstain from sex before marriage in the context of HIV and AIDS in Newcastle Uniting Presbyterian. These recommendations were made available to HIV and AIDS Committees within the Uniting Presbyterian Church in the hope that the guidelines developed through the study will be taken into consideration when developing programs for youth, and encourage similar studies in some parts of the broader UPCSA church. This chapter also highlights limitations of the study and identifies areas that need further research.

## **Chapter 2: Critical literature Review**

### **2.1 Introduction**

In order to gain an understanding of the current state of knowledge on abstinence from sex among youth, the researcher conducted a preliminary literature review of studies that have explored the concept of abstinence from sex among youth, its practice and effectiveness as a prevention strategy against HIV infection and how it is employed as an approach to reproductive health issues for youth. The review also sought to examine an abstinence approach to sex education, how it differs from comprehensive sex education, and the context in which these strategies have been employed to promote prevention from sexually transmitted infections (STIs), HIV and pregnancy among youth.

### **2.2 What is an abstinence based approach to sex education?**

An abstinence based approach to sex education focuses on teaching young people that abstaining from sex until marriage is the best means of ensuring that they avoid infection from HIV, other sexually transmitted infections and unintended pregnancy. Abstinence approaches have widely been promoted by people from religious backgrounds or with strong moral values and have been represented in programmes such as Aspire and True Love Waits, both developed from the US (Avert, 2010).

One major challenge in conducting studies on abstinence from sex before marriage is the lack of agreement on a standard definition for abstinence (Marindo et al., 2003). The dictionary definition of abstinence includes words like ‘chastity’, ‘moderation’, ‘refrain’, ‘avoidance’ and ‘celibacy’. Within the church abstinence has been defined as ‘no sex until marriage’ (Chapman 1977 – in Marindo et al., 2003). In this study abstinence is defined as not having sexual intercourse until marriage, regardless of whether or not the participant has a current partner.

Although programmes promoting abstinence from sex among youth differ (as a result of

these differing definitions), they share the fundamental purpose of teaching the social, psychological, and health gains to be realised by young people abstaining from early or premarital sexual activity. Unfortunately, while this approach is advocated within the Uniting Presbyterian church, and indeed in most faith based communities, emphasis is only on spirituality and very little attention has been given to other contributing factors such as social and economic experiences of young people, making the approach less relevant. This study is an attempt to address this weakness by seeking to understand the experiences, perceptions and social or economic challenges faced by youth in relation to abstinence from sex.

### 2.3 How does an abstinence program differ from comprehensive sex education?

Abstinence-plus <sup>2</sup> education	Abstinence-only education
<p>Abstinence-plus education programs explore the context for and meanings involved in sex.</p> <ol style="list-style-type: none"> <li>1. Promote abstinence from sex</li> <li>2. Acknowledge that many teenagers will become sexually active</li> <li>3. Teach about contraceptives and condom use</li> <li>4. Include discussions about contraception, abortion, sexually transmitted diseases and HIV</li> </ol>	<p>Abstinence-only education includes discussions of values, character building, and in some cases, refusal skills.</p> <ol style="list-style-type: none"> <li>1. Promote abstinence from sex</li> <li>2. Do not acknowledge that many teenagers will become sexually active</li> <li>3. Do not teach about contraception or condom use</li> <li>4. Avoid discussions of abortion</li> <li>5. Cites sexually transmitted diseases as reasons to remain abstinent</li> </ol>

**Figure 1**

<sup>2</sup> Abstinence- plus is a term used to refer to programmes that primarily promote abstinence from premarital sex but move further to provide young people with information on prevention and use of condoms and contraceptives.



*Source: Collins et al (2002)*

As indicated in figure 1 above, abstinence-only programs differ from comprehensive approaches (abstinence-plus) to sex education in that comprehensive approaches do not focus only on promoting abstinence but include information on how young people should protect themselves from infections and pregnancy when they decide to have sex. Some studies have explored whether the two can be combined but there is reluctance from church leadership to do so because some leaders feel that such an approach sends a mixed message to young people. Yet, according to Parry (2008), unbalanced responses fail. There is a need for the church to develop balanced HIV and AIDS interventions targeting young people and this requires radical transformation of church leadership and theology.<sup>3</sup>

Studies conducted by Bearman and Bruckner (2001) assessing the effectiveness of abstinence from pre-marital sex among young people found that there were mixed outcomes for different young people. Researchers concluded that programmes only placing emphasis on abstinence benefit some young people in the short term (choosing to abstain from sex) but place them at greater risks later (when they get sexually active without use of contraceptives and condoms). This shows that there is a need for information on prevention among youth, even when they are abstinent. However, these studies suggest that for some young people making pledges to abstain from sexual intercourse until they marry, abstinence or virginity pledges do lead to delay in timing of their first sexual intercourse. But these young people tend to hold strong religious beliefs. Therefore, pledging abstinence may not be effective for young people who do not hold strong religious or moral views.

In advocating for a comprehensive approach to sexuality education among all youth, Gilbert & Cymene (2007: 125) have cited available studies previously conducted on abstinence from sex to show that comprehensive education that includes messages about abstinence as well as pregnancy and disease prevention can help teens delay sexual activity, reduce the number of partners, and increase contraceptive use (Teen pregnancy,

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<sup>3</sup> By the word 'theology' the author refers to biblical reflections and practices that inform church leaders in addressing HIV and AIDS related challenges

2010).

It is therefore essential that we consider the risk and vulnerability factors for youth and identify those who are sexually active so that we provide them with relevant prevention information. This means that different groups have to be targeted for different approaches because their abstinence needs differ. For example, if the researcher identifies youth who admit being sexually active, the study will make recommendations for such youth to be provided with information on prevention from HIV/AIDS, sexually transmitted infections (STIs) and pregnancy. According to tips for working with youth provided by McKee et al. (2004: 120) a well designed and balanced approach to prevention messaging is required when targeting young people. The authors also suggest that such programmes need to promote condom use in a targeted way to those who are sexually active, an important point that the church needs to take into consideration.

Some studies conducted by Karibu and Ezech (2009) on abstinence from sex among youth also show that there are other factors that differentiate primary abstainers (youth who have not had sex before) from secondary (last sex more than 12 months prior to the survey) and recent abstainers (sexually active in the last year but not in the last 3 months), and sexually active (had sexual intercourse in the last 3 months). For example, it has been noted that primary abstainers may have a strong moral or religious basis for their action, secondary abstainers may be driven by a desire to avoid STIs, including HIV, or pregnancy while some abstainers may be doing so due to lack of opportunities to engage in sexual intercourse. Understanding these differences will facilitate designing an abstinence program for different youth groups. Factors such as gender, and contextual circumstances, such as romantic relationships and previous sexual experiences, should also be taken into consideration when designing abstinence promotion programs for youth.

In most communities abstinence is one of the key actions recommended for the prevention of sexually transmitted infections and early pregnancy among young people (Brown et al, 2004) and it has received much focus in HIV and reproductive health programmes. The group of participants in this study were within the adolescence stage which consists of

youth going through identity search, accompanied with confusion and sometimes uncertainty. While this stage comes with challenges, adolescence is characterised by growing up and becoming an adult. Typically the term ‘adolescence’ refers to the time between one’s childhood and adulthood, beginning with the physical and emotional characteristics of puberty (Noller & Callan, 1991). Sadly, this is a period when most youth make mistakes that have lasting consequences to their lives, hence the need for programmes that guide them to make informed decisions especially in the context of the deadly HIV pandemic.

It is also important to note that most abstinence-only programmes conducted in Africa have their origins in Western countries due to funding provided by the developed world to African communities. The model has simply been included in some African schools’ curriculums or community programs targeting youth, with very little consideration for contextual factors such as social and economic conditions. For example, virginity testing practiced in Kwa-Zulu Natal is a traditional practice that seeks to promote abstinence among the youth, but very little has been done to explore how such locally available cultural practices can compliment contemporary interventions aimed at mitigating the impact of HIV/AIDS among the youth in African context.

According to one study on abstinence from sex among youth in cultures where virginity is highly valued, research has shown that some young women practice alternative sexual behaviours, such as anal sex, in order to preserve their virginity, a practice that exposes them to increased risk of infection from HIV (Weiss et al., 1998 – in Gupta, 2000). The authors suggested that because of strong norms of virginity and the culture of silence that surrounds sex, accessing treatment services for sexually transmitted diseases can be highly stigmatizing for adolescent and adult women. Therefore, in attempting to promote abstinence and virginity as means of prevention from HIV and other STIs, we need to address risks and stigma associated with strong views on abstinence and be careful not discourage sexually active youth from accessing treatment services, including use of condoms.

Government, health workers and faith based organisations should explore ways of collaborating with traditional leaders to address risks associated with a commitment to practicing abstinence from sex before marriage (virginity pledges) and provide accurate information about prevention from HIV, STIs and pregnancy to all youth, including those pledging to abstain. Such partnerships have a positive impact on developing and improving the health of young people. For example in the United States sexual abstinence programmes have been funded by the government with 250 million dollars having been allocated by the Congress for school based programs in the year 2000 (Nagy et al, 2002). According to the federal legislation under which the funding was provided (the Personal Responsibility and Work Opportunity Reconciliation Act), there are eight principles underlying abstinence education in the United States:

1. Abstinence yields social, psychological, and health benefits;
2. Sexual abstinence is the expected standard for children in school;
3. Sexual abstinence is the only 100% effective way to prevent pregnancies outside marriage, STDs, and other risks arising from sexual intercourse;
4. Sexual activity should occur in a mutually monogamous relationship within marriage (this view is held strongly by faith based organisations);
5. Negative psychological and physical effects are likely to occur as a result of sexual intercourse outside of marriage;
6. Having children outside marriage is likely to have negative effects for the child, parents, and society;
7. There is a need for the youth to be taught sexual refusal skills and learn how drug use, including alcohol use, impairs judgement about sexual activity;
8. Young people should be self-reliant before being sexually active (Blim, 1999).

Considering that these principles have been assumed to be universally applicable, they have guided the development of similar abstinence programmes targeting youth in the African context. Yet, other studies have recommended that HIV intervention strategies targeting sexual behaviour change must be based on a thorough understanding of the

higher-order influences and interpersonal dynamics shaping the practices themselves (Gupta et al., 1993 – in Varga, 1997).

However, it is important to note that although Congress prioritised funding for abstinence-only programs over comprehensive sexuality education, the abstinence only approach to sex education is not supported by research findings (Collins et al., 2002). In this critical article with a subtitle “what are the arguments, what is the evidence?” the authors argue that research clearly demonstrates that some comprehensive sex education, or what they refer to as “abstinence-plus” programs, can achieve positive behavioural changes among young people and reduce vulnerability to STIs.

In my opinion, it is also important that the role of parental guidance, culture and other socio-economic and political conditions influencing behaviour of young people be taken into consideration when designing programs targeting youth. According to one study on youth and parenting, parental influence or lack of it plays a critical role in shaping the future of young people (Noller & Victor, 1991). This study also found that adolescents whose parents are authoritarian and coercive in their relationships with them tend to be more likely to adopt external, rather than internalized moral standards. Further to these findings, the morbidity and mortality of children and adolescents are influenced by socio-economic conditions, more than for any other age group (Duh, 1991: 12).

It could be that there are youths in Newcastle who fail to abstain from pre-marital sex due to peer pressure exerted on them. In such circumstances, parental guidance plays a very critical role in influencing youth behaviour even when the parents have died (Bruchey, 2000: 12). This study conducted on orphans found that youth who had lost their parents to AIDS told researchers that they wanted to do well in school because it had been important to their late mothers that they graduate. For these adolescents, achieving a successful life through their studies became a dedication to their late parents. A similar dedication is possible for young people whose parents desire that they ‘wait from sex until marriage’ – they can find one more reason to abstain from sex before marriage – a special dedication to parents and their loved ones.

## **2.4 Virginitv testing in Kwa-Zulu Natal as a way of promoting abstinence**

A virginitv test is the practice and process of inspecting girls and women to determine if they are sexually chaste which is being culturally practiced and supported by local leaders in Kwa-Zulu Natal (Madlala, 2001). Virginitv testing is based on the assumption that a woman's hymen can only be torn as a result of sexual intercourse. However, as information from Avert shows (Avert, 2010) a woman's hymen can also be broken or eroded by masturbation and a number of nonsexual activities, including horseback riding, gymnastics and physical labor. Furthermore, as with most bodily features, the natural appearance of the hymen will vary from one person to the next, and it is even possible for a female to be born without a hymen. Thus, the lack of a hymen is not necessarily an indicator that a woman is not a virgin. As a result, although virginitv testing is encouraged by traditional leaders in Kwa-Zulu Natal, it is a controversial practice, primarily because of its implications for tested girls and because it is not necessarily accurate. It is therefore considered a violation of human rights and illegal in many countries.

### **2.4.1 Reasons for testing**

In South Africa, where virginitv testing is banned, the Zulu tribe believes that the practice prevents the spread of HIV and teenage pregnancies. Madlala (2001) notes that Kwa-Zulu Natal province in South Africa is currently the site of the world's fastest growing HIV/AIDS epidemic, where it is estimated that between 30 and 40 percent of the adult population is positive for HIV. In trying to respond to this crisis, local politicians and members of various government ministries and several self-styled guardians of tradition have emerged to form organizations that advocate and conduct regular virginitv testing of girls. The challenge posed by the current HIV/AIDS epidemic in the province is central to calls for greater support of this practice.

Drawing on original research among Zulu speaking people in the peri-urban communities of Durban, Madlala (2001) examines the socio-cultural construction of HIV/AIDS and locates the growing popularity of virginitv testing within a gendered meaning-making

process consistent with commonly held beliefs that the epidemic is the result of women being sexually "out of control." With the social impact of AIDS starting to take its toll in the form of increasing AIDS-related deaths and a growing population of orphans, the author argues that virginity testing is an attempt to manage the epidemic by exerting greater control over women and their sexuality. In addition, she argues, virginity testing of girls helps to draw attention away from the role of men in the maturing epidemic, consideration of which has been conspicuously absent in the popular discourse on AIDS at all levels of South African society.

There are important consequences of virginity testing that have been explored by Madlala (2001) which need to be taken into consideration when promoting abstinence from sex among youth, particularly in Kwa-Zulu Natal. Depending on whether the girl in question is declared a virgin or not, the aftermath of the test can be a joy or frustration. In Zulu culture, there is a tradition in which girls of a certain age can perform a dance for the king, and only virgins are allowed to participate in this event. If a girl is tested and declared a virgin, she brings honor to her family and community. On the contrary, if a girl is found not to be a virgin, her father may have to pay a fine for 'tainting' the community and the girl may be shunned from the 'certified' virgins. Madlala cautions that because being considered impure has ramifications for the girls and their families, virginity testing therefore has the potential to be a life-changing event and need to be carefully promoted.

Concurring with these views, an organization concerned with young people and their vulnerability to HIV ([www.avert.org](http://www.avert.org)) reports that the HIV/AIDS pandemic has made it necessary for people to find a way to protect themselves and their communities. The organization cites Chief Naboth Makoni of Zimbabwe, a traditional leader who has also resorted to enforcing virginity tests as a way of protecting his people against HIV, as one example of such traditional and cultural attempts to use abstinence as a strategy to promote prevention against HIV among young people.

#### **2.4.2 Virginity testing process**

The process of taking girls through virginity testing varies by region. Amnesty International (2009) reports that in areas where medical doctors are readily available, such as Turkey before the country banned the practice, the tests will often be given in a doctor's office. However, in countries where doctors are not available, testers will often be older, respectable women, or whoever can be trusted to search for a hymen. This is common among African tribes that perform the test. With limited medical background, tests performed by traditional leaders are likely to be a health hazard and training need to be provided to leaders so that the spread of infections can be avoided.

### **2.4.3 Controversy surrounding virginity testing**

Although there are many challenges related to virginity testing as noted above, the main concern that health officials have with virginity testing is that it is not an accurate way of determining virginity.

As a result of the misconceptions cited above, opponents of the practice of virginity testing call it a violation of human rights. For example, Amnesty International (Amnesty International, 2010) listed virginity testing as a form of violence against women. The same article stated that more than 90% of 118 doctors interviewed in a 1999 survey said that virginity tests were psychologically traumatic for the patient (Amnesty International, 2010). Over 50% of these doctors also reported that the majority of the tests were not given with the patient's consent and agreement. There are also concerns about hygiene during virginity testing. Madlala (2001) cites the case of an anthropologist attending a virginity testing event in Durban, South Africa who noticed that one of the testers used the same pair of gloves for all 85 girls. As many diseases can be spread by the transmission of bodily fluids in this way, these tests could be dangerous for the girls undergoing them.

In light of the issues highlighted above, virginity testing is considered illegal in some countries. However, these bans, such as the ones in South Africa are frequently flouted largely as a result of Zulu traditional leaders viewing any such legislation as an attack on ancient tribal culture and family values. Virginity testing was successfully banned in



Turkey in 1999, after five teen-aged girls who had been threatened with tests attempted suicide (Amnesty International, 2010).

It is therefore clear that attempts to address HIV and AIDS is one of the major reasons that have led to intensified promotion of virginity testing by most traditional leaders. Although this desperate move to curb the spread of HIV should be understood in a context of high HIV morbidity and mortality rates, the practice of virginity testing constitutes human rights violations and can be a health hazard. There is a need to address these concerns.

## **2.5 HIV and AIDS education for young people**

HIV and AIDS education among young people plays a vital role in global efforts to end the AIDS epidemic. As UNAIDS (2009) reports, in 2008 alone, there were 2.7 million new HIV infections with almost 1-in-6 of these new infections among people under 15 years old. It is for this reason that most communities find it urgent and necessary to provide young people with basic HIV and AIDS education to enable them to protect themselves from being infected. Young people are also particularly vulnerable to sexually transmitted diseases including HIV as a result of drug use and providing them with knowledge and skills is critical in encouraging young people to change risky behaviour.

HIV and AIDS education among youth is also vital in reducing stigma and discrimination of those living with HIV/AIDS. Such efforts are crucial for prevention since stigma often makes people reluctant to go for voluntary counselling and testing (VCT), a program that has been recently intensified by the South African government. People who are not aware of their HIV status are more likely to pass the virus to other people. In this regard, HIV/AIDS education empowers youth to behave responsibly and thereby reducing the spread of HIV and other sexually transmitted infections.

### **2.5.1 Peer education**

Considering that AIDS education generally compels adults to teach young people about sex – a subject most difficult to handle in African communities due to cultural sensitivity –

it is important that young people are encouraged to address these challenges among themselves. Peer education is a process by which a group is given information by someone who is a member of the same group or community, and who has already been trained in the subject. This strategy is important for HIV prevention because it is cost effective and has a great potential to influence the knowledge and attitudes of young people. We therefore need to consider involving more peer educators in working with young people.

### **2.5.2 HIV and AIDS education for youth at school and what works.**

Since opinion is divided between sex education providers who employ only an abstinence approach to sex education and those who advocate more comprehensive sex education, different approaches to sex education have been employed by different communities (Avert, 2010). AIDS education at school is an essential method of reaching out to large numbers of young people who do not come to church. According to UNESCO (2009) there are 75 million children around the world who are either unable to go to school or choose not to. This means that in developing HIV/AIDS interventions for young people, strategies should also target youth who are not at school and do not belong to any religious groups like churches where efforts are intensified.

It should also be noted that an abstinence-only approach to sex education is not supported by much evidence on what works to protect young people from HIV/AIDS, sexually transmitted infections (STIs), and unplanned pregnancy (Collins et. al, 2002: ii). The authors of the article note that by contrast, “credible research clearly demonstrates that some comprehensive sex education, or ‘abstinence-plus,’ programs can achieve positive behavioural changes among young people and reduce STIs, and that these programs do not encourage young people to initiate sexual activity earlier or have more sexual partners” (Collins et al., 2002).

In developing HIV/AIDS interventions for young people it is therefore critical to consider approaches that are based and informed by evidence. Placing emphasis on an approach that

teaches abstinence from sex as the only strategy to sex education for young people will likely have serious unintended consequences by denying young people access to the information they need to protect themselves. Further to this, abstinence-only programs risk alienating the young people at highest risk of negative health outcomes by promoting a ‘one size fits all’ vision of adolescence that matches the true experiences of only a minority of youth” (Collins et al., 2002). According to this observation, if there are a few youth who support abstinence-only, it may not be helpful to impose this approach on all youth because we will be placing the majority of them at the risk of being infected with HIV and other STIS.

Clearly, as the executive director of UNAIDS rightly asserts “we have a choice to make: leave children to find their own way through the clouds of partial information, misinformation and outright exploitation that they will find from media, the Internet, peers and the unscrupulous, or instead face up to the challenge of providing clear, well informed, and scientifically-grounded sexuality education based in the universal values of respect and human rights. Comprehensive sexuality education can radically shift the trajectory of the epidemic, and young people are clear in their demand for more and better sexuality education, services and resources to meet their prevention needs” (UNAIDS 2008).

Indeed, this is the approach that has been taken by the youth at Newcastle Uniting Presbyterian church, to demand a better, evidence informed and effective approach to HIV prevention, and we need to do no less than that.

## **2.7 Conclusions**

Although abstinence is viewed as a prevention strategy against HIV and other sexually transmitted diseases, it is clear that there are legal and human rights issues that make its practice controversial. There are questions that arise regarding its relevance such as the misconception that a woman’s hymen can only be torn as a result of sexual intercourse. Yet, as we have noted, a woman's hymen can be broken or eroded by masturbation and also a number of nonsexual activities, including horseback riding, gymnastics and physical

labor. There are also contextual, social and economic factors that need to be considered.

The debate on whether the best approach to sex education is abstinence-only or a comprehensive approach is not necessary, especially given the fact that proponents from both sides have valid reasons for supporting their approach. However, it should be noted that an abstinence-only approach to sex education limits AIDS education by not providing information about how young people can protect themselves from HIV and other sexually transmitted infections if and when they choose to have sex.

In developing abstinence training programs it is important that the rights of young people are not violated and girls are protected from vulnerability. Caution is needed to ensure that the focus is not only on girls, thereby ignoring boys who are equally responsible for promoting prevention. Similarly, emphasis should not be on abstinence only as this approach is limited and does not equip young people with skills to protect themselves from HIV, pregnancy and sexually transmitted infections if and when they decide to have sex. There is enough evidence to prove the effectiveness of a comprehensive approach to sex education among the youth.

## **Chapter 3: Methodology**

### **3.1 Introduction**

This chapter describes the research design and method employed in conducting this study. Quantitative and qualitative research techniques have been used due to the nature of the study. Data was collected from youth participants, coordinators and the local minister through the aid of questionnaires, focus group discussion and a structured interview.

### **3.2 Research design**

According to Christensen (1985: 155) research design refers to the outline, plan, or strategy specifying the procedure to be used in seeking an answer to the research question. It specifies such things as how to collect and analyze data. This section attempts to outline the research design that the researcher employed in conducting the study.

### **3.3 Sampling**

In conducting research, some authors have referred to sampling methodology as a destiny of the study (Tashakkori & Teddlie, 2003). The researcher was aware of the limitations caused by use of purposive sampling methodology and sought to address these by encouraging participants to be open during the discussions and use questionnaires to provide information that they were not comfortable to discuss.

A sampling strategy is usually employed as a control technique for variables and (Curtis et al, 2000 - in Christensen, 2007) suggested that a sampling strategy should be based on the following guidelines;

1. A sampling strategy should stem logically from the conceptual framework as well as from the research question being addressed by the study. In choosing the appropriate sampling strategy, the researcher was guided by the question; will the sampling

frame logically assist in gathering data focused on the hypothesis under investigation?

2. The sample should be able to generate a thorough data base on the type of phenomena under study.
3. The selected sample should also at least allow the possibility of drawing clear inferences from the data, allowing for credible explanations. From a qualitative design perspective, these inferences are referred to as internal validity or the degree to which one can be confident that changes in an outcome variable (effect can be attributed to a preceding variable [cause] rather than to other potential causal factors). In this inquiry, the sampling choice and decision facilitated the elimination of other potential causal factors.
4. The sampling strategy must also be ethical. Meeting this requirement for this study included seeking informed consent regarding participation from the subjects and their parents and guardians; explaining the risks and benefits of the study to the participants, their right to withdraw from participation at any time and the assurances that confidentiality was maintained.
5. Lastly, according to these guidelines, a sampling plan should be feasible. Will the researcher be able to access all of the data that will be necessary for the study? In ensuring that required data is collected within the scheduled time frames, the researcher posted consent forms to parents and guardians three weeks before the investigation and designed questionnaires and a focus group sequence to ensure that data would be successfully collected.

### **3.4 Sampling criteria**

In conducting an investigative study, the researcher should be specific about the criteria that define the population of participants (Polit & Hungler, 1999). The researcher employed purposive selection in order to identify youth within Newcastle and controlled for the potential effect of migration by selecting young women and men who had been living in the community for a minimum of three years, as highlighted below.

### **3.4.1 Sampling criteria for youth**

Subject selection for youth was through purposive sampling methodology. The researcher was guided by research objectives in chapter one to target 25 female and male youths aged between 15 and 24 years (15 females and 10 males) drawn from the community and congregation of Newcastle, Madadeni Uniting Presbyterian Church in Southern Africa. Purposive sampling was ideal for this study because it explores experiences of youth within the community of Newcastle. There were more female participants than males due to limited numbers of male youth within the church.

### **3.4.2 Sampling criteria for Coordinators**

The researcher also conducted in-depth interviews with 2 coordinators (one of them involved in a community abstinence/virginity promotion programme). These coordinators were purposively selected by virtue of their involvement and role in youth HIV/AIDS programs. Including a coordinator from the community programs provided insights into youth HIV/AIDS prevention programs outside the church.

### **3.4.3 Sampling criteria for the minister**

As a local minister of Newcastle Uniting Presbyterian Church, Rev. Vuyani Zepe is in the forefront of guiding an HIV/AIDS response within the congregation of Newcastle. The researcher purposely identified the minister as one of the participants in order to get a leadership perspective on the challenges related to promoting abstinence among the youth within the church.

## **3.5 Quantitative and qualitative research**

The study employed qualitative and quantitative data collection and analysis techniques through self administered questionnaires to collect data from 15 females aged between 15 and 24 years and 10 males (also aged between 15 and 24 years). This data was

complimented with information from a focus group discussion with the same group of 20 youth participants; structured to include sections addressing knowledge and attitudes on HIV/AIDS and abstinence from sex before marriage.

Structured interviews were also employed to collect data from the local minister and coordinators of the HIV/AIDS programmes within Newcastle. The interview format consisted of two sections: structured questions focused on HIV/AIDS-related knowledge and attitudes; and an open ended section addressing abstinence related issues. All sessions for the study were conducted in Zulu with the aid of female<sup>4</sup> coordinators to accommodate female participants and limit gender bias and its impact on the study.

This study combined qualitative and quantitative data collection methods to broaden the scope of attempting to understand abstinence related experiences for youth. Quantitative research provided detailed information on sexual experiences of youth, challenges they face in attempting to abstain and their attitudes and perceptions on what the church is or should be doing in empowering them to abstain. This data was complemented with reviewed literature to provide information from other studies on similar or related subjects.

### **3.6 Data collection methods**

Data collection methods employed for this study was in three categories namely; focus group discussions, questionnaires and structured interviews. These methods were employed to collect data from youth, HIV/AIDS coordinators and a minister in charge of the congregation in Newcastle.

#### **3.6.1 Focus group**

In complementing data collected through questionnaires and interviews for this study, the researcher held a focus group discussion with 25 youth aged 15 to 24 years. Initially, the

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<sup>4</sup> Considering the sensitivity of the subject of sex and the fact that some female youth may not be open to share their experiences with a local person, the researcher also sought assistance from his wife who is a trained counsellor and provided psychological support as needs arose.



researcher had planned to divide subjects into two groups consisting of 10-12 participants to increase participation and minimize raising voices, but there was a request to have one group so that all participants can benefit from contributions made by other youth. The researcher moderated the debate to ensure that everyone had the opportunity to contribute effectively. The group appointed a scribe to take notes of the discussion. According to one researcher (Schlecheter, 2009: 4) focus groups are important for informing the design and development of interventions. For this reason, the application of focus group as a data collection technique allowed the researcher to explore emerging issues in more depth and in less restrictive ways so that UPSCSA will design necessary interventions.

Data collection through a focus group discussion allowed for flexibility and direct quotations of the research subjects made it possible for the researcher to capture their experiences. Use of follow up questions to probe participants provided further clarity, thus deepening the investigation. In order to ensure a smooth discussion, the researcher studied questions before the sessions and employed creativity to stimulate participation.

### **3.6.2 Focus group sequence**

Having made prior arrangements to set a date for a meeting with participants, the researcher also sent consent forms to parents and guardians two weeks prior to the study and invited participants, booked the venue and prepared study material in advance. In order to have sufficient rest and time with the participants, the researcher travelled from Johannesburg on Friday afternoon for a session the following day on Saturday. On arrival, the researcher welcomed participants, thanked them for taking time to come and for their permission to take part in the study. The aim of the study was explained in detail and the researcher requested participants to sign consent forms and return signed forms from their parents or guardians permitting them to participate in the study.

The researcher also explained the purpose of the study and highlighted the contents for discussions explaining that they would have to share personal information, and that they had the choice to give consent or withdraw from the study at any time. Permission to

record the discussions on audio was also sought, but participants felt comfortable with writing down notes and not audio recording.

Ground rules for the discussion were discussed, written on the board and kept there as a continuous reminder of what we had agreed. These included switching off cell phones, respect for one another, allowing one person at a time to speak, talking loud enough for all members of the group to hear, repeating a question if it was not understood, clarifying a point if other members of the group needed clarity, accepting and respecting opinions of other people even when we do not agree with them.

### **3.6.3 Questionnaire**

The researcher designed a questionnaire for 25 subjects (15 females and 10 males) to elicit data from the subjects including their attitudes, perceptions and reactions to the church's response to HIV and AIDS. According to Numan (1982) in Kastande (2009), the questionnaire enables the researcher to collect data in field settings where data can be quantified to produce the responses required for analysis. In this study the questionnaire was administered to 25 youth participants to complement data from the focus group discussions.

### **3.6.4 Structured interviews**

Structured interviews were held with the local minister and two HIV/AIDS coordinators. The researcher had prepared questions for these interviews guided by the topic of the study. Appointments were made with the interviewees at a time that was convenient for them at the same venue after the focus group discussions with youth. The researcher thanked the coordinators and the minister in charge of the congregation for their time and explained the purpose of the study highlighting the dilemma that the church faced with regard to preaching abstinence from pre-marital sex to young people without an abstinence training program. These interviews also gave the researcher information about current leadership programs, attitudes and perceptions about HIV/AIDS and youth in the church.

### 3.7 Measures

The questionnaire elicited a wide range of variables including socio-demographic characteristics, family, sexual activity, alcohol and drug use, and HIV/AIDS information. Quantifying responses based on these measures provided the researcher with tools to assess the needs of youth to abstain from sex before marriage.

#### 3.7.1 Measurement of attitudes

In order to provide means for self reporting that allowed for measuring of attitudes, the study employed the likert scale technique in the questionnaires, to present a set of attitude statements in which subjects are asked to express agreement or disagreement on a five point scale.

According to Agustyn (2010) a likert scale is a method used in surveys which allows the researcher to quantify opinion based items by means of a scale. In this method, questions are grouped and rated based on a five point scale which ranges from one extreme to the other such as (1) very interested; (2) somewhat interested; (3) unsure; (4) not very interested; and (5) not interested at all. This is an example of how these opinions would appear on a likert scale format:

Very interested	Somewhat interested	Neutral	Not very interested	Not interested at all
5	4	3	2	1

This scale was the most appropriate to use in this research conducted because it seeks to quantify the responses through allocation of scores based on responses that strongly agreed with a positive statement or strongly disagreed with a negative statement. However, although this scale was employed in this study, allocation of scores to responses was slightly different in that uncertain (not sure) responses were scored zero while two points were lost for either strongly disagreeing with a positive statement or strongly agreeing with a negative statement.

### **3.7.2 Outcome variables**

The primary outcome variable was sexual status of the participants. Subjects were classified into one of three categories of sexual status: primary abstainers, or those who have never had sexual intercourse; secondary abstainers, or those who are sexually experienced but report no sexual activity in the preceding 3 months; and the sexually active, or those who reported the most sexual activities in the preceding 3 months.

### **3.7.3 Explanatory variables and hypothesis**

My main explanatory variables for sexual status were whether or not a participant has a boyfriend or girlfriend and whether they experienced any pressure from other people to abstain from sex. As a hypothesis, the researcher expected youth who were in romantic relationships to be more likely to be currently sexually active than abstaining, more likely to be recent than secondary abstainers, and more likely to be secondary than primary abstainers. Further to this hypothesis, the researcher expected youths who experienced pressure to abstain from premarital sex to be more likely to be living with their biological parents, and to be more likely primary than secondary abstainers, more likely to be secondary than recent abstainers and more likely to be abstaining than currently sexually active.

The study assessed these associations controlling for a number of socio-demographic responses from participants (respondent's age, schooling status at the time of the interview and living arrangements), behavioural experiences (membership in any club, whether they have used alcohol or drugs, whether they have ever talked about sex with a parent or guardian), and psychological or cognitive factors (perceived importance of religion in their lives, HIV/AIDS stigma, knowledge about anyone living with or who died from HIV/AIDS) known to influence adolescent sexuality.

### **3.7.4 Reasons for abstinence**

Sexually inexperienced and experienced respondents who did not report sexual activity in the 3 months preceding the survey were asked to state their reasons for abstaining. Responses to this question were used to examine differences in reasons for sexual abstinence among youth in different sexual abstinence categories.

### **3.8 Ethical considerations of the study**

Policy regarding confidentiality and anonymity with regard to matters related to HIV/AIDS has been considered in this study. Information collected from subjects was directly linked to individuals and participation in the study was voluntary and through informed consent. Participants were informed about the objectives of the study and the benefits to participants. Due to sensitivity of the information that was sought from respondents, care was taken to ensure that privacy and informed consent was sought from all participants.

### **3.9 Limitations**

By utilizing cross sectional data and employing the purposive sampling method, this study limited generalizability of findings within the context of Newcastle. The effects of other behavioural, psychological or socio-demographic factors require longitudinal studies involving time series designs. Importantly though, this study provided the church with guidelines that can be applicable to youth in any context.

This study defined abstinence as ‘not having sexual intercourse until marriage, regardless of whether or not the respondent has a current partner’, lack of agreement on a standard definition among those studying abstinence poses a great challenge on a subject already laden with myths that do not encourage open discussions on the subject of sex. As a result Marindo et al. (2003), note that collecting accurate and reliable information about young people’s sexual behavior is a difficult task. Because pre-marital sex is not socially accepted or condoned in most African communities, it is most likely to be under-reported in surveys

particularly among young women (Zaba et al., 2002 - in Marindo et al., 2003).

Further to these challenges, this study did not control for whether abstaining youth at Newcastle are currently in a romantic relationship, limiting the validity and reliability of findings. For abstinence to be practiced, some people might argue that an opportunity for sexual activity must occur that a person deliberately chooses not to take. In this regard, young people who are not sexually active because they do not have a partner or those living with strict parents may not necessarily be abstaining but lacking opportunities to engage in sex. The limitation that I am highlighting here is that for as long as the availability of a partner was not controlled for, the level of abstinence for sex among respondents reporting to be abstaining, may be over stated.

## **Chapter 4: Data analysis and findings**

### **4.1 Introduction**

According to Beck (1995) social scientists ponder possible explanations for the events observed and offer hypotheses. Explanations for these hypotheses are explained through data analysis, a process that has been described by some researchers (McMillan & Schumacher, 1993 in Katsande, 2009) as a process aimed at testing hypotheses, achieve research objectives and provide answers to research questions. Evidence for the existence of the scientific hypothesis is always obtained indirectly through a rejection of the null hypothesis: If you can reject the null hypothesis (that there is no relationship among the variables being investigated), then a relationship must exist among the variables (Christensen, 2007).

In this study the hypothesis offered for lack of abstinence from sex among young people was that youth who were in romantic relationships were more likely to be currently sexually active than abstaining. The researcher analysed data collected from the focus group discussion, questionnaires and interviews to draw inferences and test this hypothesis. Firstly, the findings from the focus group discussion were presented and analysed. Analysis of data from the questionnaires and interviews then follow, with a table providing summarised participant details and responses to questionnaires. In order to provide clear and summarised analysis of responses the information was presented through pie and bar charts to facilitate drawing conclusions and offer recommendations that are outlined in chapter five.

### **4.2 The focus group discussion**

The focus group discussion was designed with six questions to engage the 25 participants to investigate reasons for lack of abstinence from sex among youth at Newcastle Presbyterian church and seek their opinions about the church's promotion of abstinence from sex as a prevention strategy against HIV. The focus group discussion also sought to

investigate the kind of support that young people need to abstain from sexual activities before they are married. Participants were not comfortable with the request to record the discussion on audio and did not mind the researcher taking down notes through an appointed scribe.

Moderator:

*So, why do you think the church's emphasis on abstaining from sex until marriage is not a good prevention strategy for youth against HIV infection?*

All 25 participants (100%) agreed that the church's strategy of promoting abstinence from sex to prevent youth from HIV and other sexually transmitted diseases was ideal, but not relevant and effective. The participants cited lack of proper guidance from the church and parents, media messages that portray sex as a good thing to do and peer pressure that young people were placing on each other as major challenges that make it difficult for them to abstain from early sexual activities. As one participant put it; 'there is no problem with this strategy, it is just the influences we have; peers and media'.

One of the reasons identified for lack of abstinence from sex among youth were the legal rights prescribed for youth that 'give them too much freedom of choice'. For example, the participants alluded to the South African law which allows 12 year old teenagers the right to abortion, HIV testing and access to contraceptive and sexual health information without parental consent. According to them, life orientation programs offered at schools have more information about use of contraceptives than promoting abstinence from sex. As a result, the message that most youth seem to get is; 'protect yourself from HIV' and not 'abstain from sexual activities'.

According to one male participant, one reason for abstinence from sex not working for youth within the church was that 'boys want girls to prove their love for them through sex'. There was an agreement that some young girls offered sex to their boyfriends under pressure or coercion, as a way of keeping the relationship and avoiding the shame of being abandoned by their boyfriends.



*Moderator: What do you think young people should do if they cannot abstain?*

All 24 participants (96%) agreed that youth should use condoms for protection from HIV infection if they cannot abstain from sex. However, the group was concerned that most young people do not know how to use condoms; as a result some condoms break during use with sexual partners and this poses a health threat and increases the chances of getting infected with HIV. Other participants identified the need for use of combined strategies such as being faithful and sticking to one sexual partner while ensuring consistent and proper use of condoms to avoid the risk of contracting or spreading HIV and other sexually transmitted diseases.

However, subjects noted that ‘faithfulness’ was encouraged among married couples within the church and it may not be easy to get some leaders to promote faithfulness among youth. There was a concern that some church leaders may fear that encouraging youth to be faithful to one partner might be interpreted as giving permission for youth to have sex.

One female participant (4%) was opposed to the view of promoting condoms among young people arguing that sex was ‘ordained’ by God to be enjoyed in a marriage relationship. For her, there is a need for educational programs that will teach young people on the meaning and purpose of sex thereby help empower youth to abstain in the realization that they will enjoy sex at the right time. Such teachings will allow the church to promote family values where sex is practiced within a marriage context.

Further discussions led to a consensus on the above observations. However, some participants cautioned that youth are living double standards; they say one thing at the church and do another different thing out there. There was an agreement that young people have a tendency to pretend they take what is said by parents and adults at church seriously, but have their own way of living life when they are alone at school and other public places. To put it in one male participant’s words ; “youth take what is said by parents and adults at church, but have their own way of living life when they are alone at school and other public places”. We therefore need to be careful when we emphasize what the church

teaches because young people do not always practice that.

*Moderator: What should the church do to help young people to abstain from sex until marriage?*

On what the church should do to help young people to abstain from sex until marriage participants identified the need for the church to continue teaching and promoting abstinence from sex among those who are not married including youth, but also find ways to move beyond promoting abstinence and consider the risk of those already sexually active. One male participant warned that such programs will only be possible if the church ‘breaks its silence’ and acknowledge that there are sexually active young people within the church and allow open discussions on the subject of human sexuality.

*“Do your parents tell you to abstain from sex until marriage? If not, what do they tell you?”*

Concerning the role of parents in promoting abstinence from sex and openly discussing sex related matters with youth, 2 out of 25 (8%) participants concurred that they had an open relationship with their parents in which they talk freely about sex. They explained that although the conversations are not directly about sex, parents often offered advice on dating and protection from HIV. The rest of the participants (92%) indicated that they never had sex conversations with their parents. If anything was ever said, these were negative statements triggered by questions such as; where were you until so late? Who is going out with you? (this was asked when they sought permission from parents to go out with friends in the evenings). The majority (92%) pointed out that parents never discuss sex related matters with them and only talk about HIV/AIDS when young people came home late. One female participant gave an example of a statement; ‘where were you? You will die from AIDS’.

It was also noted that most parents were not sure about which age group needed sex related information and had the perception that talking to young people about sex encourages them to get sexually involved. As a result, parents avoid talking about sex to young people in an informative way at home and do not realize that in public places young people get bombarded with mixed messages through the media. The positive realization was that

some parents are willing to have this open dialogue on sex with their children, but they are not sure what to talk about and how to do it. There is a myth that talking about sex to your child will encourage him/her to get sexually involved.

### **4.3 Discussion**

The reasons cited in the focus group discussion for lack of abstinence from sex among young people within the church included peer pressure, lack of proper guidance from parents and church, mixed information from the media and legal rights that give young people the freedom of choice. Youth have to contend with these challenges in order to avoid risky sexual behaviour, but they need guidance. As one participant said, “it is not so easy, sometimes we are confused”. It came out clearly that young people get very little support and guidance against a background of the media propagating messages that portray sex as a ‘cool’ thing to do. As a result, young people were under pressure to get into risky sexual relationships.

The researcher concurred with the participants that the media has a very negative impact on abstinence from sex since commercial advertisements and internet have information that depict sex as the right thing to do, especially through pornographic material (readily available to young people through internet), movies and films that propagate romantic messages in a context where parental guidance is minimal or not effective. The majority of youth participating in the study expressed concern for lack of proper parental guidance pointing out that parents do not seem to understand their role in addressing the challenges that young people face, especially when it comes to sharing accurate information on the subject of human sexuality.

It was also interesting to learn that most parents talk to their children about sex only when they are confrontational and suspect that their children are sexually involved. The researcher also has such teenage experiences which are a result of African cultural practices where it was considered a taboo to talk to your parents about sex. Girls would be expected to seek advice from aunts while boys learn from grand fathers or uncles. Unfortunately, with a breakdown of family ties and values as a result of migration and

globalization, such family support systems have been destroyed.

It is therefore clear that most parents still find it difficult to openly talk to their children on the subject of sex and provide accurate information a result of these cultural perceptions based in the African world view. As a result, young people are left confused and sometimes not sure what to do. But as noted by the UNAIDS (2008) former Director, we have a choice to make: leave children to find their own way through the clouds of partial information, misinformation and outright exploitation that they will find from media, the internet, peers and the unscrupulous, or instead face up to the challenge of providing clear, well informed, and scientifically-grounded sexuality education based in the universal values of respect and human rights. Given this challenge, the church should realise that the cost of providing comprehensive sexuality education can not be compared to the value of our children and we must prevent young people from contracting HIV and radically shift the trajectory of the epidemic.

Considering that most of the participants cited lack of parental guidance as a major challenge preventing early sexual activity, it is suggested that the church should develop programs to equip parents and youth leaders with skills to engage young people in discussing sex related topics. The researcher is aware that some church leaders are not comfortable with the discussions on sex and condoms within church programs, but there is a need to allow community based organisations to work with the church and conduct such initiatives as a way of addressing sexually related challenges faced by young people. It is also suggested that ministers and elders who find it difficult to address youth on the subject of abstinence from sex and sharing information on prevention from HIV infection should create a platform for those willing conduct such programs to do so without hindrance.

#### **4.3.1 Talking to youth and children about sex**


From the findings of this study, it was also noted that some parents are willing to talk to young people about sex but do not have adequate skills. Yet, in the context of HIV and


AIDS, talking to children about sex is very important. Parents need to understand that it is a myth that sex talk encourages sexual experimentation; there are studies (Hayes, 2010) which show that promoting abstinence from sex until marriage has been successful in delaying sexual activity among youth and concur that young people are more likely to postpone or delay having sex if they get the right information from a loving and trusting parent. It is therefore important to address these myths and ignorance through sharing accurate information at the right time. But when exactly is the right time to talk to young people about sex?


#### **4.3.2 When to start talking to young people about sex.**


In my findings from the focus group discussion, I have already indicated that youth raised a question about the timing of the appropriate age in discussing sex related issues as one dilemma that parents are faced with. According to one expert on parenting (Drum, July 2010), talking about sex to children should start as early as possible, usually between five and six years when they are attending pre-school. At this stage they are exposed to some children who may have more information about sex. Parents need to be on the look out for signs such as curiosity about sex, asking questions or becoming shy or embarrassed about intimate gestures such as if you and your partner hugging or kissing in front of them, or if they see people embracing on television. As Tshidi (Drum, July 2010) further explained, children learn about sexuality from how we hold them, talk to them and teach them about their own body parts, so they are far more receptive to sexual behaviour than we assume, and we must not wait until it is too late.


It is important that Sunday school and youth leaders take these observations seriously and develop mechanisms to offer guidance to those under their care. Although some tips presented below relate to children younger than those who participated in this study, they are presented in the realisation that it is essential for youth to learn about sexual behaviour at an early stage before it is too late. For this reason, it is suggested that parents, youth leaders and Sunday school teachers should consider the following tips on how to talk to young people about sex:


 Be prepared to answer any questions your child may have. This means you have to be well informed.


 Find out what your children know about sex. Be honest and direct when talking to them and use proper names for sex organs to avoid misinterpretation.

 When talking to children between six and nine years old, it is often useful to use a book about sex that is appropriate for their age group.

 Discuss the emotional side of sexual intimacy with older children. The participants in this study need information on this emotional aspect of sexual intimacy. Admit that sex can be pleasurable in mature and responsible relationships, but point out that it is complicated to deal with sex for a teen who becomes sexually active early. Remind them that it is their choice to decide when they are ready and not to give to pressure from a boy or girlfriend.

 For adolescents, talk to them about pregnancy and the risk of contracting sexually transmitted diseases and HIV infection.

 Encourage them to abstain from sex until marriage but also inform your teen that protection such as condoms and female contraception can prevent pregnancy and infection from sexually transmitted diseases and HIV.

 Keep the lines of communication open and always be available to give advice and guidance. In African culture it is a common practice that we do not want to talk to children about sex, but the challenges that they face require a paradigm shift from parents in order to offer meaningful guidance to teenagers in the face of HIV and AIDS.

#### **4.3.4 Topics to be covered in sex education and guidelines for engaging young people on sex.**

In meeting one of the objectives of this study, the researcher also used data collected to develop guidelines for teaching young people about sex and helping them to be confident about their sexuality, as a gift from God.

There seems to be a huge gap between what some of these youth know and what they practice. The information at their disposal has not been adequate enough to translate into behaviour change. This finding concurs with the observations made by Harrison et al. (2000) who argue that while behaviour change is the only best way of limiting the spread of HIV, it can not be assumed that simply providing information and changing people's attitudes will be enough to change their behaviour. According to these researchers, there is a need to compliment information dissemination and changing of attitudes, with interventions aimed at imparting skills, and that "seek to understand and address the context of people at risk" (Harrison et al. 2000:286).

It is therefore suggested that the church's youth behavioural change programs designed to promote abstinence from sex should aim at building self esteem, self control, decision making, making a virginity pledge, goal setting, character building and improving communication skills. These topics should also provide young people with the following practical skills:

- Instil among youth a positive perception about their bodies and their own sexuality.
- Teach young people how to take care of their sexual health including providing information on contraceptives, pregnancy, sexually transmitted diseases and HIV prevention.
- Emphasize family and Christian values and help young people to uphold their personal values and develop strong spiritual and moral values.
- Develop young people's self esteem and self confidence so that they can assert themselves in situations where they feel sexually vulnerable and uncomfortable. Proper parental care and love play a huge role in this part. Parents should be encouraged to tell their children how much they care for them and share the dreams they have for their future.
- The church and parents at home should also teach young people that irresponsible sexual actions have consequences and cite practical examples such as

school drop-outs and young girls raising children alone to help young people set goals in life.

- Parents, church leaders and youth workers should earn the trust and respect of youth under their care (as role models of good behaviour). By achieving this, youth will feel comfortable enough to talk to them about sex.
- Parents and church leaders should also teach young people about how information in the media, including televisions, internet (especially pornography) and use of cell phones can be used to coerce youth into having sex. This will help youth to be more informed and carefully choose what they watch on television and the rest of the media.

#### **4.3.5 Planning youth HIV/AIDS awareness activities in the context of Newcastle.**

During the focus group discussions, the researcher observed that there was reluctance at the beginning of the discussion among participants to openly talk about sex. Re-phrasing questions and using the language (Zulu) they were comfortable with made it possible for participants to engage. A provision was also made for them to share information on their sexual experiences in an anonymous questionnaire. This observation concurs with the findings of Madlala (2001) who also noted that there are important consequences of virginity testing or openly declaring one's sexual experience which need to be taken into consideration when promoting abstinence from sex among youth, particularly in Kwa-Zulu Natal. Depending on whether the girl in question is a virgin or not, some participants feared that parents may get to know about their sexual status and scorn them for failing to maintain their virginity.

According to another study (Weiss et al., 1998 – in Gupta, 200) on abstinence from sex among youth in cultures where virginity is highly valued, research has shown that some young women practice alternative sexual behaviours, such as anal sex, in order to preserve their virginity, a practice that exposes them to increased risk of infection from HIV. The authors suggested that because of strong norms of virginity and the culture of silence that surrounds sex, accessing treatment services for sexually transmitted diseases can be highly



stigmatizing for adolescent and adult women. These observations could be an explanation for some participants being shy and reluctant to engage in the discussion and such fear is worrying because these young people may not readily seek help or access available health services.

Therefore, in attempting to promote abstinence from sex and virginity as means of prevention from HIV and other sexually transmitted diseases among young people in Newcastle Kwa-Zulu Natal, the church needs to create a safe space for young people to come out openly and address risks and stigma associated with strong views on abstinence. In promoting these values, we need to be careful not to discourage sexually active youth from accessing available health services, including use of condoms.

Youth leaders developing youth HIV and AIDS programs designed within the church should therefore consider the following suggestions:

- Ensure that parents do not always attend youth workshops to allow young people to openly talk without fear.
- Encourage open discussions, promote peer education and employ participatory approaches.
- Avoid always telling the youth what to do, instead seek their opinions and involve them in planning and conducting activities aimed at supporting them.
- Provide specific and accurate information about how HIV is spread and how it can be prevented, explaining that it can not be cured although treatment is available to improve the body's immune system.

#### **4.4 Analysis of data collected through questionnaires**

In order to compliment data collected through a focus group discussion, the researcher also distributed a pre-designed questionnaire for 25 subjects (15 females and 10 males) to elicit more information from the subjects including their sexual experiences, attitudes, perceptions and the role of parents in their sex lives. Questionnaires were distributed to

participants immediately after the focus group discussion and participants were given 30 minutes to respond to the 16 questions. Respondents handed back completed questionnaires to the researcher and this section highlights findings from this data.

#### **4.4.1 Participants information in questionnaires**

The information collected through questionnaires show that 18 out of 25 youth (72%) were in the middle age group of 16 to 21 years while 7 of them (28%) fell into the 21-24 years age group. Of these 25 participants, 15 (60%) of them were females while 10 (40%) were male youth. The reason for inclusion of more female than male participants was influenced by the demographics within the Uniting Presbyterian church, in Newcastle like most UPCSA congregations there are more females than male members in all age groups.

The response rate for questionnaires was 24 out of 25 (96%) with one of the subjects handing in an incomplete form. The response rate made it possible for the study to continue given the fact that collected data was more likely to provide objective and diverse information, as required for the validity and reliability of any scientific social study (McMillan & Schumacher, 1993 in Kastande, 2003).

#### **4.4.2 A summary of data collected through questionnaires**

The first six statements on the questionnaire (questions 1-6) were designed to analyze participants' social and demographic information including family economic status, level of education, use of drugs and HIV/AIDS related information.

Statements 7 to 10 sought to determine if participants were involved in romantic relationships and measure the number of times they had sex in the three months preceding the study. This section also attempted to establish whether subjects that were sexually involved used condoms in their encounters or not. Finally, statements 11 to 16 were designed to measure the attitude of participants towards the church's promotion of abstinence from sex among youth as a prevention strategy against HIV infection and

explore suggestions on what they think the church needs to do in providing support.

The responses for these statements were examined and analyzed as follows: firstly, a table with summarized responses was presented and responses analyzed separately then summed up to create a score for the participants. These responses were treated as interval data for measuring the variables in the discussion. The data from the scales were then reduced to nominal levels by combining all positive and negative responses or agree and disagree responses into two categories of accept and reject. The combined responses were then used to explain the reasons for lack of abstinence from sex among the youth and establish their opinions on the kind of support they need to abstain from pre-marital sexual activity.

The following table below presents a summary of participants' details and responses.

***Mean Age of the participants: 16.64 years***

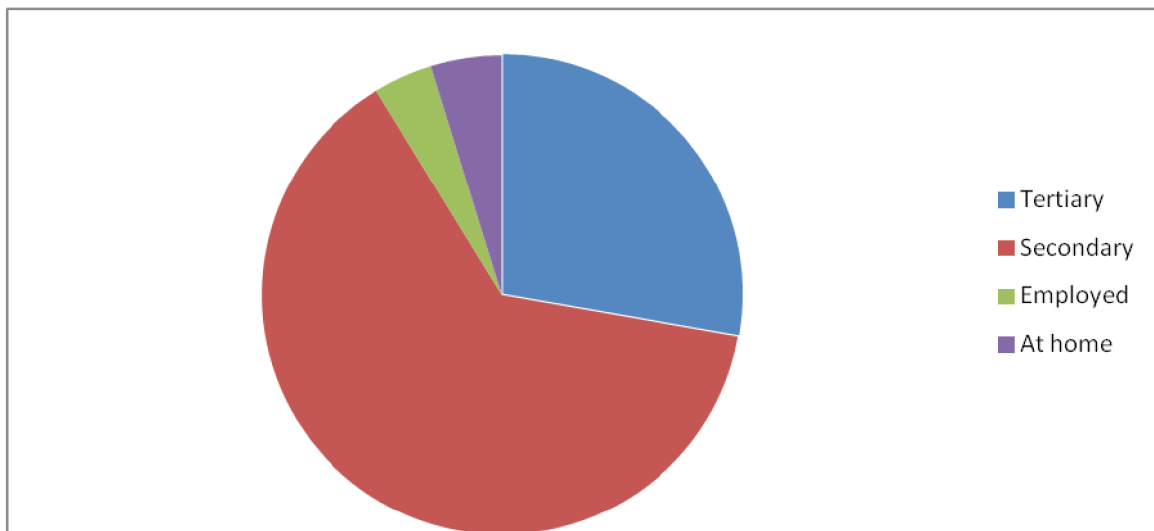
**Figure 4.1 Table of summary for demographic information of participants**

Respondent Number	Age	L /E	In romantic relationship	Number of times had sex	E/S	D/A	H/L	G
1	22	Tertiary	yes	5	student	no	Zulu	M
2	22	Tertiary	yes	2	student	yes	Zulu	M
3	15	Grade 8	no	0	student	no	Zulu	M
4	16	Grade 10	yes	0	student	no	Zulu	M
5	20	University	no	0	student	no	Zulu	M
6	16	Grade 10	yes	4	student	no	Zulu	M
7	16	Grade 9	yes	1	student	no	Zulu	M
8	17	Tertiary	yes	1	student	no	Zulu	M
9	22	Tertiary	yes	10	student	yes	Zulu	M
10	17	Grade 11	no	0	student	no	Zulu	M
11	19	Tertiary	Yes With child	6	employed	yes	Zulu	F
12	24	Tertiary	no	0	student	no	Zulu	F
13	15	Grade 9	yes	2	student	no	Zulu	F
14	15	Grade 10	no	0	student	no	Zulu	F
15	16	Grade 11	yes	0	student	no	Zulu	F

16	15	Grade 9	yes	0	student	no	Zulu	F
17	18	Grade 12	no	0	student	no	Zulu	F
18	20	Tertiary	yes	3	student	no	Zulu	F
19	16	Grade 10	yes	4	student	no	Zulu	F
20	16	Grade 10	yes	0	student	no	Zulu	F
21	22	Tertiary	no	0	unemployed	no	Zulu	F
22	15	Grade 9	yes	0	student	no	Zulu	F
23	19	Tertiary	yes	0	student	no	Zulu	F
24	18	Tertiary	yes	2	student	no	Zulu	F
25	21	Tertiary	yes	1	student	no	Zulu	F

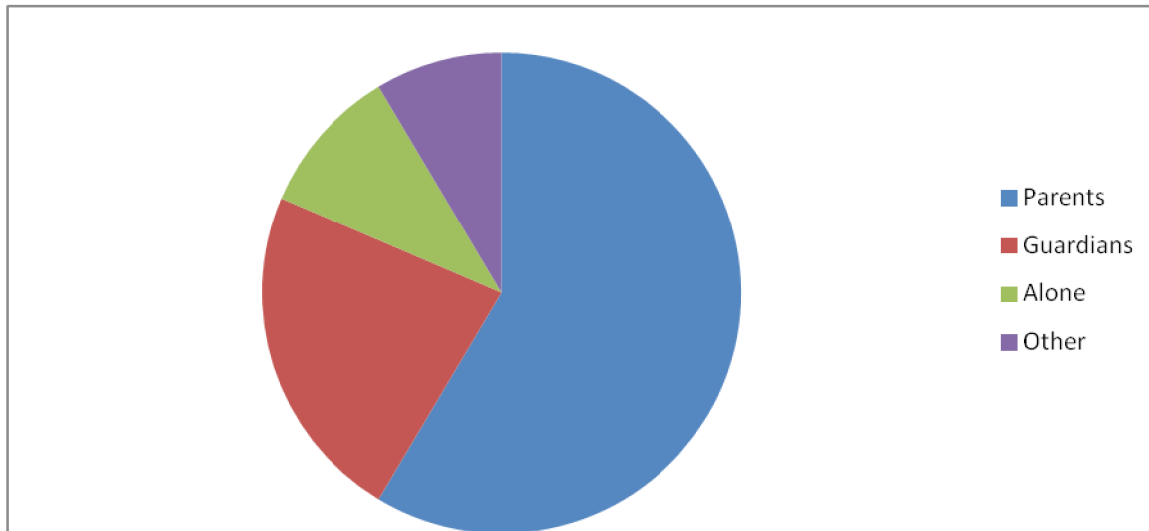
*LE=Level of education; E/S= Economic Status; D/A=Drug or Alcohol use by participant before or family member; HL=Home Language; G= Gender*

**Figure 4.2 Pie chart for statement 1 (level of education)**



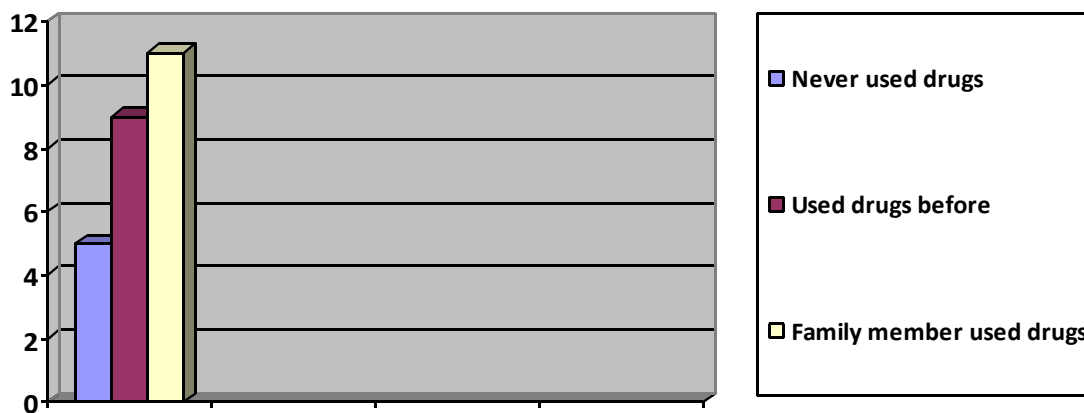
An assessment of the level of education for participants in the study was done. Figure 4.2 above indicates that 63% of these youth were at secondary education and studying towards Metric exams, while 28 % of the participants were already doing tertiary education at colleges or universities. All participants studying at college and university reported sexual activity in the past three months preceding the study.

**Figure 4.3 Pie chart for statement three**



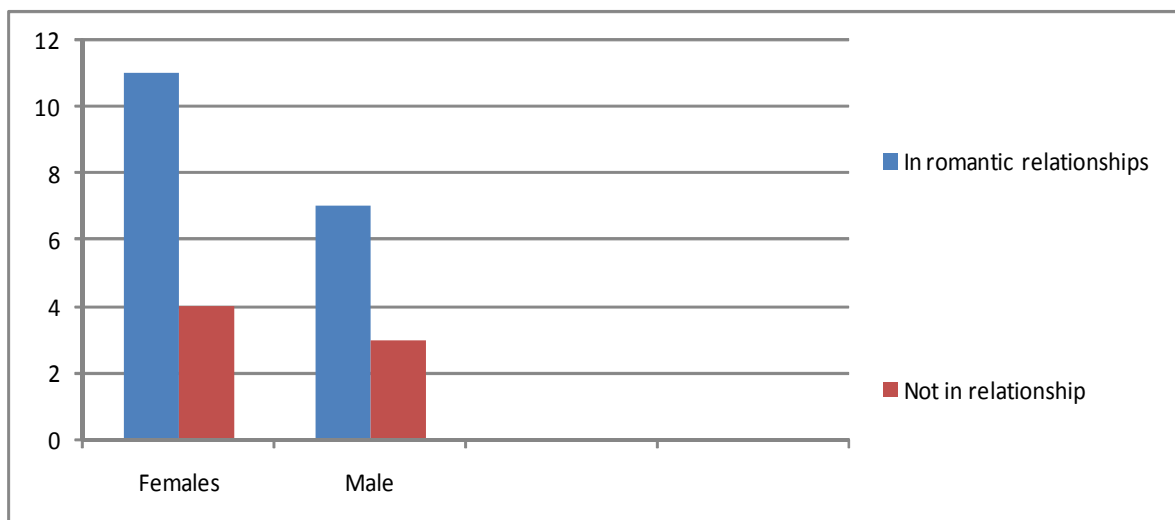
There are several socio-demographic variables that were also measured. Question three sought to determine whether youth who live with both parents are less likely to be sexually active. Figure 4.3 above show that 18 of the respondents (60%) live with both parents, 30 % (5 subjects) live their guardians, 10 % live alone (this is the category of youth studying a colleges and universities) with 10% switching between home and friends or relatives. The category of youth reporting more sexual activity fell among those at college and university followed by those spending more time with friends or relatives.

**Figure 4.4 Bar chart- summary of responses to question 5 (drug use)**



A history of drugs or alcohol by subjects or within their families was determined to establish if there was any link between use of drugs and sexual activities among the youth participants. 11 respondents reported use of drugs within the family, 9 of the participants had used drugs at the time of the study and only 5 reported that they had never used drugs. Participants who recorded a higher frequency of sexual experiences also reported using drugs. This finding suggests a link between high sexual activity and drug or alcohol abuse among youth. This is a worrying trend considering that these are youth within the church, statistics may be higher among young people who grow up in broken families and do not get religious instruction.

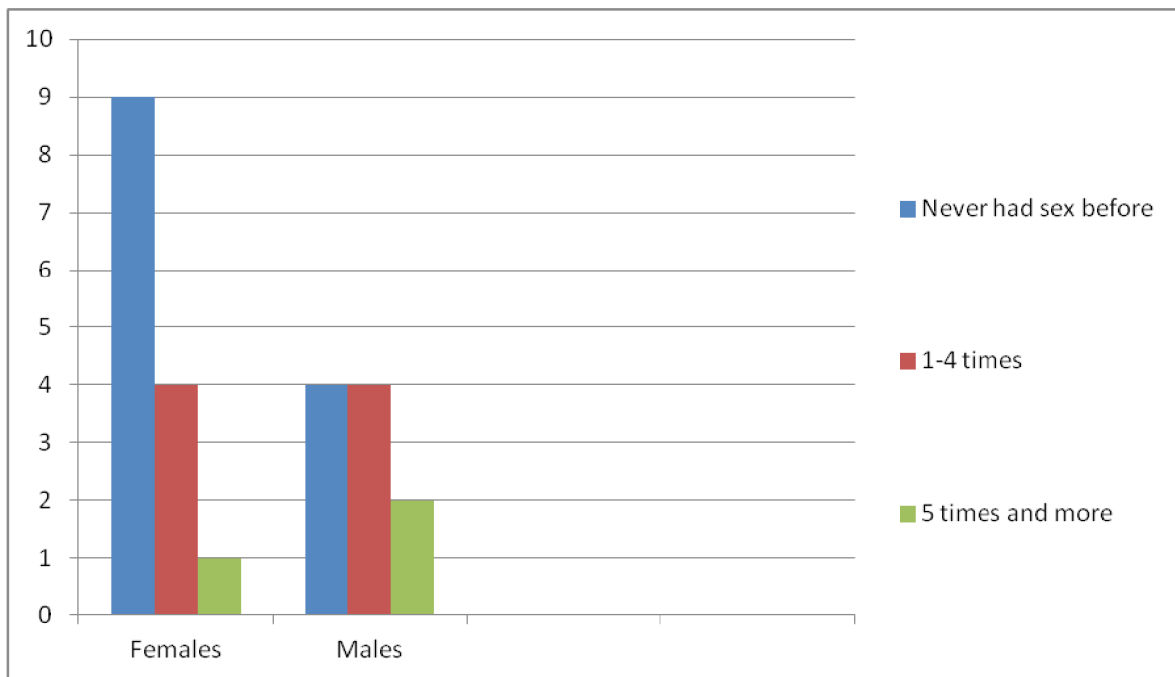
**Figure 4.5 Graph indicating relationships status**



One variable was sexual status of the participants. Question 6 was designed to determine

sexual status of respondents and question 7 sought to establish whether the participant had sex in the last three months preceding the study. Figure 4.5 shows that 11 out of 15 female participants were in romantic relationships while 7 male participants reported being in romantic relationships.

**Figure 4.6 Number of times participants had sex**

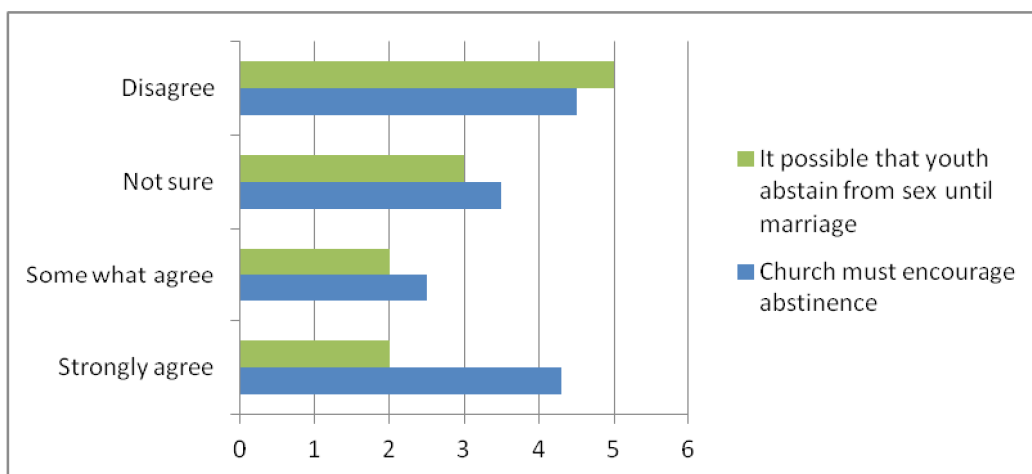


Of the 11 female and 7 male subjects who reported being intimately involved, 5 males and 6 females reported sexual activity in the last three months preceding the study. As reflected in figure 4.6 above, the number of times participants had sexual intercourse in the last three months preceding the study is higher in males than females. 9 female participants reported that they had never had sex compared to 4 male participants who also reported no sexual experience. 1 female and 2 male participants reported sexual activity more than five times. Of these sexually active youth respondents, 2 female participants reported having sex without a condom (one of them has a child and was in an abusive relationship).

The researcher also found out that a female participant who already had a child reported the highest frequency of sexual activity than the rest of the subjects. These findings suggest that there is a need to separate youth according to their sexual status and

experiences so that relevant support can be provided. It is suggested that the church should consider this observation in planning programs aimed at providing support to youth within the church. We should avoid a ‘one size fits all’ approach because the needs of these young people differ.

**Figure 4.7 Bar chart for statement 14 and 15**



A summary of statements 14 and 15 of the questionnaire sought to assess the attitude of participants towards the church’s promotion of abstinence as a prevention strategy against HIV, pregnancy and sexually transmitted diseases.

## 4.5 Discussion

According to Beck (1995) the variables under investigation must be measured before any hypothesis can be tested (Beck, 1995). For Beck (1995), a variable is simply something that varies in value, with an ‘effect’ commonly referred to as the ‘dependent variable’, generally labelled ‘Y’. A possible ‘cause’ is referred to as an ‘independent’ variable with the label ‘X’. In this study the dependent variable of abstaining from sex was measured by the number of times the participants had sex in the last three months. Table 2.1 (column NS) and figure 4.6 shows the number of times each participant had sex in the last three months. A perfect score was zero, and only 4 male and 9 female participants out of twenty



five participants attained this score, as indicated in the table.

Although during the focus group most participants demonstrated knowledge of condoms for prevention against HIV, pregnancy and sexually transmitted diseases, the researcher was concerned about two female participants who reported sexual activity without use of condoms in their questionnaires. This is very disturbing considering that Kwa-Zulu Natal is one of the provinces most affected by HIV and AIDS. There is an urgent need for workshops that will teach the sexually active youth how to prevent themselves from HIV and sexually transmitted diseases. An important observation on the efficacy of abstinence has been made by an organisation called YouthNet (2003) who warned that youth may not practice abstinence perfectly, just as they might not use condoms consistently and correctly. These views concur with the inconsistent use of condoms by youth at Newcastle.

What the findings of this study also demonstrate is that some youth within the church are at the risk of getting infected with HIV. It is therefore important to consider that some researchers have warned that promoting abstinence from sex until marriage have been successful in delaying sexual activity among youth (Hayes, 2010), but not helping them in the long term. There is a need for complimentary messages to prepare young people for safe sex practices when they become sexually active even when they may be practicing abstinence.

It is therefore suggested that church programs promoting abstinence should take the experiences of youth who are sexually active seriously and provide them with information on condom usage in a targeted way. It is also essential that we acknowledge the impact of risk and vulnerability factors such as poverty and unemployment that drive the epidemic to address the challenges youth face through separate workshops targeting those who are sexually active. This suggestion is offered because one female participant who had unprotected sex currently depends on the father of the child for financial support. As a result, she can not say 'no' to sex without a condom when this man working and living in Johannesburg comes to Newcastle.

What also came of clearly is that reasons for abstaining from sex differ among youth. For example one respondent made biblical reference to cite ‘God’s divine purpose to argue that sex should be enjoyed in a marriage relationship’. This confirms that different groups have to be targeted for different support because their needs to abstain differ. Youth who are sexually active should be provided with information on prevention from HIV/AIDS, STIs and pregnancy. As McKee et al. (2004: 120) have rightly noted, a well designed and balanced approach to prevention messaging is required when targeting young people and such programmes need to promote condom use in a targeted way to those who are sexually active.

The risky behaviour of young people must be well understood by educators seeking to work with youth at Newcastle. For example, in places where HIV/AIDS is prevalent, Harrison et al. (2000) have questioned the efficacy of relying on the theory of reasoned action model and the health belief model for preventing the spread of the disease. Both models are founded on the cognitive behavioural theory that places emphasis on the individual as a “rational actor in altering behaviour” and therefore based on the assumption that providing the correct information will set in motion cognitive processes that result in changes to peoples’ attitudes towards sex and HIV/AIDS, and that these changes will in turn translate to sexual behaviour that reduce the risk to HIV infection.

Dealing with attitudes and perceptions of the youth at Newcastle is not enough and if behaviour change will be seen in them, it will be because the church has explored interventions that go beyond information sharing, moving further to address contextual challenges such as the sexually explicit media and cultural myths that do not encourage open discussions about sex.

Despite the revelations that confirm sexual activities among the youth within the church at Newcastle, it was encouraging to find that there are 9 out of 15 (60%) of the female participants who reported that they have never had sex before. It is important that the church continues promoting abstinence from sex among youth. However, these programs aimed at empowering youth to abstain should have clear objectives and topics that include

character building, benefits of delayed sexual activities, prioritizing career development and building high self esteem.

## **4.6 Interviews**

### **4.6.1 Discussion**

One of the objectives of this study was to identify gaps between Newcastle HIV/AIDS programmes and the needs for abstinence training for youth. During interviews with the minister and HIV/AIDS coordinators it was reported that the congregation had two awareness workshops with youth aimed at disseminating HIV/AIDS prevention information. Through these workshops, facilitators from Soul City<sup>5</sup> were invited and taught HIV prevention methods including use of condoms.

The minister took advantage of the annual Word Aids Day and used the pulpit not just to raise HIV/AIDS awareness and promote abstinence from sex or faithfulness among married couples, but also to encourage voluntary counselling and testing (VCT) and mobilize support for people living with HIV/AIDS including caring for orphans and widows. The congregation has an outreach ministry in the near by primary school where they provide lunch to 200 orphans every Wednesday during the school term. There are two orphans at the same school that were adopted by the HIV/AIDS Committee and the congregation provides uniforms, school fees and monthly groceries for them.

It was therefore encouraging to note that although some congregations within the UPCSA had done very little to address HIV/AIDS, Newcastle congregation has partnerships with Soul City to teach youth about condoms. Information provided by the local minister and coordinators show that HIV/AIDS workshops targeting youth provided basic information about HIV and how they should protect themselves from being infected, including encouraging use of condoms. Such efforts are commendable and need to be encouraged in other parts of the church. The UPCSA like other churches has been effective in addressing

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<sup>5</sup> Soul City is a South African government funded organisation working with youth to address HIV/AIDS

the spiritual and other social needs of young people such as providing educational support, but the church has not done enough to break the silence on issues related to human sexuality, choosing to be culturally sensitive.

In order to build on these efforts and address the needs of youth in empowering them to refrain from risky sexual behaviour, it is suggested that Newcastle congregation also develops programs for parents to help them bridge information and communication gaps with youth. Such programs should consider the tips for sex talks that have been suggested in this study and encourage open relationships where young people feel free to talk to their parents about sex. It is equally important to realise that the challenge of HIV/AIDS can not be addressed through a single intervention, but we need to come up with creative initiatives and that will help us to address risk and vulnerability factors that fuel the spread of HIV such as poverty and unemployment.

According to the National Campaign to Prevent Teen and Unplanned Pregnancy (NCPTUP) a non-profit organization based in the United States of America, it is unreasonable to expect any single intervention, curriculum or program to solve the teen problems (Hayes, 2010). For this organization, true and lasting progress requires not only good programs in schools and communities, but also supportive norms and values, informed and active parents, good health services, a positive media culture and more.

The above observations indicate that there is a need to address the concerns raised by youth regarding lack of parental guidance, a need for positive messages through the media and build up supportive communities with values that promote delayed sexual initiation among young people.

Although virginity testing practices are prevalent in Kwa-Zulu Natal, a community based HIV/AIDS Counselor and Coordinator pointed out that the practice is very rare in urban areas. Most of the young people participating in the annual ceremony to promote virginity among young girls involve people from rural communities. According to the community worker, youth in urban areas were more vulnerable and exposed to negative media than

those in rural areas due to increased access to electronic and print media. During the interview, the community based coordinator cited strong cultural values and more parental guidance in the lives of youth at rural areas as a major reason for youth in rural communities delaying sexual activity as compared to urban youth who get sexually active at an early stage. She attributed this to what she termed, 'civilization' in cities where youth are exposed to more western influence than African values.

#### **4.6.2 Use of condoms**

Information collected through focus group discussion, questionnaires and interviews show that most participants and coordinators, including the pastor were in agreement that youth should be encouraged to use condoms for protection if they cannot abstain from sex. Although there were concerns about ignorance concerning the use of condoms leading the breaking during use, there is an indication that the leadership at Newcastle is willing to meet the practical need of youth. It may also be necessary to explore the need for promotion of condoms together with encouraging faithfulness in sexual relationships so that youth should stick to one sexual partner.

#### **4.6.3 Teenage Pregnancies**

One of the challenges that have been identified as a weakness for the Uniting Presbyterian Church's emphasis on abstinence from sex among the youth within the church has been a rise in teenage pregnancies. This has been evidenced by most youth disappearing when they get pregnant and re-surfacing at a latter stage when they have given birth. The researcher indicated that this phenomenon is observed clearly during preparation for baptism when young adult mothers attend classes to bring their babies for baptism. These concerns were confirmed during the focus group discussion with participants pointing that the numbers of pregnant youth would be very high if it was not for South African laws on abortion.

These findings raise questions about the accuracy of information presented by the participants. Some participants could be lying about their sexual experiences because no one can confirm without a virginity test. For example some researchers have questioned

the validity and accuracy of young people's claims about their sexual experiences, there was enough evidence to show that promoting abstinence among the youth has positive results and can prevent early sexual activity.

#### **4.6.4 Peer education**

Given the fact that HIV/AIDS education generally compels adults to teach young people about sex – a subject the researcher indicated that it is most difficult to handle in African communities due to cultural sensitivity, it is important that young people are encouraged to address these challenges among themselves. Employing the strategy of peer education is essential for HIV prevention because it is cost effective and has a great potential to influence the knowledge and attitudes of young people. It is suggested that Newcastle congregation should provide training for youth peer educators acknowledge the following challenges:

- That although the church preaches abstinence from sex, some young people are sexually active. These findings require a paradigm shift because the church assumed that young people are not sexually active or imposed on the youth that they stay away from sex before marriage. It is hoped that the findings from this study will help the UPCSA to develop pragmatic responses to these challenges and engage the youth in a more practical and effective way.
- Secondly, the fact that youth are getting pregnant means that they are having sex without using condoms to protect themselves from pregnancy and infections from HIV or other sexually transmitted diseases. The UPCSA should, through this study, understand risk and vulnerability factors that drive practices of young people and develop meaningful interventions to close the gap between what is taught and what young people practice.

### **Chapter 5: Conclusions and recommendations**

#### **5.1 Conclusions**

What came out clearly in this study is that youth who are in romantic relationships are more likely to be sexually active and not abstaining. Sadly, some of these young people are not using condoms to protect themselves from HIV infection. There is therefore a close relationship between being in a romantic relationship, and increased chances of having pre-marital sex. Further to this conclusion, it came out that some youths who experience pressure to abstain are doing so because of strong religious convictions and may find themselves at the risk of infection if religious convictions discourage them from learning about safe sex practices. The research determines that the abstinence only approach is not enough to address the needs of youth in preventing them from HIV infection.

The study concluded that there is a need for a comprehensive approach to sex education that will promote condom use in a targeted way to young people who are sexually active, in order to provide them with relevant prevention information.

Further to these findings, the study also found out that youth within the church lack informed parental guidance on matters related to sex due to perceived cultural sensitivity. The researcher provided guidelines and tips for sex talks to promote open conversations between parents and youth and allow young people to openly seek advice concerning sexual decisions and choices.

Finally, it also came out that youth who reported high sexual activity also reported drug and alcohol use an indication that the church needs to be actively involved in conducting programs aimed at addressing drug and alcohol abuse among youth as a way of reducing risk and vulnerability to HIV and AIDS.

## **5.2 Recommendations**

It is suggested that programs that teach youth to abstain from sex should consider the experiences of youth who are sexually active so that the church can provide them with

relevant prevention information. It is also essential that we consider the risk and vulnerability factors that influence youth to be sexually active and enable them to live HIV safe and healthy lives. Emphasis should not be placed on abstinence from sex as this approach is limited and does not equip young people with skills to protect themselves from HIV, pregnancy and sexually transmitted infections if and when they decide to have sex.

It is further recommended that in developing HIV/AIDS interventions for young people the church should consider approaches that are based on and informed by evidence. As cautioned by other researchers (Collins et al., 2002), placing emphasis on an approach that teaches abstinence from sex as the only strategy to sex education for all young people will likely have serious unintended consequences by denying young people access to the information they need to protect themselves. Although there are youths who have been able to successfully abstain from sex at Newcastle UPCSA, it may not be effective to impose this approach on all youth because we will be placing the majority of them at the risk of being infected with HIV and other sexually transmitted diseases.

In developing abstinence training programs it is also important to ensure that the rights of young people are not violated and girls are protected from vulnerability. Caution is needed to ensure that the focus is not only on girls, thereby ignoring boys who are equally responsible for promoting prevention.

### **5.3 Guidelines and topics to be covered to empower youth to abstain from sex**

It is therefore suggested that the church's youth behavioural change programs designed to promote abstinence from sex should aim at building self esteem, self control, decision making, making a virginity pledge, goal setting, character building and improving communication skills, identifying benefits of delayed sexual activities and prioritizing career development.

These topics should also provide young people with the following practical skills:



- Instil among youth a positive perception about their bodies and their own sexuality.
- Teach young people how to take care of their sexual health including providing information on contraceptives, pregnancy, sexually transmitted diseases and HIV prevention.
- Emphasize family and Christian values and help young people to uphold their personal values and develop strong spiritual and moral values.
- Develop young people's self esteem and self confidence so that they can assert themselves in situations where they feel sexually vulnerable and uncomfortable. Proper parental care and love play a huge role in this part. Parents should be encouraged to tell their children how much they care for them and share the dreams they have for their future.
- The church and parents at home should also teach young people that irresponsible sexual actions have consequences and cite practical examples such as school drop-outs and young girls raising children alone to help young people set goals in life.
- Parents, church leaders and youth workers should earn the trust and respect of youth under their care (as role models of good behaviour). By achieving this, youth will feel comfortable enough to talk to them about sex.
- Parents and church leaders should also teach young people about how information in the media, including televisions, internet (especially pornography) and use of cell phones can be used to coerce youth into having sex. This will help youth to be more informed and carefully choose what they watch on television and the rest of the media.

### **5.3 Areas that need further research**

This research identified the following areas that need further research:

1. Youth who reported more sexual activities are studying at colleges and universities.

The majority of students find themselves away from parents with very little

experience for living independently. There is therefore a need to investigate risk and vulnerability factors to HIV infection associated with studying at higher institutions of learning.

2. Abuse of drugs and alcohol are some of the major challenges encountered by some South African youth. It is not clear whether abuse of drugs and alcohol by youth or their families has any influence on the youth sexual behaviour. There is a need for studies probing whether there is any link between failure of youth to abstain from sex drugs or alcohol abuse.

3. There is a need to explore culturally sensitive ways of improving communication (especially regarding human sexuality) between young people and the parents addressing myths that surround sex talk.

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## **Appendix 1: Consent form for youth**

**STELLENBOSCH UNIVERSITY**  
**INFORMED CONSENT FORM FOR YOUTH TO PARTICIPATE IN RESEARCH**

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**TITLE OF THE STUDY:**

**ABSTINENCE RELATED TRAINING NEEDS FOR YOUTH IN THE CONTEXT OF HIV/AIDS IN NEWCASTLE UNITING PRESBYTERIAN CHURCH.**

You are asked to participate in a research study conducted by Rev Buhle Mpofu Bachelor of Theology (Hons), Post Graduate Diploma in Management of HIV/AIDS from the Africa Centre of HIV/AIDS at Stellenbosch University. The study will be conducted in partial fulfillment of a Masters in Management of HIV/AIDS. You were selected as a possible participant in this study because of your experiences with youth and your involvement in HIV and AIDS programs in Newcastle.

**1. PURPOSE OF STUDY**

The study is designed to identify abstinence related training needs for youth at Newcastle Uniting Presbyterian Church. It is hoped that identification of these needs and understanding the challenges that youth within the church encounter with regards to abstaining from sex until marriage, will help us to develop guidelines for an abstinence training program.

**2. PROCEDURES**

If you volunteer to participate in this study, we would ask you to come at Newcastle congregation for one day and do the following things:

Respond to a questionnaire with 16 questions on your experiences, knowledge and attitudes about HIV/AIDS and abstinence as a prevention strategy for youth. You will further participate in an hour session of focus group discussion on the subjects of HIV/AIDS, teenage pregnancies and abstinence as a strategy for prevention against HIV infection.

The focus group discussions will be taped and kept safely at the central office until the final research paper has been compiled, then they will be destroyed. As a participant, you have the right to have access to the transcripts so that you evaluate whether they are a true reflection of the discussions. You also have the right not to be recorded or have certain information omitted should you so wish.

**3. POTENTIAL RISKS AND DISCOMFORTS**

This study does not have any potential risks although discomforts may be experienced during responses to some questions that are explicit about sexual experiences. In order to address discomfort, the researcher will encourage participants to use on “any ouier

comments” in the questionnaires to share information that they are not comfortable to discuss openly. Further to this, participants will not be forced to share information that they are not comfortable to disclose and have the right to ask that certain information be omitted, if they so wish.

In the event that any participant experiences discomfort, the researcher will stop the discussions and allow that such information be omitted. Depending on the circumstances, the researcher will avoid questions that may seem to cause discomfort and moderate the discussions on other questions that participants are comfortable with and allow for withdrawal of participants where necessary.

#### **4. POTENTIAL BENEFITS TO SUBJECTS AND / TO SOCIETY**

Potential benefits for participating in this study include learning from other participants through sharing experiences and receiving counseling guidance on personal matters of concern. There will be readily available counselors who coordinate HIV/AIDS programs to provide any support where necessary. Most importantly, participants will contribute to the development of guidelines for an abstinence training program and thereby benefit from its implementation thereafter.

The field of science and the community will benefit from the information about how youth feel about abstinence and understanding major barriers from abstinence as a prevention strategy against HIV.

#### **5. PAYMENT FOR PARTICIPATION**

While snacks and drinks will be provided to participants for the duration of the study, no allowances will be provided to participants as a payment.

#### **6. CONFIDENTIALITY**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by ensuring that information collected from subjects will not be directly linked to individuals. Personal information will be obtained through anonymous questionnaires.

#### **7. PARTICIPATION AND WITHDRAWAL**

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.



## 8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact Rev. Buhle Mpofu, Uniting Presbyterian Church Offices, 28 Rhodes Avenue Parktown; Tel. 011 727 3500, Cell: 072 305 7039 or the study leader; Mr. Gary Eva, Tel: 021 887 8738, Email: gev2@telkomsa.net

## 9. RIGHTS OF RESEARCH SUBJECTS

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was described to .....(participant) by.....in Zulu and I am in command of the language or it was satisfactorily translated to me. The participant was given the opportunity to ask questions and these questions were answered to his/her satisfaction.

I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

NAME OF PARTICIPANT

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to \_\_\_\_\_  
He/she was encouraged and given ample time to ask me any questions. This conversation was conducted in Zulu and no translator was used.

Signature of Investigator

Dat

## Appendix 2: Consent form for parents/ guardians

**STELLENBOSCH UNIVERSITY**  
**CONSENT TO PARTICIPATE IN RESEARCH**

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**TITLE OF THE STUDY:**

ABSTINENCE RELATED TRAINING NEEDS FOR YOUTH IN THE CONTEXT OF HIV/AIDS IN NEWCASTLE UNITING PRESBYTERIAN CHURCH.

Your child has been asked to participate in a research study conducted by Rev Buhle Mpofu Bachelor of Theology (Hons), Post Graduate Diploma in Management of HIV/AIDS from the Africa Centre of HIV/AIDS at Stellenbosch University. The study will be conducted in partial fulfillment of a Masters in Management of HIV/AIDS. Youth were selected as possible participants in this study because of their experiences and involvement in HIV and AIDS programs in Newcastle.

**1 PURPOSE OF STUDY**

The study is designed to identify abstinence related training needs for youth at Newcastle Uniting Presbyterian Church. It is hoped that identification of these needs and understanding the challenges that youth within the church encounter with regards to abstaining from sex until marriage, will help us to develop guidelines for an abstinence training program.

**2 PROCEDURES**

If your child volunteers to participate in this study, we would ask them to come at Newcastle congregation for one day and do the following things:

Respond to a questionnaire with 16 questions on their experiences, knowledge and attitudes about HIV/AIDS and abstinence as a prevention strategy for youth. They will further participate in an hour session of focus group discussion on the subjects of HIV/AIDS, teenage pregnancies and abstinence as a strategy for prevention against HIV infection.

**3 POTENTIAL RISKS AND DISCOMFORTS**

This study does not have any potential risks although discomforts may be experienced during responses to some questions that are explicit about sexual experiences. However, the fact that responses to these questions will be confidential and provided anonymously means that discomfort will be minimized.

**4 POTENTIAL BENEFITS TO SUBJECTS AND / TO SOCIETY**

Potential benefits for participating in this study include learning from other participants

through sharing experiences and receiving counseling guidance on personal matters of concern. There will be readily available counselors who coordinate HIV/AIDS programs to provide any support where necessary. Most importantly, participants will contribute to the development of guidelines for an abstinence training program and thereby benefit from its implementation thereafter.

The field of science and the community will benefit from the information about how youth feel about abstinence and understanding major barriers from abstinence as a prevention strategy against HIV.

## **5 PAYMENT FOR PARTICIPATION**

While snacks and drinks will be provided to participants for the duration of the study, no allowances will be provided to participants as a payment.

## **6 CONFIDENTIALITY**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by ensuring that information collected from subjects will not be directly linked to individuals. Personal information will be obtained through anonymous questionnaires.

## **7 PARTICIPATION AND WITHDRAWAL**

These youth can choose whether to be in this study or not. If they volunteer to be in this study, they may withdraw at any time without consequences of any kind. They may also refuse to answer any questions they don't want to answer and still remain in the study. The investigator may withdraw any of them from this research if circumstances arise which warrant doing so.

## **8 IDENTIFICATION OF INVESTIGATORS**

If you have any questions or concerns about the research, please feel free to contact Rev. Buhle Mpofu, Uniting Presbyterian Church Offices, 28 Rhodes Avenue Park Town; Tel. 011 727 3500, Cell: 072 305 7039 or the study leader; Mr. Gary Eva, Tel: 021 887 8738, Email:gev2@telkomsa.net

## **9 RIGHTS OF RESEARCH SUBJECTS**

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE
---

The information above was described to .....(parent or guardian)  
by.....in Zulu and I am in command of the language or it was satisfactorily

translated to me. The parent or guardian was given the opportunity to ask questions and these questions were answered to his/her satisfaction.

I hereby voluntarily allow my child to participate in this study. I have been given a copy of this form.

---

NAME OF PARENT/GUARDIAN

---

SIGNATURE

---

DATE

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to\_\_\_\_\_

He/she was encouraged and given ample time to ask me any questions. This conversation was conducted in Zulu and no translator was used.

---

Signature of Investigator

---

Date

### Appendix 3: Questionnaire

Your participation in this study is important to the Uniting Presbyterian Church HIV and AIDS Committee as a contribution towards the development of an abstinence training program for youth. If you agree to complete the questionnaire, you will answer questions regarding yourself, your experiences, attitudes and behavior regarding different aspects of HIV/AIDS prevention and abstinence. Your responses will be kept confidential and only the Coordinator as a researcher will have access to this information. Completing the questionnaire will take between 20 to 30 minutes.

Please sign the attached consent form to participate in the study. Then complete the questionnaire in the space provided.

Age: .....

<b>MALE</b>	
<b>FEMALE</b>	

Gender:

#### SECTION A

1) What level of education do you have?

.....

2) What are you currently doing for living?

.....

If you are not doing anything, please explain and give reasons below.

.....  
.....

3) Do you live with your parents, guardian friends or relatives, please give details?

.....  
.....

4) Who is the bread winner in your family?

.....

5) Do you or any member of the family use/ ever used drugs or alcohol before? Please explain.

.....  
.....  
**Section B**

6. Are you currently in a relationship?

If so, how would you describe it and for long have you been in this relationship?

.....  
.....  
7. On average, how many times have you had sex in the last three months? Explain.

.....  
.....  
8. In your last encounter did you use a condom?

<b>YES</b>	
<b>NO</b>	

9. Do you find it easy to obtain condoms or information on family planning, use of contraceptives and prevention methods against STIs, pregnancy and HIV? Please explain.

.....  
.....  
10. Have you ever discussed matters related to HIV/AIDS with your partner?

<b>YES</b>	
<b>NO</b>	

**Section C**

11. Do you have a child? If so, how old were you when you had your first child?

.....  
.....  
12. How can young people within the church avoid unwanted pregnancies?

.....  
.....

13. What can young people do to abstain from sex until marriage?

.....  
.....

14. The church must encourage young people to abstain from sex before marriage as the only strategy for prevention against HIV infection. Do you agree with this statement?  
(Place a cross on the appropriate answer)

Strongly agree	Some what agree	Not sure	Disagree	Strongly disagree
5	4	3	2	1

15. It is possible that youth can abstain from sex before marriage. Do you agree?

Strongly agree	Some what agree	Not sure	Disagree	Strongly disagree
5	4	3	2	1

Give reasons for your response.

.....  
.....

16. Please list three important things that should be included in HIV/AIDS prevention program for youth within the church.

.....  
.....  
.....

Use the space provided to make any other comments or share your opinion about HIV and AIDS prevention among the youth within the Uniting Presbyterian Church in Newcastle.

.....  
.....  
.....  
.....  
.....

*Thank you for participating in this study and helping us to better understand the challenges that young people face. This will help us to improve our HIV and AIDS program.*

#### **Appendix 4: Focus group question sequence**

In this study three types of data will be collected namely; self administered questionnaires with 25 young people (15-24), three in-depth interviews with two HIV and AIDS Coordinators and a local minister in charge of the congregation, and a focus group discussion with the same group of 25 youth (15-24) to allow for further inquiry on the subject of abstinence.

The focus group will place emphasis on group interaction and allow for use of local language (Zulu) so that participants are open and free to engage. While building up with follow up questions, the focus group question sequence will be as follows:

**Moderator:**

1. So, why do you think the church's emphasis on abstaining from sex until marriage is not a good prevention strategy for youth against HIV infection?
4. What do you think young people should do if they can not abstain?
5. What should the church do to help young people to abstain from sex until marriage?
6. Do your parents tell you to abstain from sex until marriage? If not, what do they tell you?
7. Suppose one of your parents gave you a packet of condoms, how would you react to that?



## **Appendix 5: Interview guide**

My name is Rev. Buhle Mpofu a student with the University of Stellenbosch, Africa Centre for HIV/AIDS Management conducting research entitled, “Abstinence related training needs for youth in the context of HIV/AIDS in Newcastle Uniting Presbyterian church.” In order to develop guidelines for programs aimed at empowering youth within the church to abstain form sex before marriage, I would like to understand the challenges that youth face in attempting to abstain and how those that are coordinating HIV/AIDS programs are responding to this challenge.

Thank you for consenting to be part of this study and taking time to respond to my questions.

1. What is the impact of HIV/AIDS in Newcastle, particularly among youth?
2. Prevention is one of the critical aspects of mitigating the impact of HIV/AIDS among youth, how are you promoting prevention through your programs?
3. What are the major challenges that you face in promoting prevention among youth?
4. What is your opinion on what the church’s response with regards to youth and prevention?
5. Do you think promoting abstinence is the best strategy for prevention among youth within the church? Give reasons for your response.
6. What do you think the church must do to empower youth to abstain?
7. Surely, teenage pregnancies indicate that some youth within the church are sexually active and not using condoms to prevent themselves. How can the church help sexually active youth to avoid infection from HIV and other STIs?
8. The church has for along time, emphasized abstinence as the only prevention strategy for youth; do you see any changes in this approach if findings prove that this method is not effective?
9. What can be done to address the challenge of the church’s position and views?
10. Do you have any other comment on this topic?

## **Appendix 6: Letter of permission to conduct the study**

### **THE UNITING PRESBYTERIAN CHURCH IN SOUTHERN AFRICA**

**Tel: +27 11 727 3500**

**Fax: +2711 727 3506**

E-mail: Gensec@presbyterianorg.za

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Research Ethics Committee  
Human Research (Non Health)  
University of Stellenbosch  
Private Bag XI  
Matieland 7602

10 August 2010

#### **Ref: Permission to conduct a study on abstinence from sex among youth**

This letter serves to confirm that Rev. Buhle Mpofu (Std. no. 15933253) has been granted permission to conduct a study on abstinence from sex among the youth at Newcastle Uniting Presbyterian Church in Southern Africa.

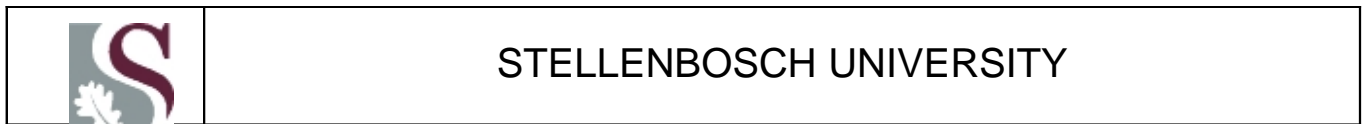
As part of developing HIV and AIDS intervention strategies that are relevant to the youth, it is critical that we involve them in developing and implementing programs aimed at mitigating the impact of HIV and AIDS. It is for this reason that the Uniting Presbyterian Church encourages research particularly in areas that have not been deeply explored as a way of ensuring effectiveness.

Your support and guidance to facilitate such a study will therefore be greatly appreciated in this regard.

Grace and Peace

Rev. Dr. J. Pillay

## Appendix 7: Child Assent form



### PARTICIPANT INFORMATION LEAFLET AND ASSENT FORM



#### TITLE OF THE RESEARCH PROJECT:

Finding out what young people need for them to abstain from sex before marriage as a way of preventing infection from HIV in Newcastle Uniting Presbyterian Church. (Simplified title).

**Researcher's name:** Buhle Mpofu

**Address:** 28 Rhodes Avenue Parktown, Johannesburg.

**Contact Telephone numbers:** 011 727 3500 or 072 305 7039

#### What is RESEARCH?

**Research is something we do to find new knowledge about the way things (and people) work. We use research projects or studies to help us find out more about disease or illness. Research also helps us to find better ways of helping, or treating children who are sick.**

#### What is this research project all about?

This research project is about understanding the needs of youth to abstain from sex until marriage. With HIV and AIDS claiming the lives of many young people in Kwa-Zulu Natal, it is important to identify youth needs to help them to abstain from risky sexual behaviour and escape the deadly impact of HIV. Findings from this study will provide guidelines for developing youth friendly HIV/AIDS programs within the church and providing youth with skills to abstain from pre-marital sex and giving them information on safer sex practices.

#### Why have I been invited to take part in this research project?

You have been invited to participate in this study because of your active involvement in this church's youth HIV/AIDS programs. You are also in the category of 15 to 24 years which has been identified as the age group for youth who are to participate in the study.

#### Who is doing the research?

Rev. Buhle Mpofu is doing this research. I am currently responsible for Coordinating HIV and AIDS programs for the Uniting Presbyterian Church in Southern Africa. This project came as a result of

questions raised by the youth at Newcastle questioning the effectiveness of telling young people to abstain from sex in order to prevent themselves from being infected with HIV, with no program to empower them to abstain. As Coordinator, my role is also to develop programs that will guide the church in addressing HIV/AIDS related challenges that young people face. This research will help us to understand the needs of youth so that our programs consider the needs and concerns of the youth.

### **What will happen to me in this study?**

If you volunteer to come and take part in this study, we will ask you to come at Newcastle congregation from 9:00 to 1:00 p.m. and do the following things:

1. You will first take part in the group discussions called a focus group. This discussion will be recorded and information stored safely at the UPCS offices. No names of participants will be recorded and opinions will not be matched with individuals. As a participant, you have the right to have access to the recorded information so that you evaluate whether they are a true reflection of the discussions. You also have the right to ask not to be recorded or have certain information omitted should you so wish. This discussion will start at 9:30 and end at 12:00 noon.
2. After the discussion, you will be expected to respond to a questionnaire with 16 questions about yourself, your experiences, knowledge and attitudes about sex and HIV/AIDS and abstinence as a prevention strategy for youth. This should take about 30 minutes to complete.
3. You will then be invited for lunch and have an opportunity to share your feelings with the rest of participants through social interaction. This last event will not be recorded but provides an opportunity to wrap up the study and attend to follow up concerns and questions about the study.

### **Can anything bad happen to me?**

The chances for anything bad happening are very minimal. Discomforts may be experienced during responses to some questions that talk about sexual experiences. In order to address this discomfort, the researcher will encourage participants to use language that we are comfortable with and avoid forcing participants to share information that they are not comfortable to disclose.

In the event that any participant experiences discomfort, the researcher will stop the discussions and allow that such information be omitted. Depending on the circumstances, the researcher will also avoid questions that may seem to cause discomfort and moderate the discussions on other questions that participants are comfortable with and allow for withdrawal of participants where necessary. If the child experiences any pain during and after the study, parents or guardians will be informed so that necessary support is provided.

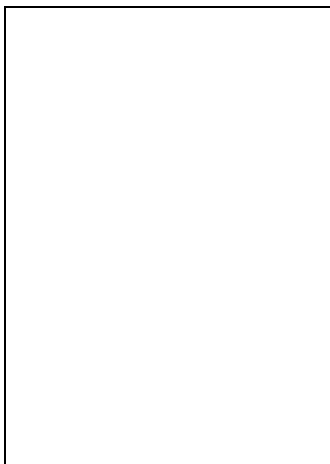
### **Can anything good happen to me?**

The good thing about participating in this study is that you will learn many good things about sexual behaviour from other participants through sharing experiences and receiving guidance on personal matters of concern. Participating in study will also contribute to the development of guidelines for an abstinence training program and thereby benefit all Presbyterian youth at Newcastle through information and training.

The field of science and the community of Newcastle will benefit from the information about how youth feel about abstinence and understanding things that make it difficult for youth to abstain from sex as a way of preventing infections from HIV, sexually transmitted diseases and unwanted pregnancy.

**Will anyone know I am in the study?**

Your participation in this study will not be disclosed to anyone. However, information about youth experiences will be given to the parents or guardians to help them provide continued guidance and support. Confidentiality will also be maintained by ensuring that information collected from participants will not be directly linked to individual names.

**Who can I talk to about the study?**

Should you wish to talk to somebody or have concerns about this research study, please feel free to contact the researcher Rev. Buhle Mpofu, Uniting Presbyterian Church Offices, 28 Rhodes Avenue Parktown; Tel. 011 727 3500, Cell: 072 305 7039 or the study leader; Mr Gary Eva, Tel: 021 887 8738, Email:gev2@telkomsa.net. Alternatively, you can contact the Director of the program Professor Jan du Toit at the Africa Centre for HIV/AIDS Management, Tel: 021 808 3002

**What if I do not want to do this?**

You can choose whether to be in this study or not. If you volunteer to take part, you have the right to withdraw at any time even if your parents gave permission for you to take part. You may also refuse to answer any questions you don't want to answer and still remain in the study without any harm to you.

Do you understand this research study and are you willing to take part in it?

☐ YES☐ NO

Has the researcher answered all your questions?

☐ YES☐ NO

Do you understand that you can pull out of the study at any time?

☐ YES☐ NO

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Signature of Child

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Date