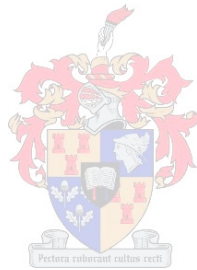


Knowledge of STI/HIV/AIDS and Condom use Among Youths of the Redeemed Christian
Church of God (RCCG), Maseru, Lesotho.

By

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DECLARATION

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ABSTRACT

HIV (Human Immunodeficiency Virus) is mainly transmitted through sexual intercourse mostly among the sexually active population aged 15-24. Young adults account for the highest percentage of AIDS (Acquired Immunodeficiency Syndrome) in Southern Africa, Lesotho inclusive.

Causes of the increased rates of STIs/HIV in young people are complex; the main reasons include biological factors, risky sexual behaviour patterns, transmission dynamics and treatment-seeking behaviour. The continuous spread of STI/HIV/AIDS depends on behavior and sexual habits.

Majority of the population in Lesotho are Christians and morality is been preached daily. It is alarming that all these preaching do not reduce unsafe sexual behavior and the spread of STI/HIV/AIDS. Many Faith-Based Organizations (FBOs) promote comprehensive prevention approaches but find it difficult to discuss sex and safer practices, particularly condom use, in a faith context.

It is important to break the silence around HIV, dispel myths and misinformation, and to overcome stigma and discrimination within the faith context.

Aim: The aim to study is to assess the knowledge of youths in a religious environment towards STI/HIV/AIDS and condom use.

Method: The study was conducted among 30 members of RCCG youths with equal gender balance (15 males and 15 females) aged between 15 and 24 years. A semi-structured, self-administered questionnaire was used to collect the data over 2 weeks. The data was analyzed using statistical software EPI Info version 3.5.1.

Result: Knowledge STI/HIV/AIDS across the age group was good with those less than 19 years of age having 92.3% and those more than 20 years of age having 82.4%. Likewise, half of the RCCG youths less than 19 years have good knowledge of condom use while about two thirds of youths more than 20 years of age have good knowledge of condom use as compared to 33.3% with poor knowledge.

About three quarter (73.3%) of female RCCG youths have good knowledge of condom use as compared to about half (53.3%) of the male youths.

All RCCG youths (100%) in tertiary institution have good knowledge of condom use as compared to 60.9 % of those in secondary school.

All the participants had formal education with 60% of them in secondary school and the remaining 40% in tertiary institution.

Conclusion and Recommendations: This research study gave an opportunity to an air of openness on STI/HIV/AIDS and condom use among RCCG youths.

Churches preach abstinence, but Abstinence and preventive measures are to be preached alongside each other.

RCCG church should inform all church members (including the youths) about STI/HIV/AIDS and preventive methods. Seminars/Workshops should be regularly organized to bring the youths together so that they can freely express themselves concerning issues around STI/HIV/AIDS.

Faith Based Organizations (FBO) and Non Governmental Organizations (NGO) should work together with the Ministry of Health and Social Welfare (MOHSW) in promoting health education about the importance of preventing STI/HIV/AIDS.

Opsomming

Die doel van hierdie studie was om die kennisvlakke van jong persone in 'n godsdienstige omgewing te evalueer. Meer spesifiek was die doel om die jong mense se houding teenoor die gebruik van kondome en houding teenoor MIV/Vigs te bepaal.

Die studie is onderneem by 30 lede van die RCCG in Lesotho. Ouderdomme het gewissel tussen 15 en 24 jaar en die steekproef het bestaan uit 15 mans en 15 dames. 'n Smei-gestruktureerde vraelys is vir die ondersoek gebruik.

Resultate het aangetoon dat die kennisvlakke verbasend hoog was. Die bydrae van die studie was om MIV/Vigs met meer openhartigheid te bespreek. Sekere voorstelle vir seminare en werksinkels word gemaak.

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CHAPTER 1

BACKGROUND AND INTRODUCTION

1.1 BACKGROUND

HIV (Human Immunodeficiency Virus) is mainly transmitted through sexual intercourse mostly among the sexually active population aged 15-24. Young adults account for the highest percentage of AIDS (Acquired Immunodeficiency Syndrome) in Southern Africa, Lesotho inclusive (Harms, 1998).

Studies have shown that young adults are more infected and affected by STI/HIV/AIDS. Causes of the increased rates of STIs/HIV in young people are complex; however, the main reasons include biological factors (amongst others intravenous drug users and sharing of sharp objects), risky sexual behaviour patterns (early initiation of sex, premarital sex, bisexual orientation and multiple sexual partners), transmission dynamics and treatment-seeking behaviour (Harms, 1998).

There is growing evidence of increased premarital sexual activities among young people. While generalization is difficult, studies indicate that between 20% and 30% of young men and up to 10% of young women have premarital sexual experiences.

The US Office of National AIDS Policy has estimated that half of all new HIV infections occur in people younger than 25 and that half of these occur among young people between the ages of 13 and 21. (Kirby, 2002).

It can generally be assumed that the youths are aware of STI/HIV/AIDS, the use of condom and its importance. The level of their awareness of the disease and condom use in most cases is not so high. Most youths still have misconceptions, misperceptions and fears about the use of condoms.

One of the most sensitive issues associated with adolescence is sexuality. The rate of HIV/AIDS infection is the highest between the ages 15-24 years, which make up almost one-third of the 40 million people who are living with HIV/AIDS globally and 60% of all new cases are among the same age group (Save the Children, 2006, cited in Adolescents sexual and Reproductive Health and HIV/AIDS Among Young People, 2006).

The continuous spread of STI/HIV/AIDS depends on behavior and sexual habits. Majority of the population in Lesotho are Christians and morality is been preached daily. It is then alarming that all these preaching do not reduce unsafe sexual behavior and the spread of STI/HIV/AIDS. Many Faith-Based Organizations (FBOs) promote comprehensive prevention approaches believing it is their duty to protect life. However, other FBOs find it difficult to discuss sex and safer practices, particularly condom use, in a faith context. (Evans, 2008).

Christian churches already play a significant role in the global response to HIV, especially in providing care and support. The unique reach of the Christian church, and the ability of faith leaders to disseminate information and influence attitudes and behaviours, mean that the church has the potential to play a key role in HIV prevention. To fulfill this potential, it is vital that Christian leaders and communities have the opportunity to understand and address attitudes and practices, particularly around gender and sexual behaviour. It is important to break the silence around HIV, dispel myths and misinformation, and to overcome stigma and discrimination within the faith context.

The church could be a powerful force for social and behavioural change, particularly in the current efforts to combat the HIV/AIDS pandemic. (Nweneka, 2007). The church preach abstinence and fidelity, but what happens in the absence of these?

Attitudes within the churches tended to reinforce stigma both about people who use condoms and about people living with HIV. Attitudes to condoms were very negative, equating condom promotion with encouraging promiscuity (Evans, 2008).

The HIV pandemic has presented unprecedented social and ethical challenges for churches. Churches have a long history of serving the poor and marginalized and have already responded

with compassion and solidarity in providing care and support in communities affected by HIV. A strengthened Christian response to HIV prevention, which informs and protects those vulnerable to HIV while tackling the distortions and injustices that cause such vulnerability, would see churches and other FBOs engage even more profoundly with their mission in the world. (Evans, 2008).

STI/HIV/AIDS and sexual behaviour among youths generally has called for a state of emergency in most countries irrespective of religion. Despite numerous educational programmes in order to create awareness on HIV/AIDS, the pandemic is still spreading most visibly by the young adults. Since the youths are at high risk and most vulnerable to STI/HIV/AIDS infection, this study is being carried out in order to assess the level of STI/HIV/AIDS awareness and knowledge towards the use of condom. Information about the knowledge of STI/HIV/AIDS and condom use among the youths in RCCG Church, Maseru, Lesotho is also important in assessing changes over time as a result of prevention efforts. The knowledge of STI/HIV/AIDS and condom use among youths in churches is less established. Hence, the need for this research.

This study will however be carried out in a multi-national religious group. It comprise of Christians from different countries and diverse ethnic groups.

1.2 INTRODUCTION

Adolescents are distinct group of the population with specific needs and capacities. Today the world has an estimated number of more than 1 billion people ranging between ages 15-24 years, which is largest in history (Save the Children, 2006, cited in Adolescents sexual and Reproductive Health and HIV/AIDS among Young People, 2006).

One of the most sensitive issues associated with adolescence is sexuality. The future health and wellbeing of this population group will be greatly shaped by the reproductive and sexual health decisions made by them or for them. Any risky or unhealthy sexual behavior at this stage of life can lead to compromised health for lifetime and even death (Save the Children, 2006, cited in Adolescents sexual and Reproductive Health and HIV/AIDS Among Young People, 2006).

HIV/AIDS combined with other sexually transmitted infections have already had an impact on young people's lives. The rate of HIV/AIDS infection is the highest between the ages 15-24 years, which make up almost one-third of the 40 million people who are living with HIV/AIDS globally and 60% of all new cases are among the same age group (Save the Children, 2006, cited in Adolescents sexual and Reproductive Health and HIV/AIDS Among Young People, 2006).

In sub-Saharan Africa, HIV/AIDS still poses a great challenge to human and economic development of which Lesotho is not an exemption.

HIV/AIDS remains a major concern in Lesotho because of relatively high prevalence rates (23.6%) reported among adult populations and significantly higher rates among younger ages. The prevalence rate of HIV is lower in rural areas, where about 80 percent of the total population lives, than urban areas. About 85 percent of all AIDS cases occur among people in the most economically productive age group, age 20-45 (NAC Annual Report, 2009). The deaths of these individuals constitute an economic and social tragedy in the lives of surviving family, friends, and employers.

The Basotho are predominantly Christians with different denominations. Religion is taken with a high level of importance and seriousness by observing the increased number of church attendees

mostly on Sundays. Despite the assumed high level of dedication of these people to religion and religious activities, it is alarming with the rate at which STI/HIV/AIDS is transmitted through heterosexual and homosexual activities mostly among the young adults despite all their commitments. Then one begins to wonder if they have enough knowledge about sexually transmitted infections, sexual conducts and HIV/AIDS or if they do not have any knowledge at all.

Confusion and mixed messages were common within the church regarding sexual conduct. People who do not conform to Christian standards of sexual conduct and behaviour tended to be stigmatized and treated harshly by the church, yet what was advocated from the pulpit was often ignored in reality (Evans, 2008). The continuous spread of STI/HIV/AIDS depends on behaviour and sexual habits.

Some Faith Based Organizations (FBO) preach and encourage safe sexual behaviour and condom use, while other FBO preach against the use of condom in order to prevent encouragement of promiscuous acts.

Recently, most FBO provide care, support and treatment, counseling to PLWHA and people affected with HIV/AIDS but it is not reducing the increase in new cases of HIV/AIDS infections. The church should reinforce its efforts in campaign on preventive measures and behaviour change since these are the only ways to curb the further spread of the epidemic for now.

At one rally organized by a faith-based organization in Uganda, participants were told that ‘using a condom with a person with these [sexually transmitted] diseases is like using a parachute which only opens 75% of the time.’ ‘Be wise, don’t condomise,’ was the message from a Catholic Publication in Nairobi called HIV/AIDS: A call to action: Responding as Christians. (Rachel, 2010).

1.3 RESEARCH PROBLEM OPERALIZATION AND HYPOTHESIS

The research problem to be discussed and analyzed is:

What is the level of knowledge of youths in RCCG Church Maseru, Lesotho towards STI/HIV/AIDS and the use of condom?

1.4 SIGNIFICANCE OF STUDY

The purpose of this research study is to assess the knowledge of youths in a religious environment towards STI/HIV/AIDS and condom use despite their moral teachings. The aim is to see whether religion, and their level of education as youths will influence their sexual behaviour, and knowledge of STI/HIV/AIDS.

The significance of the study through the answers provided in the questionnaire will assess the youth's knowledge towards STI/HIV/AIDS and condom use. The research study will be of benefit to the youths, parents, families and the church. It will serve as a means to enlighten the sexually active youths who are at risk of infections through unsafe sexual practices. Also, this research work will be of benefit to the church.

1.5 RESEARCH OBJECTIVES

The research objectives of this research study are stated below:

- ⌘ To assess the level of knowledge of youths in RCCG, Maseru, Lesotho regarding STI/HIV/AIDS.
- ⌘ To assess the level of knowledge of youths in RCCG, Maseru, Lesotho on the use of condom as a preventive measure for STI/HIV/AIDS.
- ⌘ To determine the association between knowledge and condom use with socio demographic characteristics.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

There have been several studies on STI/HIV/AIDS among adolescents and youths in schools that is secondary and higher institutions, and the immediate environments but studies on STI/HIV/AIDS in a religious setting has always been avoided due to its sensitivity and different religious beliefs.

Youths have the highest risks of contracting STI/HIV/AIDS. Most youths are vulnerable to contracting HIV/AIDS due to their careless and unplanned sexual behaviour and freedom from adult's supervisions.

The world's young people (aged 10-24) are especially vulnerable to HIV/AIDS. Of the 42 million people living with HIV/AIDS, more than a quarter are aged 15-24. Half of all new adult infections now occur among 15-24 year olds (UNAIDS, 2002).

The AIDS epidemic in Mozambique has reached crisis proportions. Adult prevalence is estimated at 16 percent (ages 15-49) and 14.4 percent among youth (ages 15-24). But these figures soar to 26 and 27 percent in Maputo and Gaza provinces; 60 percent of new cases occur among people under the age of 25. Young women between the ages of 15-24 are 2.5 times more likely to become infected than males. Available at www.pathfind.org Increasing HIV/AIDS Therapy Adherence among Youth in Mozambique, Pathfinder International). Assessed 7th July, 2010.

Several studies and researches have reported the increasing rate of HIV/AIDS transmission most especially among young adult age 15-25 years, thus the focus for a research on the knowledge of youths on STI/HIV/AIDS and condom use. Young people have little access to information on sexuality, abortion, contraception, and HIV/AIDS, so myths and harmful practices are common. Available at www.pathfind.org/site/DocServer/Relatorio_final.pdf?docID=3581. Scaling up Youth HIV/AIDS Prevention. Pathfinder, 2004). Assessed 7th July, 2010.

2.2 STI/HIV/AIDS AMONG YOUNG ADULTS

Young people are vulnerable to sexually transmitted diseases for both biological and behavioral reasons. In fact, worldwide, the highest reported rates of STIs are found among young people aged 15-19 and 20-24. In the developed world, two-thirds of all reported STIs occur among men and women under the age of 25. In developing countries the proportion is even higher. (Pathfinder International, 2002).

Sexually transmitted infections (STIs) including HIV are most common among young people aged 15-24 and it has been estimated that half of all HIV infections worldwide have occurred among people aged less than 25 years (World Health Organization, 1995).

Approximately one-third of the world's population is between 10-24 years of age, and four out of five young people live in developing countries, a figure which is expected to increase to 87% by the year 2020. (Kim, 2002).

Evidences from different studies continue to confirm the existence of increasing sexual activities among the youths globally, with those in developing countries perceived to be at greater risk because of their low level of access to medical facilities and other problems associated with the Third world (Nwafor and Madu 2002; Ghuman 2005).

The sexuality and increased sexual activities of youths has been a public health concern. Youths and adolescents are vulnerable and are exposed to STI/HIV/AIDS and the likes. One of the common means of HIV transmission is through heterosexual transmission.

Most youths start engaging in sexual activities at an early age, hence the leading cause of the increase in the number of STI/HIV/AIDS among young adults.

In some developing countries, up to 60% of all new HIV infections occur among 15-24 year-olds. In many countries the majority of young people are sexually experienced by the age of 20 and premarital sex is common among 15-19 year-olds. (Kim, 2002).

About seven of every ten STI infections occur among individuals ages 15-24. (Pathfinder International, 2002).

In addition, many adolescents lack knowledge of STIs that contributes to risk-taking behaviors, find it difficult to use condoms consistently and correctly, or lack communication and negotiation skills, making condom use difficult. (Pathfinder International, 2002).

In Sub-Saharan Africa, as in much of the rest of the world, a high proportion of people become sexually active during adolescence. Angola is no exception: The mean age of sexual debut among 14–20-year-olds is 14.4 for boys and 15.9 for girls, according to 1997 estimates. The sexual behavior of adolescents and youth will play a major role in the trajectory of the AIDS epidemic, for young people make up a large and growing proportion of the population in developing countries, and sexual habits formed during adolescence often persist into adulthood. (Ndola, 2005).

The HIV/AIDS crisis is to a large extent a crisis of sexual behaviour. Unsafe sex is responsible for the large majority of HIV infections in sub-Saharan Africa (WHO, 2002). Unsafe sexual activities are the leading cause of STI/HIV/AIDS among youths.

Developmental stages of boys and girls mostly in adolescent stage prevent safe sexual health choices. Adolescents are sexually active and eager to experience sex. They are mostly misled in having safe sexual choices either by peer influence, financial pressure or social pressure. Moreover, they do not seek safe health advice because of their fear of being reprimanded either by the health advisor or by their parents. Thereby, youths are exposed to infections, HIV/AIDS.

Adolescents and young adults have a disproportionate number of STIs compared to adults. (Pathfinder International, 2002).

During the last two decades, it has been observed that youthful sexual activities have increased not only in Sub Sahara Africa, but in the first world countries as well.

Youths are exposed to STI/HIV/AIDS due to the following factors, age, sexuality, culture, sexual inequality, sexual abuse, poverty, socio economic factors, illiteracy, gender roles, political

unrest, access to health facilities, denied access to health facilities, and peer influence to mention but a few. All these increase the vulnerability of youths to STI/HIV/AIDS.

Knowledge about HIV transmission and AIDS is relatively high among youth in Mozambique, and this was confirmed by the project's own KAP study that was conducted in 2004, but there are still gaps in knowledge, and transforming knowledge into preventive behavior is an ongoing challenge. Filling knowledge gaps, however, is only one step in what must be ongoing process to enable young people to protect themselves from infection and empower them to make the right decisions with regard to their sexual and reproductive health. Despite high knowledge levels about HIV transmission, in the INJAD survey, only 7% and 6% of males and females, respectively, used contraception at first sexual intercourse, mostly condoms. Available at www.pathfind.org/site/DocServer/Relatorio_final.pdf?docID=3581. Scaling up Youth HIV/AIDS Prevention. Pathfinder, 2004. Assessed 7th July, 2010).

John Nkonyana also affirmed that HIV/AIDS remains a major concern in Lesotho because of relatively high prevalence rates reported among adult populations and significantly higher rates among younger ages. Available at www.health.gov.ls/home/11chapter11.pdf. (Assessed 5th, July 2010).

There have been different and several strategies to prevent the spread of STI/HIV/AIDS, but it have been discovered that the success of these preventive strategies depends on the information and the level of knowledge and attitude towards what is already known.

The interactions between religious affiliation, education, HIV knowledge, and HIV-related sexual behaviors among African church youth are poorly understood. (Bruce, 2004).

The purpose of this study is to assess the knowledge of STI/HIV/AIDS and condom use among youths in RCCG, Maseru, Lesotho. Youths are perhaps the most affected victims of STI/HIV/AIDS because of their increase in sexual activities. There is need to assess the knowledge of youths in a religious setting in order not to have the wrong assumption that the youths are well informed and knowledgeable about STI/HIV/AIDS and the use of condom.

2.3 CONDOM USE AMONG YOUNG ADULTS

The use of male condoms is seen as one of the most important components of a risk-reduction strategy for HIV. However, although condoms may be highly efficacious and HIV transmission interrupted in as many as 99% of encounters, they cannot be effective as a strategy if they are not utilized. (Rachel, 2010).

One of the most effective preventive methods for STI/HIV/AIDS is the use of condom. Condoms when properly used prevent sexually transmitted infections including HIV/AIDS.

Young adults are exposed to different barriers that prevent their use of condoms during sexual intercourse. They are: poverty, social and economic inequalities, lack of access to sexual health information, facilities and services, and lack of access to condoms, most especially female condoms.

Negative cultural and religious ideas about sex prevents youths from seeking information about safe sex. It was air on BBC news on June 2001 that “Kenya churches are said to be burning condoms”. The churches in the region of central Kenya have been accused of buying up stocks of condoms and destroying them on the grounds that they are promoting immorality among the faithful. This development according to BBC news is frustrating efforts to combat the AIDS epidemic.

Survey results from Sub-Saharan Africa indicate that young people possess some basic information about STIs, HIV/AIDS and pregnancy prevention, yet overall they receive much inaccurate information from rumors and myths. Furthermore, one study found that a considerable proportion of youth have little belief in their ability to successfully use condoms to protect themselves from HIV. They express concerns that requesting condom use communicates distrust, believe that contracting STIs is inevitable and worry that condom might break and cause injury. (Ndola, 2005).

According to the first South African national youth risk-behaviour survey, only 40% of male and 31% of female adolescents always use a condom. These figures are similar to national surveys in

Burkina Faso, Ghana, Malawi and Uganda, which show male adolescent condoms use during the last sexual encounter to be between 39% and 51%, while females' use was between 24% and 38%.³ It therefore appears that there is a tendency for women to use condoms less consistently than men. (Rachel, 2010).

The sexual behavior of adolescents and young adults, especially their condom use, will play a crucial role in affecting the course of the epidemic. Because the level of sexual activity and the incidence of STIs are high among 15–24-year-olds, these factors may contribute to the rapid spread of HIV. (Ndola, 2005).

Youths are more sexually active than any other age group. They are also known to be risk takers hence their vulnerability to contracting Sexually Transmitted Infection and HIV/AIDS. Awake (2004) call it “Bloom of Youth”, a time when sexual desires are often at their peak.

Young adults engage in unprotected sexual activities, they are also exposed to sexual violence and sexual exploitation hence their inability to have a safe health choice by using a condom. Apart from this, ignorance and illiteracy are another factor depriving young adults the chance of using a condom during sexual intercourse. Young girls wanting to prove their unconditional love to their male friends by having sex without condoms, also masculinity of young boys makes them to have sexual intercourse with various partners without using a condom.

For example, the Nigerian Demographic and Health Survey shows that 16% of girls become sexually active by age 15; increasing to 50% by the time they are aged 18. Among boys, 40% commence sexual activities by age 18 and by age 24 almost all boys are sexually active (Nigerian Demographic and Health Surveys, 2003).

This survey also reports that young people in Nigeria have almost universal basic knowledge of HIV/AIDS regarding the major routes of transmission, and of the protective effects of abstinence and condoms. Despite the knowledge of protective measures, young people rarely subscribe to them thus resulting in an escalation of negative sexual health outcomes (Peltzer and Oladimeji, 2004; Olaseha, 2004; Smith, 2003; Arowojolu, 2002; Amazigo, 1997)

2.4 SUMMARY

In addition, in recent years, sexually transmitted infection is also rapidly increasing and also becoming most common infection among young people in both, developed and developing world. This situation suggests that the issues of STIs/HIV/AIDS have to be treated as an emergency due to long-term consequences in demographic composition, and socio-economic aspect. (Upreti, 2009).

Given the significant number of young people living in developing countries seriously affected by the epidemic, it is crucial that work is undertaken to ensure that they are able to protect themselves. This involves providing them with access to information and resources, as well as promoting a climate which is understanding of young people and their sexual and reproductive health needs. (Kim, 2002).

CHAPTER 3

MATERIALS AND METHODS

3.1 RESEARCH DESIGN

A descriptive research approach will be used to determine the knowledge of STI/HIV/AIDS among youths of RCCG Maseru, Lesotho.

3.2 STUDY SITE

The study was conducted at The Redeemed Christian Church of God (RCCG), Ha-Tikoe, Maseru, Lesotho. This is the Headquarters of RCCG in Lesotho. RCCG has seven parishes within Lesotho namely: (The lord our Righteousness, Ha Ramorakane, City of Gideon, Rothe, The Lord our Banner, Qoaling, Jesu Ke Morena, Ha Tsiu, Reconciliation, Berea, Glory of God, Mafeteng and City of Refuge, Ha Tikoe) with the headquarters in city centre Maseru. RCCG is an interdenominational church with a population of about three hundred worshippers. The research study was conducted at this site because

3.3 STUDY POPULATION

The population used for this research study consists of youths in the RCCG, Maseru, Lesotho. They are within the age range of 15 and 24 years of age. Although there are about fifty youths in the church but thirty has been selected for this purpose.

3.4 SURVEY METHODOLOGY

In order to carry out a comprehensive research project on the level of knowledge of STI/HIV/AIDS and condom use among youths of RCCG Church, Maseru, Lesotho, I will use the quantitative research approach.

3.5 SAMPLING DESIGN

The design strategy/design will be the use of questionnaires to be administered to all the youths in the church.

The data collection method will make use of about fifteen questions being administered to thirty randomly selected youths in the church, comprising of fifteen male and fifteen female, they will be within the age range of fifteen to twenty four years (15-24) of age.

3.5.1 SAMPLE SIZE OF STUDY:

The sample size of the study was determined using EPI info Statcal version 3.2.2 using the following assumptions:

Expected frequency 50%

Level of significance 0.05

The proportion of the youths in RCCG church, Maseru, Lesotho is not known therefore, P was fixed at 50%. For the purpose of sample size calculations, P varies from 45% to 50%

With the above assumptions, the adjusted sample size of the study becomes equal to 28.

Therefore, 30 youths (15 males and 15 females) were selected for the study.

3.5.2. SAMPLING PROCEDURE

A simple random sampling method was used to select the participants. Here, each participant has equal chance of being selected. The participants are thereafter selected at regular interval from the sampling frame and data was collected for three (2) weeks.

Inclusion Criteria

The inclusion criteria were youths who are knowledgeable about STI/HIV/AIDS, who are within the age range of 15-24 years of age, and gave their consent to participate in the research study.

Exclusion Criteria

The exclusion criteria were youths who are not willing to participate in the research study and youths that are not within the specified age range needed for the study.

3.6 MEASURING INSTRUMENT

The measuring instrument was the use of questionnaires for the collection of data. It consist closed ended questions and very limited open ended questions. The questionnaire as the research measuring instrument was designed with three (3) major parts, that is – socio demographic characteristics of the youths, knowledge of STI/HIV/AIDS and condom use.

3.7 STATISTICAL ANALYSIS

Quantitative data from the returned questionnaire was coded and entered into a Microsoft Excel spreadsheet (Microsoft Office, 2007). The statistical software, Epi info version 3.5.1 (Centres for Disease Control & Prevention, CDC, 2008) was then used to analyze the data that was generated.

Descriptive and inferential statistical analyses were done; data was also summarized using graphical representation where necessary. Association between knowledge of STI/HIV/AIDS and the use of condom and their socio demographic characteristic was assessed for statistical significance by ‘chi-square’ test of association using Epi info software.

3.8 DATA COLLECTION TOOL AND METHOD

3.8.1 Data Collection Instrument

⌘ Components and Details of Instruments

A semi-structured questionnaire was used for the data collection from the participants. It consists of three sections. Section A consisted of the socio-demographic characteristics consisting of 3 items, section B explores the youths knowledge of STI/HIV/AIDS, while section C explores their knowledge of condom use.

⌘ Validity and Reliability

To ensure the validity of the instrument, an HIV consultant working with Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) was consulted to validate the instrument in terms of the objectives of the study, the terminologies used and the relevance of the questions.

Pre-testing of the questionnaire was done in one of the seven parishes of the church, this however helped in making the necessary corrections and solving the emerging problems to improve the data collection process, this however ensured the reliability of the instrument.

⌘ Pre-test

Twenty questionnaires were self administered by the researcher in order to familiarize the youths with the questions.

3.8.2 Data Collection Methods

The period of collection of data from the youths was for a period of 2 weeks that is for a period of 2 Sundays. For a period of 2 weeks, data was collected from selected 15 males and 15 females, this amount to a total of 30 youths selected for this research. An average of 15 youths administers the questionnaire each Sunday.

The researcher was responsible for the distribution and collection of all the questionnaires from the participants.

3.8.3 Ethical Considerations

Ethical clearance and approval to conduct this research study was obtained from the Ethics Committee of University of Stellenbosch, South Africa.

Permission to carry out this research was received from the Country Coordinator of The Redeemed Christian Church of God, Maseru, Lesotho.

The objectives and aims of the research study were explained to the participants by the researcher. Also, the participants were requested to fill the written informed consent form and assent form as applicable to them prior to administering the questionnaires.

The researcher also informed the participants of the voluntary nature of the study and that they could withdraw from participating in the study without penalty.

Confidentiality and anonymity was maintained throughout the research study. Also, participants were requested not to disclose or write their personal details on the questionnaires.

3.9 LIMITATIONS OF THE STUDY

This research study was conducted in RCCG, Maseru, Lesotho. The findings of the study may not be a complete representative of the views of all the youths in other churches in Lesotho since they did not participate in the study.

Also, finance and time constraints are a minus for considering using a larger sample size which would have yielded a precise result.

3.10 DATA ANALYSIS

For the data analysis of this research study, 30 questionnaires was distributed to the youths and analyzed.

Quantitative data from the returned questionnaires was coded and entered into a Microsoft Excel spreadsheet (Microsoft Office, 2007). The statistical software, Epi info version 3.5.1 (Centres for Disease Control & Prevention, CDC, 2008) was then used to analyze the data that was generated.

Descriptive and inferential analyses were employed. Where appropriate, data were summarized using graphic presentations of the findings. Statistics were based on frequencies and percentages.

Association between knowledge of STI/HIV/AIDS and condom use and their socio demographic characteristics (age, sex and level of education) as well as differences between those that are knowledgeable of STI/HIV/AIDS and those who uses condom versus those who do not were then assessed for statistical significance by the “Chi Square” of association using the EPI info software.

CHAPTER 4

RESULTS

The results of this research study are presented in two parts: the first part gives the overall findings of the study (descriptive statistics) while the second part attempts to draw correlations between the variables (inferential statistics).

PART ONE (DESCRIPTIVE STATISTICS)

4.1 SOCIO DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

The frequency and percentage of demographic characteristic of participants.

The socio-demographic characteristic of this study is presented in table 1 below.

A total of 30 youths with equal distribution of sex 15 males and 15 females participated with a mean age of 21 years. More than half of the respondents (60%) are secondary school students, the remaining 40% are in tertiary institutions. However, all of the participants had formal education.

Table 1 indicates the minimum age of the youths that participated in this research study was 15 years and the maximum age was 27 years. The highest number of the respondents (43.3%) were between 20 to 24 years of age, followed by youths aged between 15 to 19 years of age (36.7%). The remaining were more than 25 years of age.

Table 1: The frequency and percentage of socio demographic characteristics of youths in RCCG, Maseru, Lesotho.

VARIABLES		N	PERCENTAGE
Age (years)	15 – 19	11	36.7%
	20 – 24	13	43.3%
	>25	6	20.0%
Sex	Male	15	50.0%
	Female	15	50.0%
Level of education	No formal education	0	0.0%
	Primary	0	0.0%
	Secondary	18	60.0%
	Tertiary	12	40.0%

4.2 Participants' knowledge of STI/HIV/AIDS:

The general knowledge of the research study participants about STI/HIV/AIDS was tested using knowledge-related questions (questions 4-13 in the questionnaire); see appendix A.

In table 2, almost all the respondents (96.6%) agreed that STI/HIV/AIDS is a pandemic disease in Lesotho, while 3.3% disagree about this notion.

Furthermore, half of the respondents (50%) strongly agreed that STI/HIV/AIDS can be transmitted from one person to another through sexual intercourse; 46.7% agreed and 3.3% disagree.

The knowledge of the youths about contracting infection through having unprotected sexual intercourse resulted in more than four fifth (86.7%) of RCCG youths agreeing to this while 13.3% disagree.

However on the issue of the use of condom for every sexual act to prevent infection, about one third (33.3%) of the respondents strongly agreed, more than half (56.7%) agreed while only 10.0% disagree.

Sixty six percent (66.7%) of the respondents strongly agreed that HIV/AIDS can be contracted through blood transfusion and sharing of sharp objects, almost one quarter (23.3%) agreed to this while 10% disagree. Although 16.6% agreed that HIV/AIDS can be cured by traditional medicine, 83.1% disagree.

More than 70% of the participants agreed that one can shake hands, hug, sit beside HIV/AIDS infected persons and not contract the disease, but over one fifth (20%) of them disagree. Although almost all of the respondents (96.7%) agreed that VCT should be made available to all while 3.3% disagree.

Over 80% of the participants disagreed that PLWHA should be isolated to prevent the virus, but over 10% agreed. 33.4% of the youths agreed that HIV/AIDS is propaganda by adults to scare youths from having sexual intercourse, while 66.6% disagree. (See table 2 below).

Table 2: Frequency and percentage of RCCG youths knowledge of STI/HIV/AIDS

Variables		N	Percentage
STI/HIV/AIDS is a pandemic disease in Lesotho.	Strongly Agree (SA)	16	53.3%
	Agree	13	43.3%
	Disagree (D)	0	0.0%
	Strongly Disagree (SD)	1	3.3%

STI/HIV/AIDS can be transmitted from one person to another through sexual intercourse.	Strongly Agree (SA)	15	50.0%
	Agree (A)	14	46.7%
	Disagree (D)	0	0.0%
	Strongly Disagree (SD)	1	3.3%
The infection can be contracted by having unprotected sex with commercial sex worker.	Strongly Agree (SA)	12	40.0%
	Agree (A)	14	46.7%
	Disagree (D)	3	10.0%
	Strongly Disagree (SD)	1	3.3%
Infection can be reduced or prevented with the use of condom for every sexual act.	Strongly Agree (SA)	10	33.3%
	Agree	17	56.7%
	Disagree (D)	3	10.0%
	Strongly Disagree (SD)	0	0.0%
HIV/AIDS can be contracted through blood transfusion and sharing of sharp objects.	Strongly Agree (SA)	20	66.7%
	Agree (A)	7	23.3%
	Disagree (D)	3	10.0%
	Strongly Disagree (SD)	0	0.0%
HIV/AIDS can be cured by traditional medicine.	Strongly Agree (SA)	1	3.3%
	Agree (A)	4	13.3%
	Disagree (D)	5	16.7%
	Strongly Disagree (SD)	20	66.7%

One can shake hands, hug, sit beside HIV/AIDS persons and not contract AIDS.	Strongly Agree (SA)	19	63.3%
	Agree	5	16.7%
	Disagree (D)	2	6.7%
	Strongly Disagree (SD)	4	13.3%
Voluntary confidential testing and counseling should be made available to everyone.	Strongly Agree (SA)	15	50.0%
	Agree (A)	14	46.7%
	Disagree (D)	0	0.0%
	Strongly Disagree (SD)	1	3.3%
HIV/AIDS positive people should be isolated to prevent them from spreading the virus.	Strongly Agree (SA)	1	3.3%
	Agree (A)	4	13.3%
	Disagree (D)	8	26.7%
	Strongly Disagree (SD)	17	56.7%
HIV/AIDS is propaganda by adults to scare youths from having sexual intercourse.	Strongly Agree (SA)	5	16.7%
	Agree	5	16.7%
	Disagree (D)	7	23.3%
	Strongly Disagree (SD)	13	43.3%

4.3 Participants' knowledge of condom use

The general knowledge of the research study participants about condom use was tested using knowledge-related questions (questions 14-25 in the questionnaire); see appendix A.

On the knowledge of the respondents on condom use, 90% of the respondents agreed that condom is effective in protecting against STI/HIV/AIDS while 10% disagree. However, 16.7% agreed that condom interferes with sexual enjoyment while 83.3% disagree.

More than 30% of the respondents agree that their religion (that is Christianity) forbids the use of condoms but over 60% disagree.

On availability of condoms, about half of the respondents (53.3%) strongly disagree that condoms are very expensive and hard to find, 36.7% disagree while 10% agree. Over 90% of the respondents disagree that it is not easy to make their partners to use condom, 6.7% agreed.

More than 15% of the participants agree that their partners will not trust them if they suggest the use of condom while over 80% of them disagree. Although 46.7% strongly disagree that one episode of unprotected sexual intercourse does not expose them to contract STI/HIV/AIDS, 33.3% disagree while 20.0% agreed.

Over 30% of the respondents agree that the use of condom is not safe for protection during sexual intercourse while over 60% disagree. 20% agree that HIV/AIDS is propaganda to deceive youths against pre-marital sexual acts, 80% disagrees.

However, 43.3% disagree that STI/HIV/AIDS can be prevented by staying away from indiscriminate sexual intercourse, more than 50% agree to this. Meanwhile, one fifth of the youths (20.0%) strongly agreed that youths should be taught the use of condoms, STI/HIV/AIDS in the church, 33.3% agree, 13.3% disagree while 33.3% strongly disagree. See table 3 below.

Table 3: Frequency and percentage of RCCG youths knowledge of condom use

VARIABLES		N	PERCENTAGE
The use of condom is effective in protecting against STI/HIV/AIDS.	Strongly Agree (SA)	6	20.0%
	Agree	21	70.0%
	Disagree (D)	2	6.7%
	Strongly Disagree (SD)	1	3.3%

Condom interferes with sexual enjoyment.	Strongly Agree (SA)	0	0.0%
	Agree (A)	5	16.7%
	Disagree (D)	9	30.0%
	Strongly Disagree (SD)	16	53.3%
My religion forbids the use of condom.	Strongly Agree (SA)	7	23.3%
	Agree (A)	3	10.0%
	Disagree (D)	12	40.0%
	Strongly Disagree (SD)	8	26.7%
Condoms are very expensive and hard to find.	Strongly Agree (SA)	1	3.3%
	Agree	2	6.7%
	Disagree (D)	11	36.7%
	Strongly Disagree (SD)	16	53.3%
It is not easy to make my boyfriend/girlfriend to use condom.	Strongly Agree (SA)	0	0.0%
	Agree	2	6.7%
	Disagree (D)	15	50.0%
	Strongly Disagree (SD)	13	43.3%
My boyfriend/girlfriend will think I don't trust him if I suggest the use of condom	Strongly Agree (SA)	1	3.3%
	Agree (A)	4	13.3%
	Disagree (D)	11	36.7%
	Strongly Disagree (SD)	14	46.7%

Just one episode of unprotected sexual intercourse does not expose one to contract STI/HIV/AIDS.	Strongly Agree (SA)	0	0.0%
	Agree (A)	6	20.0%
	Disagree (D)	10	33.3%
	Strongly Disagree (SD)	14	46.7%
Use of condom is not safe for protection during sexual intercourse.	Strongly Agree (SA)	5	16.7%
	Agree	4	13.3%
	Disagree (D)	13	43.3%
	Strongly Disagree (SD)	8	26.7%
HIV/AIDS is propaganda to deceive the youth against pre-marital sexual act.	Strongly Agree (SA)	3	10.0%
	Agree	3	10.0%
	Disagree (D)	8	26.7%
	Strongly Disagree (SD)	16	53.3%
STI/HIV/AIDS can be prevented by staying away from indiscriminate sexual intercourse.	Strongly Agree (SA)	3	10.0%
	Agree (A)	14	46.7%
	Disagree (D)	4	13.3%
	Strongly Disagree (SD)	9	30.0%
Youths should be taught the use of condoms, STI/HIV/AIDS in the church.	Strongly Agree (SA)	6	20.0%
	Agree (A)	10	33.3%
	Disagree (D)	4	13.3%
	Strongly Disagree (SD)	10	33.3%

The church should make provision for voluntary counseling for youths about STI/HIV/AIDS.	Strongly Agree (SA)	15	50.0%
	Agree	13	43.3%
	Disagree (D)	1	3.3%
	Strongly Disagree (SD)	1	3.3%

PART TWO: INFERENCE STATISTICS

In this section, the overall results from this study are further analyzed to elicit possible correlations that will contribute to making inferences.

4.4 KNOWLEDGE OF RESPONDENTS ABOUT STI/HIV/AIDS

The general knowledge of study participants about STI/HIV/AIDS was tested using knowledge related questions (that is from questions 4-13 in the questionnaire): see appendix A

For the purpose of this research study, RCCG youths who answered above 80% knowledge questions correctly (that is a score of 8 out of 10 questions) were classified as having ‘good knowledge of STI/HIV/AIDS’ while youths who scored below 80% were classified as having ‘poor knowledge of STI/HIV/AIDS’. The results are shown below:

Table 4: Table showing the level of knowledge of STI/HIV/AIDS amongst youths of RCCG Maseru, Lesotho.

Level of knowledge	Frequency	Percentage
Good	25	83.3%
Poor	5	16.7%
Total	30	100%

Bar Chart depicting the level of knowledge of STI/HIV/AIDS of the respondent

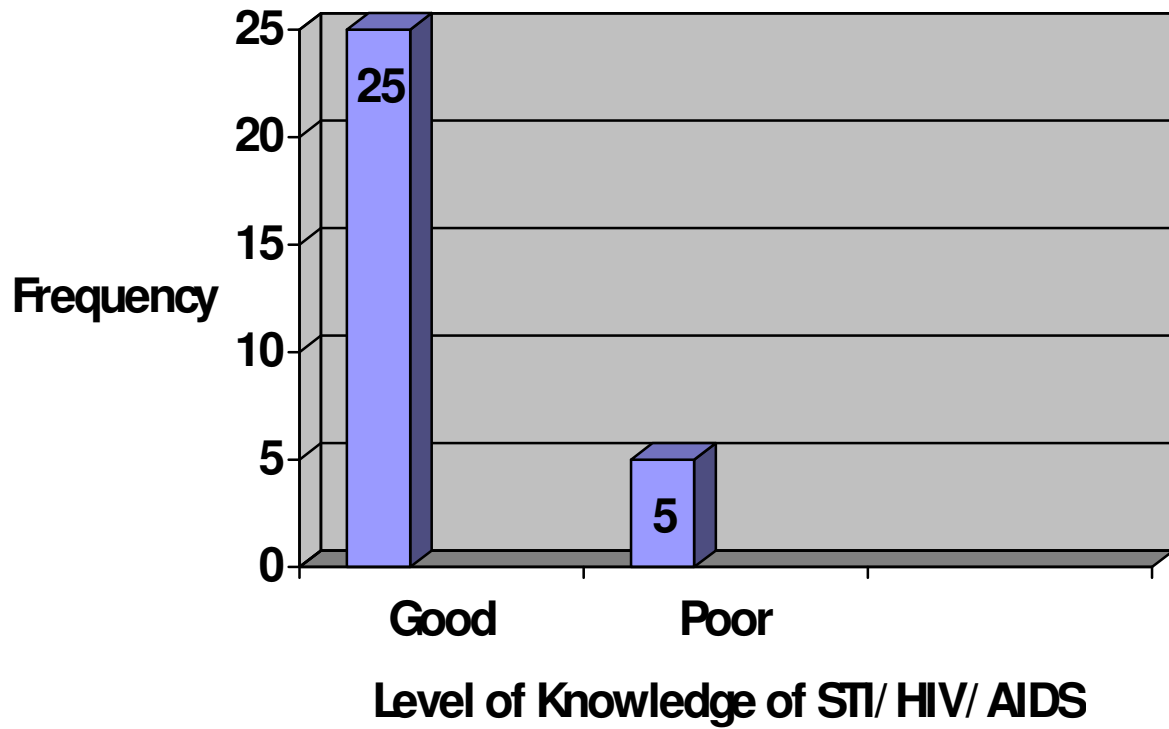


Figure 1: Bar Chart depicting the level of knowledge of STI/HIV/AIDS of the respondents

Table 5: Comparison of the proportion of RCCG youths socio-demographic characteristics and knowledge of STI/HIV/AIDS

Variables		Level of knowledge of STI/HIV/AIDS		Chi square value	P – Value
		Good N (%)	Poor N (%)		
Age	≤ 19 years	12 (92.3%)	1 (7.7%)	0.63	0.426
	≥ 20 years	14 (82.4%)	3 (17.6%)		
	Total	26	4		
Sex	Male	8 (53.3%)	7 (46.7%)	9.13	0.002
	Female	15 (100.0%)	0 (0.0%)		
	Total	23	7		
Educational qualification	≤ Secondary School	18 (100.0%)	0 (0.0%)	5.00	0.025
	Tertiary institutions	9 (75.0%)	3 (25.5%)		
	Total	27	3		

Table 5 show chi square analysis result between the level of knowledge of STI/HIV/AIDS and socio-demographic characteristics. The result showed that the knowledge of STI/HIV/AIDS among RCCG youth was significantly associated with sex and educational qualification. Female youths (100%) had significantly good knowledge of STI/HIV/AIDS than male youths (53.3%) at p value 0.002.

100% of RCCG youths in secondary school education had good knowledge of STI/HIV/AIDS than 75% of RCCG youths in tertiary institutions at p values of 0.025.

4.5 PARTICIPANTS' KNOWLEDGE OF CONDOM USE

The knowledge of condom use among youths of RCCG that participated in this research study was tested using 12 questions that is: questions 14-25. See appendix A.

For the purpose of this study, RCCG youths who answered above 75% of the knowledge of condom use questions correctly (that is a score of 9 out of 12) were classified as having 'good knowledge of condom use' while others classified as having 'poor knowledge of condom use'. The results are shown below.

Table 6: Table showing the knowledge of RCCG Maseru, Lesotho youths about condom use.

Level of knowledge	Frequency	Percentage
Positive	18	60.0%
Negative	12	40.0%
Total	30	100%

Bar chart depicting the knowledge of condom use of the respondents

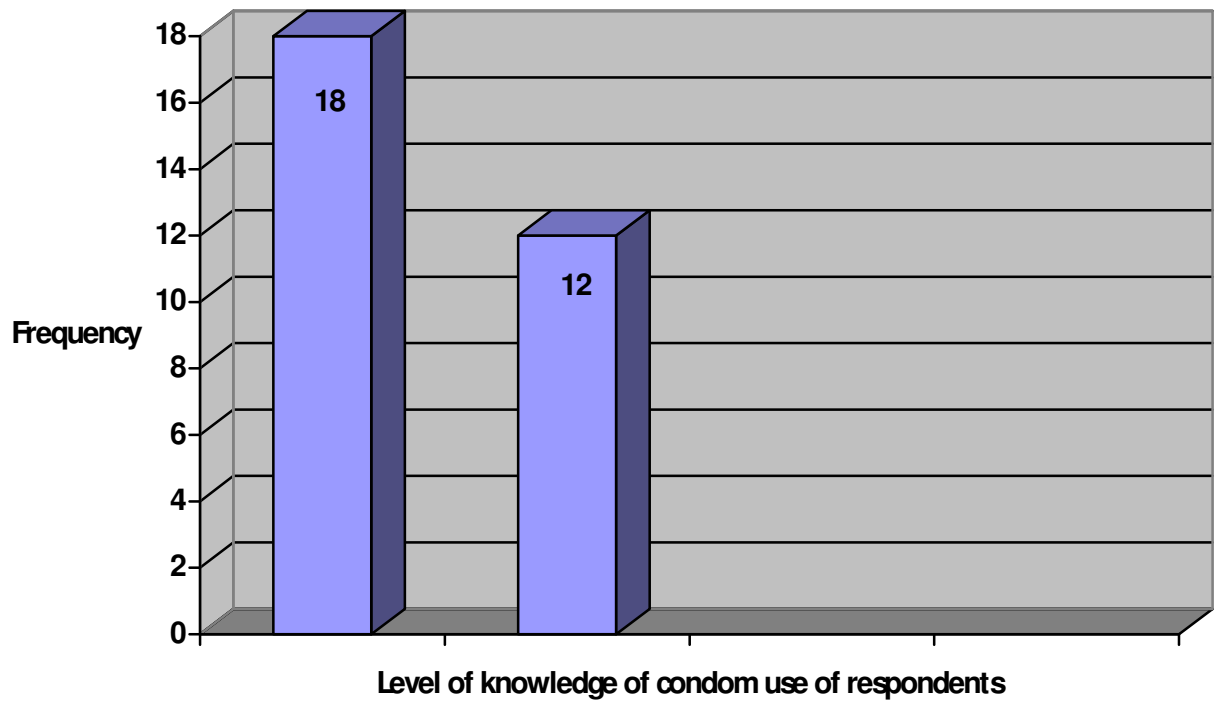


Fig 2: bar chart depicting the level of condom use of the respondents

Table 7: Comparison of the proportion of RCCG youths socio-demographic characteristics and knowledge of condom use

Variables		Level of knowledge		Chi square value	P – Value
		Good N (%)	Poor N (%)		
Age	≤ 19 years	6 (50.0%)	6 (50.0%)	0.83	0.361
	≥ 20 years	12 (66.7%)	6 (33.3%)		
	Total	18	12		
Sex	Male	8 (53.3%)	7 (46.7%)	1.29	0.255
	Female	11 (73.3%)	4 (26.7%)		
	Total	19	11		
Educational qualification	≤ Secondary School	14 (60.9%)	9 (39.1%)	3.91	0.047
	Tertiary Institution	7 (100.0%)	0 (0.0%)		
	Total	21	9		

Table 7 show the chi square analysis result between the level of knowledge of condom use and socio demographic characteristics. The results show that the knowledge of condom use was significantly associated with the educational qualification of the RCCG youths.

More number of youths in tertiary institution (100%) had significantly good knowledge of condom use than youths in secondary school (60.9%) at p value of 0.047.

CHAPTER 5

DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

5.1 DISCUSSION

The following shows that the relationship of the socio demographic characteristics of the RCCG youths and their knowledge of STI/HIV/AIDS and condom use. The participants' age ranges between 15 and 27 years with the mean age at 21 years. Close to half of RCCG youths (43.3%) who participated in the study were between 20 and 24 years of age. There is however equal sex distribution and all the participants had formal education with 60% of them in secondary schools and the remaining 40% in tertiary institutions.

5.2 Knowledge of STI/HIV/AIDS

The study showed that 7.7% of RCCG youths less than 19 years old have poor knowledge of STI/HIV/AIDS while 17.6% of youths aged 20 years and above have poor knowledge of STI/HIV/AIDS. These findings is in support of Jagha, and Adedimeji's study of the "knowledge of STIs/HIV/AIDS, Risk perceptions and condom use among young people living in the slums of Ibadan, Nigeria" in 2002 where it was found that after more than two decades into the HIV/AIDS epidemic, data showed that the vast majority of young people in Ibadan remain uninformed about sexuality, sexually transmitted infections, and implications for reproductive health.

The result of the study showed that all the female youths of RCCG (100%) have good knowledge of STI/HIV/AIDS whereas about half (46.7%) of the male youths of RCCG have poor knowledge of STI/HIV/AIDS. Likewise, 100% of RCCG male youths with secondary education have good knowledge of STI/HIV/AIDS whereas 25.5% of youths in the tertiary institution had poor knowledge of STI/HIV/AIDS. This finding is in support of the findings of Upreti et al., 2009 in a systemic review of the young people's knowledge, attitude, and behaviour on STI/HIV/AIDS in the context of Nepal where it was found that knowledge seems to differ between education level, gender, and area of living. There was also strong association between levels of education and knowledge of HIV and one of the reviewed studies by Upreti et al showed that females had low levels of knowledge compared with males (54% Vs 87%)

5.3 Knowledge of condom use

From the study, it was found that half (50%) of the RCCG youths less than 19 years old had poor knowledge of condom use while in youths more than 20 years old it was 33.3%

However, about half (46.7%) of male youth had poor knowledge of condom use as compared to one quarter (26.7%) of the female youths. This finding is however in support of the work of Jagha, 2002 in Ibadan, Nigeria where it was found that opinion and attitudes about condoms are negative, and knowledge regarding condoms and condom use is extremely low among young people living in slums. Jagha also reported that knowledge about condoms as a protective measure was high among all respondents, with 80% reporting that condoms reduce the risk of HIV infection

On the contrary, all the youths in tertiary institution had good knowledge of condom use whereas 39.1% of youths with secondary school education have poor knowledge of condom use.

5.4 CONCLUSION

It is important to break the silence around HIV, dispel myths and misinformation, and to overcome stigma and discrimination within the faith context. This research study gave an opportunity to an air of openness in an enclosed environment to the dreaded topic 'STI/HIV/AIDS and condom use'.

Churches preach abstinence, but in this era of HIV/AIDS pandemic, the preaching should go beyond this. If the preaching against abstinence is effective, then the HIV/AIDS pandemic should have reduced visibly. Abstinence and preventive measures are to be preached alongside each other.

The aim of the study was to assess the knowledge of youths in a religious environment towards STI/HIV/AIDS and condom use despite their moral teachings. The aim is to see whether religion, and their level of education as youths will influence their sexual behaviour, and knowledge of STI/HIV/AIDS.

By employing a cross-sectional descriptive approach, the level of knowledge of STI/HIV/AIDS and condom use of 30 youth's members (15 males and 15 females) of RCCG were surveyed

using self-administered questionnaires. Both descriptive and inferential statistical methods were utilized in analyzing the ensuring results.

The following are the main findings from the study:

- I. Knowledge STI/HIV/AIDS across the age group was found to be good with those less than 19 years of age having 92.3% and those more than 20 years of age having 82.4%
- II. All the participants had formal education with 60% of them in secondary school and the remaining 40% in tertiary institution
- III. All the female youths of RCCG (100%) had good knowledge of STI/HIV/AIDS as compared to 53.3% of male youths
- IV. Likewise, 100% of RCCG youths in secondary school had good knowledge of STI/HIV/AIDS as compared 75% of those in tertiary institution
- V. Half (50%) of the RCCG youths less than 19 years have good knowledge of condom use while the other half (50%) have poor knowledge. On the other hand, 66.7% of youths more than 20 years of age have good knowledge of condom use as compared to 33.3% with poor knowledge
- VI. About three quarter (73.3%) of female RCCG youths have good knowledge of condom use as compared to about half (53.3%) of the male youths
- VII. All RCCG youths (100%) in tertiary institution have good knowledge of condom use as compared to 60.9 % of those in secondary school.
- VIII. Factors that were found to be significantly associated with RCCG youths knowledge of STI/HIV/AIDS are: sex and educational qualification ($p=0.002$) and ($p=0.025$). On the other hand, the only factor that was found to be significantly associated with their knowledge of condom use is educational qualification at $p=0.047$.

5.5 RECOMMENDATIONS

Based on the findings of this study, the following are recommended for action:

- I. RCCG church should inform all church members (including the youths) about STI/HIV/AIDS and preventive methods.
- II. Seminars/Workshops should be regularly organized to bring the youths together so that they can freely express themselves concerning issues around STI/HIV/AIDS.
- III. Faith Based Organizations (FBO) and Non Governmental Organizations (NGO) should work together with the Ministry of Health and Social Welfare (MOHSW) in promoting health education about the importance of preventing STI/HIV/AIDS.
- IV. It is essential to conduct more descriptive studies in other churches in Lesotho so as to examine the true extent of the knowledge of youths across the country.

REFERENCES

1. Adolescent Sexual and Reproductive Health among Young People (2006). **Compendium of Institutions in Bangladesh**. WHO and UNFPA.
2. Awake (2004). **When Will AIDS End?** Watch Tower Bible Tract Society. New York: Vol. 85, No. 22.
3. Bruce H. (2004). **Influence of religious affiliation and education on HIV knowledge and HIV-related sexual behaviors among unmarried youth in rural central Mozambique**.
4. Christensen L.B. (2007). **Experimental Methodology**. Tenth Edition, University of South Alabama.
5. Evans, MA (2008). **Transforming Approaches to HIV Transmission in Nigeria, a Case Study**.
6. Harms G, Corea A, Iyambo S, Radebe F, Fehler H, and Ballard R: **Perceptions and patterns of reproductive tract infections in a young rural population in Namibia**. In *2nd European Congress on Tropical Medicine*. Liverpool, UK; 1998.
7. Jagha T. and Adedimeji A. (2002). **Knowledge of STI/HIV/AIDS, Risk perception and condom use among youth people living in the slum of Ibadan, Nigeria**. Poverty and equity in reproductive health series
8. John Nkonyana HIV/AIDS-Related knowledge, Attitudes and Behaviour Available at www.health.gov.ls/home/11chapter11.pdf. (Assessed 5th, July 2010).
9. Kirby, D. (2002). **HIV transmission and prevention in adolescents: HIV in Site**.
10. Kim R (2002). **Adolescent Sexuality, Gender and the HIV Epidemic**: Research Unit Institute of Education, University of London.
11. Nwafor J. and Madu I. (2002). **Issues in Population and Rural Development**. Enugu. Fulladu Publishing Company.
12. Mash R, Mash B, de Villiers, P. ‘Why don’t you just use a condom?’ Understanding the motivational tensions in the minds of South African women. *Afr. J Prm. Health Care & Fam. Med.* 2010;2(1), Art. #79, 4 pages. DOI: 10.4102/phcfm.v2i1.79.
13. Pathfinder International's (2002) **FOCUS on Young Adults Project**.
14. NAC, (2009). **Annual Report on National Response to HIV/AIDS**. Ministry of Health and Social Welfare, Lesotho.
15. Ndola P. et al, (2005). *International Family Planning Perspectives*.

15. Nigerian Demographic and Health Surveys 2003: National Population Commission, Abuja/Nigeria and ORC Macro 2004: Nigerian Demographic and Health Survey 2003.
16. Nweneka C.V. (2007). **Sexual practices of church youths in the era of HIV/AIDS: Playing the ostrich.** AIDS Care Journal, Volume 19, Issue 8. September 2007, pages 966 – 969.
17. Peltzer K. Oladimeji Y. (2004): Some factors in condom use among first year Nigerian University students and black and white South Africans. **Psychological Report.** 94(2): 583-6
18. Save the Children, USA (2006): **Adolescent Sexual and Reproductive Health.** Retrieved on 22.2.06 from http://www.savethechildren.org/health/adol_health/programmes.
19. Upreti D. et al, (2009): **Young people’s knowledge, attitude, and behaviour on STI/HIV/AIDS in the context of Nepal, a systemic review.** Kathmandu University Medical Journal (2009), Vol. 7, No. 4, Issue 28, 383-391.
20. UNAIDS (2002). “AIDS Epidemic Update”, December 2002, Geneva: UNAIDS.
21. www.pathfind.org/site/DocServer/Relatorio_final.pdf?docID=3581. **Scaling up Youth HIV/AIDS Prevention.**
22. www.pathfind.org **Increasing HIV/AIDS Therapy Adherence among Youth in Mozambique, Pathfinder International.** Assessed 7th July, 2010.
23. WHO (2002). **The World Health Report 2002.** World Health Organization. Reducing Risks, Promoting Healthy Life. Geneva.

APPENDIX A
QUESTIONNAIRE

INSTRUCTION: Dear respondent, this questionnaire is design to gather information on the Knowledge of STI/HIV/AIDS and condom use among youths of RCCG, Maseru, Lesotho. Please choose the answer that is most appropriate for the question applicable.

SECTION A: SOCIO DEMOGRAPHIC CHARACTERISTICS

1. AGE RANGE:

(a) 15 – 19

(b) 20 – 24

(c) > 25

2. SEX:

(a) Male

(b) Female

3. What is your level of education?

(a) No formal education

(b) Primary

(c) Secondary

(d) Tertiary

SECTION B: KNOWLEDGE OF STI/HIV/AIDS

INSTRUCTION: Please tick the appropriate response that indicates your knowledge of STI/HIV/AIDS using the following: SA (Strongly Disagree), SA (Strongly Agree), A (Agree), D (Disagree), SD (Strongly Disagree).

	SA	A	D	SD
4. STI/HIV/AIDS is a pandemic disease in Lesotho.				
5. STI/HIV/AIDS can be transmitted from one person to another through sexual intercourse.				
6. The infection can be contracted by having unprotected sex with commercial sex worker.				
7. Infection can be reduced or prevented with the use of condom for every sexual act.				
8. HIV/AIDS can be contracted through blood transfusion and sharing of sharp objects.				
9. HIV/AIDS can be cured by traditional medicine.				
10. One can shake hands, hug, sit beside HIV/AIDS persons and not contract AIDS.				
11. Voluntary confidential testing and counseling should be made available for everyone.				
12. HIV/AIDS positive people should be isolated to prevent them from spreading the virus.				
13. HIV/AIDS is propaganda by adults to scare youths from having sexual intercourse.				

SECTION C: CONDOM USE

	SA	A	D	SD
14. The use of condom is effective in protecting against STI/HIV/AIDS.				
15. Condom interferes with sexual enjoyment.				
16. My religion forbids the use of condom.				
17. Condoms are very expensive and hard to find.				
18. It is not easy to make my boyfriend/girlfriend to use condom.				
19. My boyfriend/girlfriend will think I don't trust him if I suggest the use of condom.				
20. Just one episode of unprotected sexual intercourse does not expose one to contract STI/HIV/AIDS.				
21. Use of condom is not safe for protection during sexual intercourse				
22. HIV/AIDS is propaganda to deceive the youth against pre-marital sexual act.				
23. STI/HIV/AIDS can be prevented by staying away from indiscriminate sexual intercourse.				
24. Youths should be taught the use of condoms, STI/HIV/AIDS in the church.				
25. The church should make provision for voluntary counseling for youths about STI/HIV/AIDS.				

APPENDIX B



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STELLENBOSCH UNIVERSITY ASSENT TO PARTICIPATE IN RESEARCH

TITLE OF STUDY: KNOWLEDGE OF STI/HIV/AIDS AND CONDOM USE AMONG YOUTHS OF THE REDEEMED CHRISTIAN CHURCH OF GOD RCCG, MASERU, LESOTHO.

You are asked to participate in a research study conducted by Oyebanji Kemi Fisayo for the award of MPHIL HIV/AIDS MANAGEMENT degree (In view) from the Africa Centre for HIV/AIDS Management, Department of Industrial Psychology Department at Stellenbosch University. This research results will contribute to the research paper for award of the above degree. You were selected as a possible participant in this study because you are a youth member of The Redeemed Christian Church of God, Maseru, Lesotho, and you fall within the research population of this research study.

1. PURPOSE OF THE STUDY

The purpose of this study is to assess the knowledge of STI/HIV/AIDS and condom use among youths in RCCG, Maseru, Lesotho. Youths are perhaps the most affected victims of STI/HIV/AIDS because of their increase in sexual activities. There is need to assess the knowledge of youths in a religious setting in order not to have the wrong assumption that the youths are well informed and knowledgeable about STI/HIV/AIDS and the use of condom.

2. PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following things:

- ✂ Fill a questionnaire written in English language that gathers information on your knowledge of STI/HIV/AIDS and condom use.

3. POTENTIAL RISKS AND DISCOMFORTS

For this research study, there are no foreseeable risks, discomforts or inconveniences.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

The benefits from this study are to improve the level of knowledge and awareness of youths in RCCG Church Maseru, Lesotho towards STI/HIV/AIDS and the use of condom.

Youths in RCCG Church will ordinarily not express themselves about their knowledge on STI/HIV/AIDS and the use of condoms. It might be difficult to get the required data for this study because the youths might shy away if put in a group discussion, the use of questionnaires will help gather real and true information of the youth's knowledge of STI/HIV/AIDS and condom use. It will also improve their knowledge of safe sexual health behaviour.

5. PAYMENT FOR PARTICIPATION

The participants will not receive any payments from this study.

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 as the names of the participants and their identities will not be used. Any complaint made by the participants will be treated in confidence and investigated and the participants will be informed of the outcome.

A copy of the research study will be given to the Country Director of RCCG, Maseru, Lesotho.

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: Researcher - Oyebanji Kemi Fisayo,

+266 58400053,

kemifisayo@yahoo.com.

Supervisor – Prof. Johan Augustyn,

+27 83 6263081,

jcda@sun.ac.za.

9. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your assent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; +27 21 808 4622] at the Division for Research Development.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was described to me by Oyebanji Kemi (the researcher) in English and I am in command of this language or it was satisfactorily translated to me. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

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

Name of Subject/Participant

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ [*name of the subject/participant*] He/she was encouraged and given ample time to ask me any questions. This conversation was conducted in English and no translator was used.

Signature of Investigator

Date

APPENDIX C



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STELLENBOSCH UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH

TITLE OF STUDY: KNOWLEDGE OF STI/HIV/AIDS AND CONDOM USE AMONG YOUTHS OF THE REDEEMED CHRISTIAN CHURCH OF GOD RCCG, MASERU, LESOTHO.

You are asked to participate in a research study conducted by [Oyebanji Kemi Fisayo for the award of MPHIL HIV/AIDS MANAGEMENT degree (In view) from the Africa Centre for HIV/AIDS Management, Department of Industrial Psychology Department at Stellenbosch University. This research results will contribute to the research paper for award of the above degree. You were selected as a possible participant in this study because you are a youth member of The Redeemed Christian Church of God, Maseru, Lesotho, and you fall within the research population of this research study.

10. PURPOSE OF THE STUDY

The purpose of this study is to assess the knowledge of STI/HIV/AIDS and condom use among youths in RCCG, Maseru, Lesotho. Youths are perhaps the most affected victims of STI/HIV/AIDS because of their increase in sexual activities. There is need to assess the knowledge of youths in a religious setting in order not to have the wrong assumption that the youths are well informed and knowledgeable about STI/HIV/AIDS and the use of condom.

11. PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following things:

- ✂ Fill a questionnaire written in English language that gathers information on your knowledge of STI/HIV/AIDS and condom use.

12. POTENTIAL RISKS AND DISCOMFORTS

For this research study, there are no foreseeable risks, discomforts or inconveniences.

13. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

The benefits from this study are to improve the level of knowledge and awareness of youths in RCCG Church Maseru, Lesotho towards STI/HIV/AIDS and the use of condom.

Youths in RCCG Church will ordinarily not express themselves about their knowledge on STI/HIV/AIDS and the use of condoms. It might be difficult to get the required data for this study because the youths might shy away if put in a group discussion, the use of questionnaires will help gather real and true information of the youth's knowledge of STI/HIV/AIDS and condom use. It will also improve their knowledge of safe sexual health behaviour.

14. PAYMENT FOR PARTICIPATION

The participants will not receive any payments from this study.

15. 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 as the names of the participants and their identities will not be used. Any complaint made by the participants will be treated in confidence and investigated and the participants will be informed of the outcome.

A copy of the research study will be given to the Country Director of RCCG, Maseru, Lesotho.

16. 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.

17. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact: Researcher - Oyebanji Kemi Fisayo,

+266 58400053,

kemifisayo@yahoo.com.

Supervisor – Prof. Johan Augustyn,

083 6263081,

jcda@sun.ac.za.

18. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was described to me by Oyebanji Kemi (the researcher) in English and I am in command of this language or it was satisfactorily translated to me. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

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

Name of Subject/Participant

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ [*name of the subject/participant*] He/she was encouraged and given ample time to ask me any questions. This conversation was conducted in English and no translator was used.

Signature of Investigator

Date

APPENDIX D



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STELLENBOSCH UNIVERSITY INFORMED CONSENT FORM FOR PARENTS AND GUARDIANS OF THE UNDERAGED PARTICIPANTS PARTICIPATING IN THE RESEARCH STUDY

TITLE OF STUDY: KNOWLEDGE OF STI/HIV/AIDS AND CONDOM USE AMONG YOUTHS OF THE REDEEMED CHRISTIAN CHURCH OF GOD RCCG, MASERU, LESOTHO.

Your child/ward has been asked to participate in a research study conducted by [Oyebanji Kemi Fisayo for the award of MPhil HIV/AIDS MANAGEMENT degree (In view) from the Africa Centre for HIV/AIDS Management, Department of Industrial Psychology Department at Stellenbosch University. This research results will contribute to the research paper for award of the above degree. Your child/ward has been selected as a possible participant in this study because he/she is a youth member of The Redeemed Christian Church of God, Maseru, Lesotho, and falls within the research population of this research study.

19. PURPOSE OF THE STUDY

The purpose of this study is to assess the knowledge of STI/HIV/AIDS and condom use among youths in RCCG, Maseru, Lesotho. Youths are perhaps the most affected victims of STI/HIV/AIDS because of their increase in sexual activities. There is need to assess the knowledge of youths in a religious setting in order not to have the wrong assumption that the youths are well informed and knowledgeable about STI/HIV/AIDS and the use of condom.

20. PROCEDURES

If your child/ward volunteers to participate in this study, we would ask you to do the following things:

- ✚ Fill a questionnaire written in English language that gathers information on your knowledge of STI/HIV/AIDS and condom use.

21. POTENTIAL RISKS AND DISCOMFORTS

For this research study, there are no foreseeable risks, discomforts or inconveniences.

22. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

The benefits from this study are to improve the level of knowledge and awareness of youths in RCCG Church Maseru, Lesotho towards STI/HIV/AIDS and the use of condom.

Youths in RCCG Church will ordinarily not express themselves about their knowledge on STI/HIV/AIDS and the use of condoms. It might be difficult to get the required data for this study because the youths might shy away if put in a group discussion, the use of questionnaires will help gather real and true information of the youth's knowledge of STI/HIV/AIDS and condom use. It will also improve their knowledge of safe sexual health behaviour.

23. PAYMENT FOR PARTICIPATION

The participants will not receive any payments from this study.

24. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with your child/ward will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained as the names of the participants and their identities will not be used. Any complaint made by the participants will be treated in confidence and investigated and the participants will be informed of the outcome.

A copy of the research study will be given to the Country Director of RCCG, Maseru, Lesotho.

25. PARTICIPATION AND WITHDRAWAL

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

26. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact: Researcher - Oyebanji Kemi Fisayo,

+266 58400053,

kemifisayo@yahoo.com.

Supervisor – Prof. Johan Augustyn,

083 6263081,

jcda@sun.ac.za.

27. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

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

Name of Subject/Participant

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ [*name of the subject/participant*] He/she was encouraged and given ample time to ask me any questions. This conversation was conducted in English and no translator was used.

Signature of Investigator

Date

APPENDIX E



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1 December 2010

Tel.: 021 - 808-9183
Enquiries: Sidney Engelbrecht
Email: sidney@sun.ac.za

Ms KF Oyebanji
Centre for HIV/Aids Management
University of Stellenbosch
STELLENBOSCH
7602

Reference: 422/2010

Ms KF Oyebanji

APPLICATION FOR ETHICAL CLEARANCE

With regards to your application, I would like to inform you that the project, *Knowledge of STI/HIV/AIDS and condom use among youth of the Redeemed Christian Church of God (RCCG), Maseru, Lesotho*, has been approved on condition that:

1. The researcher/s remain within the procedures and protocols indicated in the proposal;
2. The researcher/s stay within the boundaries of applicable national legislation, institutional guidelines, and applicable standards of scientific rigor that are followed within this field of study and that
3. Any substantive changes to this research project should be brought to the attention of the Ethics Committee with a view to obtain ethical clearance for it.
4. The researcher/s implements the suggestions made by the mentioned by the Research Ethics Committee (Human Research) in order to reduce any ethical risks which may arise during the research.

We wish you success with your research activities.

Best regards



Sidney Engelbrecht
.....
MR SF ENGELBRECHT

Secretary: Research Ethics Committee: Human Research (Non-Health)

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Privaat Sak/Private Bag XI • Matieland 7602 • Suid-Afrika/South Africa
Tel: +27 21 808 4985 • Faks/Fax: +27 21 808 4537





General Overseer
E. A. Adeboye

THE REDEEMED CHRISTIAN CHURCH OF GOD

P. O Box 9974 Maseru 100, Lesotho. Tel: +266 2232 6623, Fax: +266 2232 6871
Cell: +266 5885 9332, E-mail: rccgles@ilesotho.com & lesrccg@yahoo.com

06 July 2010

The Research and Ethical Committee
Stellenbosh University
Stellenbosh

Dear Sir / Madam

**RE: KNOWLEDGE OF STI / HIV/AIDS AND CONDOM USE AMONG YOUTHS
OF THE REDEEMED CHRISTIAN CHURCH OF GOD (RCCG), MASERU,
LESOTHO**

Reference is made to your letter requesting ethical approval of the above mentioned study.

The Redeemed Christian Church of God having reviewed your protocol hereby authorizes you to conduct this study among the specified population. The study is authorized with the understanding that the protocol will be followed as stated. Departure from the stipulated protocol will constitute a breach of the permission.

Yours faithfully,
For: The Redeemed Christian Church of God

Pastor Gboyega Oyinloye
Resident Pastor

**THE REDEEMED CHRISTIAN CHURCH
OF GOD
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