

# **Church Teaching and the Views of Youth on Sexual Practices: A Study amongst Anglican Youth of the Cape Town Diocese aged 12 -19**

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Thesis presented in partial fulfilment of the requirements for the degree of Master of Theology at Stellenbosch University.

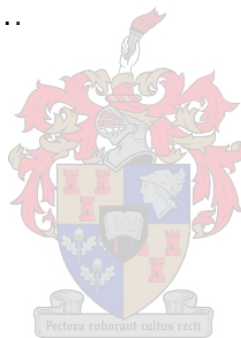
Promoter: Prof. J Louw  
Dec 2006

**DECLARATION:**

I, the undersigned, hereby declare that the work contained in this thesis is my own original work, and that I have not previously in its entirety or in part submitted it at any university for a degree.

Signed.....

Date.....



## **ABSTRACT**

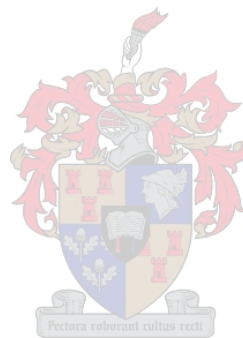
This research aims to establish if church-going young people adhere to the principle of 'no sex before marriage', or if there are competing 'voices' and pressures that young people succumb to. Are they practising risky sexual behaviour, with multiple partners, using no protection or experiencing sexual violence?

We conducted a survey in order to understand the gravity of the challenge, and to identify ways in which the Anglican Church might become more effective in dealing with issues of sexuality among young people. The field research was undertaken between October 2004 and January 2005 and involved a detailed questionnaire survey (with 1,306 responses analysed), and three different focus group discussions. Respondents were between 12 and 19 years of age, both male and female, and demographically representative of the Anglican Church of Cape Town Diocese. It is hoped that the results of this survey will be informative for church leaders and those involved in ministry with young people.

Our research reveals that church-going young people are not excluded from the risks faced by others in society. Of the respondents 30.5% have had sex (40% Male and 21% Female; Black 44%, White 26% and Coloured 30%). This is irrespective of geographical location (32% Rural and 30% Urban). Young people are practising vaginal, oral and anal sex or any combination. During their first sexual experience, only 35% used contraceptives. Ninety percent of their first partners are friends or schoolmates and when it came to venue, 75% had sex at home or at their partner's place. Casual sex was common and 33% of those who have had sex have been with four or more sexual partners. Sexual violence also occurred as 6% of the respondents were forced to have sex (Black 7.1%, White 6.5% and Coloured 5.4%). Of this coerced group, 12% have themselves demanded sex from somebody else.

There is thus a gap between the Church's traditional teaching of 'no sex before marriage' and the realities of the way in which our young people live. Hence, we should no longer hide our heads in the sand and pretend that our young people are not at risk. This research has certainly identified several areas of concern. Nonetheless, it has also revealed encouraging information, as young people are interested in changing the situation.

In order to increase its effectiveness in addressing the sexuality of young people, the Anglican Church should be prepared to act decisively. The approach recommended from this study should be multifaceted, given the increasingly complex landscape in which young people live. There is an urgent need to support young people in building healthy relationships. Parental workshops are an important intervention in order to enable parents to communicate with their children about sexuality, using an age-appropriate approach. Peer education should be adopted: that is training key opinion leaders in each church so that they can provide positive peer pressure. In addition, the church should take a stand against sexual messages seen in the media; silence implies consent. The church must clearly communicate its opposition to these unhealthy sexual messages to society at large.



## OPSOMMING

The doel van die navorsing is om jongmense wat kerklik meelewend is se siening en persepsies oor die standpunt van die Anglikaanse kerk, naamlik geen seks voor die huwelik, te ondersoek en te toets aan die hand van sekere teologiese kriteria. Dit wil vasstel of daar ander moontlike faktore of stemme is wat jongmense se standpunt oor seks en seksualiteit bepaal. Van die belangrike vrae wat ondersoek is: beoefen jongmense hoë risiko, seksuele gedrag met meervoudige bedmaats? Tree hulle genoegsaam voorkomend op? Is hulle blootgestel aan seksueel-gewelddadige gedrag?

'n Empiriese ondersoek (Oktober 2004 en Januarie 2005) is gelooft ten einde die uitdagings waarvoor die Anglikaanse Kerk ten opsigte van seks-onderdig te staan kom, vas te stel. Die projek beoog om die kerk se bediening op te skerp en meer relevant gefokus te raak op die seksuele oriëntasie van jongmense. 'n Vraelys is opgestel en uitgestuur. Drie verskillende diskussiegroepe was betrokke. 1306 response is ontleed. Respondente was tussen 12 en 19 jaar, gender-gemeng en demografies verteenwoordigend van die Anglikaanse Kerk se bedieningsopset binne die Cape Town Diocese.

Die navorsing toon duidelik dat jongmense aan risiko's blootgestel is met implikasies vir die MIV pandemie. Van die respondente het 30.5% seks gehad (40% mans; 21% vrouens; swart 44%; wit 26% en bruin 30%). Wat geografiese verspreiding aan betref (stad 30%, platteland 32%) was daar nie beduidende verskille nie. Daar bestaan 'n kombinasie van seks-praktyke, vanaf vaginale, orale en anale seks. Gedurende die eerste seks-ervaring het net 35% kontraseptiewe middels/metodes gebruik. 90% van die eerste bedmaats was maats, vriende of skoolmaats. 75% van die kontakte het tuis plaas gevind. Toevallige seks was algemeen en 33% van die respondente het seks met vier of meer persone gehad. Seksuele geweld kom voor. 6% van die respondent was geforseer om seks te beoefen (swart 7.1%; wit 6.5%; bruin 5.4%). Vanuit hierdie groep het 12% seks geëis van iemand anders.

Daar bestaan 'n groot gaping tussen die leer van die kerk: geen seks voor die huwelik en die lewensrealiteit van jongmense. Jongmense is belis 'n hoë risikogroep. Die navorsing het verkeie areas geïdentifiseer wat dringend die kerk se aandag verg. Van

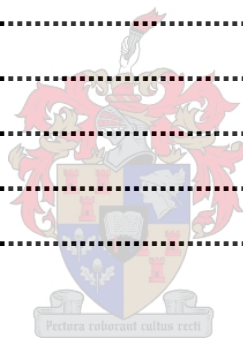
belang is die feit dat jongmense duidelik 'n behoefte toon aan konstruktiewe begeleiding.

Ten einde the problematiek van seksuele gedrag onder jongmense in die kerk sinvol aan te spreek, sal relevante programme ontwikkel moet word wat multi-faktoreel gestruktureer en kontekstueel moet wees. 'n Belangrike bedieningstrategie is die skep van ouerbegeleidingsgroepe en werksinkels ten einde ouers toe te rus hoe om sinvol met jongmense oor seksuele gedrag en seksualiteit te kommunikeer. Daar moet gefokus word op verskillende ouderdomsgroepe en hoe om jongmense by te staan om gesonde verhoudinge te bou. Die seksopvoeding en voorligting moet jongmense inskakel. Leiers onder jongmense wat kan help, moet geïdentifiseer word en ook opgelei word. Destruktiewe groepsdruk moet aangespreek word. Die kerk sal ook leiding moet gee oor die wyse waarop die media seksualiteit hanteer. Op hiedie wyse moet die kerk betrokke raak by die publieke diskoers en negatiewe tendens aanspreek.



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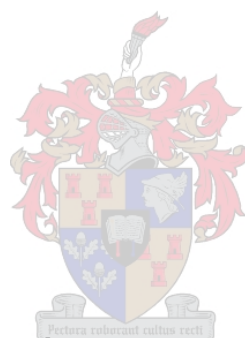


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Appendix 1: Map of Cape Town Diocese

Appendix 2: List of participating churches

Appendix 3: Questionnaire

## List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
CPSA	Church of the Province of Southern Africa
F	Female
FGD(s)	Focus Group Discussion(s)
HIV	Human immunodeficiency virus
M	Male

## Acknowledgements

- Roselyn Kareithi – my God sent angel!!! For your hours and hours of work, and for your friendship. Mzuri sana!!!
- CPSA HIV/AIDS office – for funding the research
- Cornerstone Christian College and friends – for the volunteers who helped with field visits, namely Patrick Shivuri, Jacob Oresso, Letson Kamuana, Nkosinathi Magangane, Mandy Redcliff, Peter Pazitka, Sibongile Moloi, Sulet Jobert, Karen Lister, Desiree Stroud, Venesa Walter, Sunee Papanfus, Grant Damoes, Gill Bale and Beverley Hendricks
- Elsa Eigelaar-Meets – for being our research methodology guru with whom we could bounce back ideas
- Prof Daniel Louw – for support and book lending!!
- Susan Wamatu – for patiently keying-in all the quantitative data into a computer programme
- Prof Daan Nel – for analyzing the quantitative data
- Prof Bob Mash – for inspiring us to do the research...and for being an unpaid supervisor!!
- Dr Sam Kareithi – for his interest, input and encouragement through out the research process
- Catherine Matthews – for help with the questionnaire
- Peter Patzika – for the thousand and one phone calls made!
- St Albans Goodwood – for being our guinea pigs
- Faith Matters – for the inspiration
- Frank Molteno – for checking the questionnaire and for your encouragement

- Wendy Lewin – for input on the questionnaire and map!
- The priests, parents and young people in the 65 sample churches in the Diocese of Cape Town – for agreeing to participate in the research
- To Sarah Rowland Jones – my eagle eye!! And the scary purple pen!



# **1. INTRODUCTION AND BACKGROUND**

## **1.1 Background**

South Africa is in the grip of a pandemic of unprecedented proportions. Of all the countries in the entire world, it has the largest number of HIV+ people with 5.3 million South Africans currently infected. The overall rates of infection amongst pregnant women are reported as 28% (UNAIDS :2004).

The rates of infection amongst young people are staggering, one in four of young women, aged 20-24, are infected. The Medical Research Council indicates that there are many factors leading to this, one of them being lack of knowledge or awareness. Sixty two percent of young South Africans who learnt they were HIV+ had believed that they faced little or no risk of infection. Over a third of those who had sex in the last year failed to use a condom. There is a rapid growth in infections in the teenage years, a prevalence rate of 4.8% in the age group 15 -19 yrs jumps to 16.5% in the 20 - 24 age group (Badcock-Walters 2004).

Another factor is that of sexual aggression. Twenty eight per cent of young women said they did not want their first sexual experience, and one third was forced. The incidence of sexual violence is fuelling the pandemic. A recent study of school learners aged between 10 and 19 showed that 8.6% had been physically forced to have sex (Andersson et al. 2004:952).

## **1.2 Introduction**

The Anglican Church is part of this society. Our members are not excluded from the risks faced by other young people. The Anglican Church is burying its young people. Active members of our churches, including youth leaders and committed church members, are contracting and dying of HIV.

'Most of our weekends, we are burying our youngsters'  
Rev T Gubangxa, Holy Cross, Nyanga, 2005 <sup>1</sup>

This is the context within which we need to examine the gap between the traditional teaching of 'no sex before marriage' and the way people actually live. The Anglican Church affirmed its traditional teaching regarding sexuality at the Lambeth Conference in 1998. At this Conference the bishops of the global Anglican Communion gathered together and agreed on the following resolution:

This conference :

In view of the teachings of Scripture, upholds faithfulness in marriage between a man and a woman in lifelong union, and believes that abstinence is right for those who are not called to marriage .Resolution I.10 on Human Sexuality, Lambeth Conference<sup>2</sup>

In order to develop an effective strategy to combat HIV/AIDS, it is vital that we face up to the realities of the challenge we face. We cannot hide our heads in the sand and pretend that our young people are not at risk of infection.

To this end therefore, we decided to face the problem head on, to discover exactly how great the challenge is. We decided to conduct research to discover the age of sexual debut, the number of sexual partners, levels of sexual violence and condom usage.

However, once the problem had been defined, we still need to come up with effective pastoral strategies to lead to behaviour change. In order to do this we also decided to explore the barriers to abstinence, and the motivating factors that are encouraging early sexual debut. No church- based youth sexual behaviour program can hope to be successful without understanding these factors.

Many churches are involved in 'abstinence preaching', but with remarkably little effect. What type of program needs to be implemented, which will lead to an understanding of sexuality that is in line with Christian principles, and which will raise the age of sexual debut, and increase faithfulness? What are the practical theological issues that need to be explored in response to these findings? These are some of the issues that this research will attempt to address.

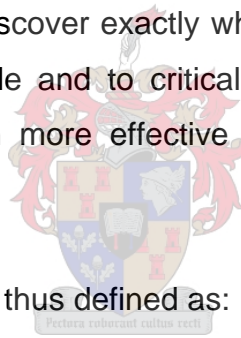
Thus the problem that is addressed by this research is the gap between the current sexual practices of young people and the Church's teaching of 'no sex before marriage'. The hypothesis is that this gap is significant and the Church needs to face up to the challenges this poses to its pastoral ministry both in content and methodology.

This gap between the sexual practices of youth and the teaching of 'no sex before marriage' raises questions around the appropriateness of the church's traditional stance, as well as the effectiveness of the way in which that message is communicated.

### 1.3 Aim

The aim of the research was to discover exactly what the situation is regarding sexual activity amongst our young people and to critically analyze the church's stance on sexuality, so that we can design more effective programmes leading to behaviour change.

Our central research question was thus defined as:



In what way might the Anglican Church become more effective in bridging the gap between current sexual practices amongst the Anglican youth and the traditional teaching of the Church of no sex before marriage?

### 1.4 Objectives

This research was undertaken in order to determine:

- (i) The extent and type of sexual activity amongst Anglican youth
- (ii) The prevalence of risky sexual behaviour

- (iii) The prevalence of sexual coercion
- (iv) Gender differences
- (v) The roles of home, school and church in sexual education
- (vi) The motivating factors that encourage early sexual debut, as well as the factors that encourage young people to wait
- (vii) What the youth feel about sexual activity,
- (viii) What the youth understand and believe regarding the Church's teachings about sexuality,
- (ix) What are the practical theological issues raised by this research?
- (x) And how can the Anglican Church be more effective in bridging the gap between teaching and behaviour.

### **1.5 Target audience**

The main audience for this research is the Anglican Church in the Diocese of Cape Town. In 2005, the Diocese of Cape Town consisted of 131 parishes, many with chapelries<sup>3</sup>. It is an extensive Diocese reaching from the Cape Town Metropole to the Namibian border. A map is attached in appendix 1.

This research will be of importance to priests and youth leaders interested in having a more effective ministry in the area of sexual behavioural change. The study is of vital importance to Fikelela - the HIV/AIDS project of the Anglican Church in the Diocese of Cape Town which is committed to reducing the rate of new HIV infection amongst young people. This research should inform their implementation of more effective programmes.

A broader audience consists of the 23 Dioceses of the Church of the Province of Southern Africa (CPSA) since these findings will be of relevance to them. The HIV/AIDS department of CPSA have faithfully supported and contributed to funding this research project. Other audiences include the wider Christian body in South Africa and further abroad as well as any organizations working with young people, young people themselves, and parents. This report will further be of interest to theologians, academics, and government policy makers interested in the education and sexuality of young people.

## **2. RESEARCH DESIGN AND METHODOLOGY**

### **2.1 Research design**

The objectives of the research were firstly to discover the prevalence of sexual activity, including risky sexual behaviour and sexual coercion. For this a quantitative methodology was the most suited. A questionnaire was designed to establish the prevalence of various sexual behaviours.

Secondly we wanted to examine the following issues:

- Gender differences,
- The role of home, school and church in sexual education
- The motivating factors that encourage early sexual debut and those that encourage young people to wait.
- What they youth understand regarding the churches teaching on sexuality
- How the church can become more effective in bridging the gap between what is being taught and what is being lived

To answer these questions, a more effective methodology was that of qualitative research, and it was decided to use focus group discussions in order to gather the relevant data. Thus a two-stage research design was set up, the first stage being a questionnaire survey and the second stage involving focus group discussions.

### **2.2 Questionnaire**

The questionnaire methodology will be discussed according to the development of the questionnaire, sampling methodology, data collection and data analysis.

#### **2.2.1 Development of the questionnaire**

In order to design our questionnaire, we first looked at three previous studies. The first two studies focus on sexual behaviour and attitudes of young people in South Africa, and the third was a study from the US which focussed on sexual behaviour and attitudes of religious young people.



The first study looked at was 'HIV and sexual behaviour among Young South Africans: A national survey of 15-24 year olds'. (Pettifor *et al*: 2004). This was a survey conducted by the Reproductive Health Research Unit of the University of the Witwatersrand for the loveLife consortium. A questionnaire was filled in by interviews with 11904 young people from all nine provinces of South Africa in 2003. It was designed to cover the following issues

- demographics
- symptoms of STDS
- sexual behaviour (self reported)
- contraceptive use
- sexual coercion and violence
- attitudes around HIV
- perceived risk of HIV
- indicators of awareness and response to loveLife (Pettifor *et al*: 2004:7).

The replies were linked anonymously to HIV testing through a unique identification number. Many of our questions were based on the questions from this study.

The second study to be examined was the 'South African National Youth Risk Behaviour Survey' (Reddy *et al.*, 2003). This was a study which the National Department of Health commissioned the Medical Research Council to undertake in 2002. The study aimed to establish the prevalence of key risk behaviour, including sexual behaviour, violence, substance abuse and others. Twenty three schools were selected in each of the nine provinces, and a total of 10699 learners participated. The target age was from grades eight to eleven. A two stage cluster sample design was utilized, and data was collected through a self administered questionnaire. On completion of our study we compared much of our data with the statistics for the Western Cape.

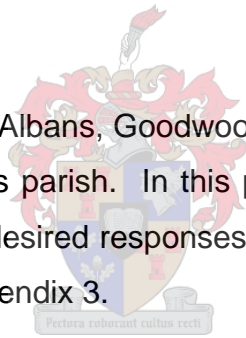
The third study focussed on religious youth. Although the setting was the United States, many of the questions were also of relevance to our research, since they were dealing with attitudes to the Church's teaching around sexuality. This survey was called 'Faith Matters: Teenagers, Religion and Sexuality' (Clapp *et al* 2003). This was a survey conducted in 2002 involving 5819 teenagers (grades nine to twelve) and 2049 clergy. It

involved 4198 protestant youth from 38 denominations, 819 Roman Catholic youth, 131 Unitarian, 361 Jewish, 207 Muslim and 103 defined as 'other'. These were youth who were all active in their congregational life. The churches were selected randomly. Participation was by written surveys, interviews and focus group discussions. The research was designed to cover the following issues:

- Prevalence of risky behaviours
- What religious communities were and were not doing to help youth relate their faith to sexual decisions. (Clapp: 2003:15-17).

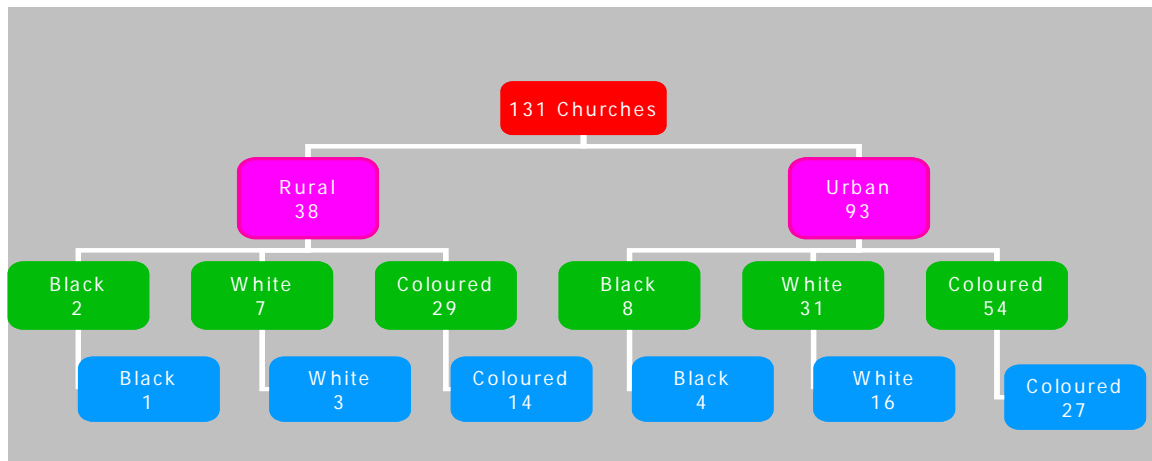
Based on these three surveys, a draft questionnaire was developed with the permission of the Bishops of the Diocese. Certain questions were adapted with the support of the Department of Public Health (UCT).<sup>4</sup> The questionnaire was designed to provide primarily quantitative data (Section A); however a few qualitative questions were included in Section B in order to generate themes for discussion in the focus group discussions.

A pilot church was identified as St Albans, Goodwood. The draft questionnaire was pre-tested with young people from this parish. In this pilot church, questions were tested for clarity, and to ensure that the desired responses would be generated. The resultant questionnaire is to be found in appendix 3.



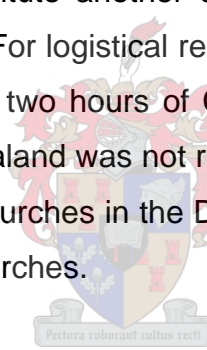
### 2.2.2 Sampling

At the time of the study, the Diocese of Cape Town had 131 churches, in both rural and urban areas. Thus a research sampling methodology was sought that would effectively ensure that the chosen sample would provide adequate coverage by geographical location and by demography (race). In order to obtain a representative sample, **Multistage Cluster Sampling** was chosen (Babbie and Mouton: 2001). All 131 churches were listed first by geographical location (urban or rural), and secondly by the predominant race. Thus, we determined that in the Diocese there are 7 predominantly white rural churches, 2 predominantly black and 29 predominantly coloured. Similarly in the urban areas we have 4 black, 16 mainly white and 27 mainly coloured. Within these clusters, every second church was chosen, as shown in Figure 2.1.



**Figure 2.1 Multistage cluster sampling**

In certain cases we had to substitute another church, for instance when a selected church was unable to participate. For logistical reasons, we also decided that we would limit our churches to those within two hours of Cape Town. Unfortunately this meant that the Archdeaconry of Namaqualand was not represented. The Questionnaire Survey was conducted in 65 out of 131 churches in the Diocese of Cape Town. See Appendix 2 for the full list of participating churches.



The age of the participants was decided upon as 12 -19, in order to represent the widest number of participants in both confirmation class and youth groups.

### 2.2.3 Data Collection

Once the questionnaire was finalised and sample churches identified, dates were arranged for visits to either the youth group or confirmation class. Parental consent letters were sent to the parishes for distribution. Only young people who wished to participate, and had parental consent, filled in the questionnaire.

The Research assistant, Roselyn Kareithi, assisted by multi-lingual field assistants read out the questions, and translations were made where necessary. This was necessary to help anyone with difficulties of literacy and understanding of the questions. Translation was essential because the questionnaires were printed only in English.

The majority of the field assistants were students from Cornerstone Christian College. This college was selected because it is interdenominational, and therefore the majority of the volunteers were unknown to Anglican youth.

It was very important that confidentiality was preserved at all times. The questionnaires were filled in anonymously, and the field assistants placed them in a 'ballot box' upon completion.

#### **2.2.4 Constraints to data collection and solutions applied**

Several constraints were experienced during the questionnaire survey. Firstly, making appointments with 65 churches, at a date and time convenient with the priest, young people and youth leaders proved to be a larger task than was initially envisaged. A volunteer assisted with making telephone calls and double-confirming appointments. Several priests had reservations regarding the research. For example, there was a concern that some of the questions (in particular around oral sex) were too sensitive for the age group. The researchers had to apply great diplomacy and also adequately explain the rationale of this research.

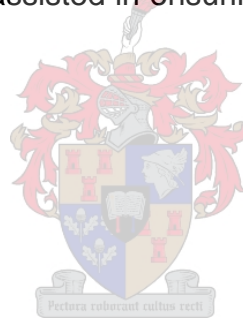
Secondly, several churches in the sample proved to be unreachable due to various reasons. This included refusal by some priests for their church to participate in the research or inaccessibility of some churches due to distance. Some churches had completed their youth activities for the year (such as confirmation classes, youth meetings, etc) and thus it was a challenge to get the young people together. To overcome these constraints, the researchers made substitutions of several churches in the sample. This was achieved by choosing another church from the same cluster.

A third challenge was that data had to be collected within a six week period, because of the approaching school holidays. The researchers thus called in Field Assistants who were compensated for transport costs with a small stipend for each church visited. Some of the Field Assistants were from Fikelela, but the majority were students and friends of Cornerstone Christian College, Plumstead. The researchers coordinated their appointments, training and clearly explained the research rationale, methodology and how data was to be collected.

Fourthly another challenge faced was that not all field assistants and researchers were familiar with the churches they visited. Thus the researchers had to ensure that detailed directions were provided upon seeking appointments. A road map was purchased to provide more detailed directions.

Fifthly, the questionnaire was only printed in English. To overcome this constraint (and any constraint a respondent may face in reading), it was a mandatory requirement that each question was read out and any necessary translation made. Thus, the researchers also had to ensure that the field assistants were adequately multi-lingual (mainly English, Xhosa and Afrikaans), to eliminate potential language barriers. Where necessary, the researchers travelled with translators.

The questionnaire was designed to be as simple as possible for young people. The pre-test of the questionnaire also assisted in ensuring that as many options as possible were provided.



### **2.2.5 Data analysis**

Several steps were followed in undertaking the quantitative data analysis. Firstly, an Excel spreadsheet was designed for data capturing. Initially, information from the pilot-survey was keyed-in, to ensure that data is presented in a way that would facilitate statistical analysis. Once this was confirmed, data-capturing continued. A student from Cornerstone Christian College keyed-in the quantitative data (raw figures for statistics) into a computer programme. Nonsensical answers were removed in order to clean the data.

Before the data was analyzed, the researchers met with Prof Daan Nel, a Statistician from Stellenbosch University, Centre for Statistical Consultation, who highlighted the importance of data cleaning. Thereafter, any responses to specific questions that were obviously nonsensical were deleted. Out of 1,317 questionnaires filled in, 11 were

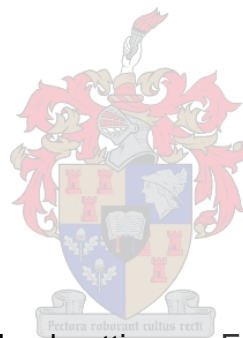
spoiled. A total of 1,306 questionnaires were analysed; Male 535 (41%) and Female 771 (59%).

Once the data was cleaned, the Excel file was submitted to the Statistician. Quantitative analysis was undertaken in a programme known as 'Statistica' Version 7. Analyzed information was presented back in a Word file with both figures and diagrammatic representations.

Some of the quantitative data was later compared with the generalizable data of the Western Cape from the South African National Risk Behaviour Survey (Reddy *et al.*, 2003), which examined learners between Grade 8 and 11.

The Researchers also analyzed the qualitative data from the questionnaires (comments received from section B). Emerging themes were identified in preparation for the Focus Group Discussions.

## **2.3 Focus Group Discussions**



### **2.3.1 Sampling**

The second part of the study involved setting up Focus Group Discussions. When the questionnaires were distributed, the participants were also given a reply slip. If they were interested in attending a focus group discussion, they would fill in their name and phone number. Participants were chosen from three groups: rural, urban and peri-urban. Participants were also divided into groups of those who were sexually active and not and selected in order to get a mix of genders.

### **2.3.2 Data collection**

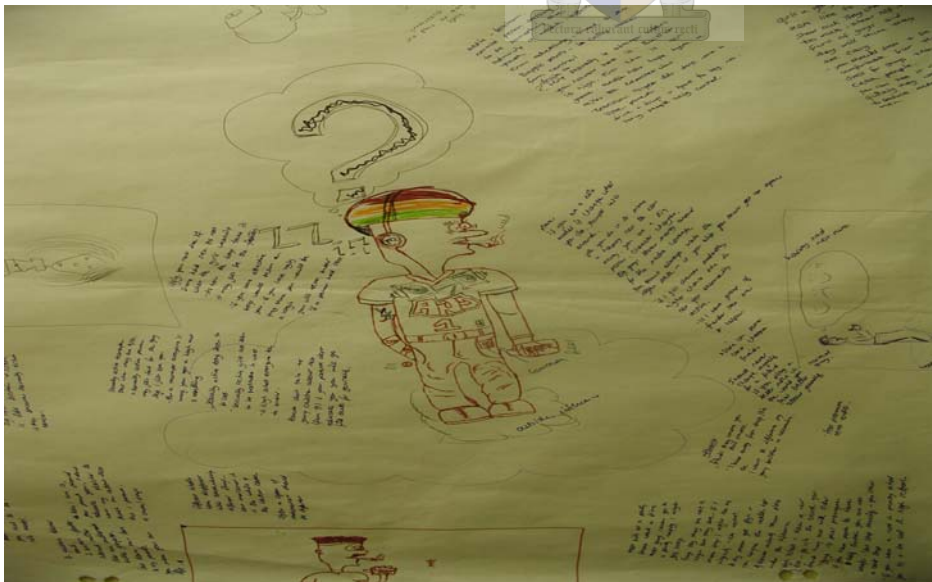
The focus groups were kept small to encourage participation, with an average of eight people. It was stressed that confidentiality was key. Themes for discussion were based on the objectives of the study, with emerging themes identified from an initial analysis of the questionnaires. These included gender differences, sexual coercion, risky sexual



behaviour, the role of parents, the role of the church, and peer pressure. One of the methods used which was effective in encouraging discussion was to draw pictures of sexually active and not sexually active people. Comments were then written around the figures and used as a basis for discussion. Additional issues were incorporated as they emerged. Two samples of the pictures created are shown below.



**Figure 2.2 Drawing of a young person who has not had sex**



**2.3 Figure Drawing of a young person who has had sex**

Instead of recording the discussions, a transcript was created simultaneously by an external person with typing skills. Comments were recorded word for word, with no names attached. It was noted if the comment was by a male or female. After the completion of the FGD a total of 10 rolls of flip chart and 30 pages of transcript were collected.

### **2.3.3 Constraints to data collection**

During the pre-test of the questionnaire, a pilot FGD was planned. This did not take place due to time constraints. In order to overcome this problem, the researchers involved an expert with wide experience in conducting FGDs who attended the first and third FGDs.

The Focus Group Discussions (FGDs) also had unique difficulties. Young people changed their minds, wanted their friends to participate as well, forgot, could not recall filling in the reply slip, decided to stay in bed, or just failed to turn-up on the day of discussion. The aim was to have at least eight (8) participants at each discussion. To achieve this number, at least 20 participants were invited to each discussion, with a request that they inform their parents and seek parental consent. Telephone calls were then made the next day to confirm interest and parental approval. Follow-up telephone calls were also made a few days before the discussion to reconfirm participation. Transport that would be most convenient to the young people and their parents was also finalized. Finally there were 9 participants to the first FGD, and 8 each to the second and third discussions.

### **2.3.4 Qualitative data analysis**

The 'framework' methodology of qualitative data analysis was utilized. Bryman (1994:178) identifies the following stages of qualitative data analysis:

- familiarization
- identifying a thematic framework
- indexing
- charting
- interpretation.



During the familiarization process, the transcripts were examined in depth. They were read thoroughly by both researchers in order to gain a feel for the material as a whole. Because of the information supplied by the questionnaires, the researchers were already very receptive to potential issues and themes to look out for.

Next the thematic framework was identified. This was an ongoing process. Initial issues had been identified through the questionnaires. These were explored in the first FGD, and further emerging themes identified. Key issues and concepts were identified: for example the role of parents/home, or gender differences. Certain themes kept appearing regularly, for example gender differences, which highlighted their importance. At succeeding FGDs additional themes and sub themes were identified.

Following the final FGD, the transcripts were amalgamated and indexed according to the themes and sub-themes identified. For example, 3. gender differences; 3.2 gender differences/clothing.

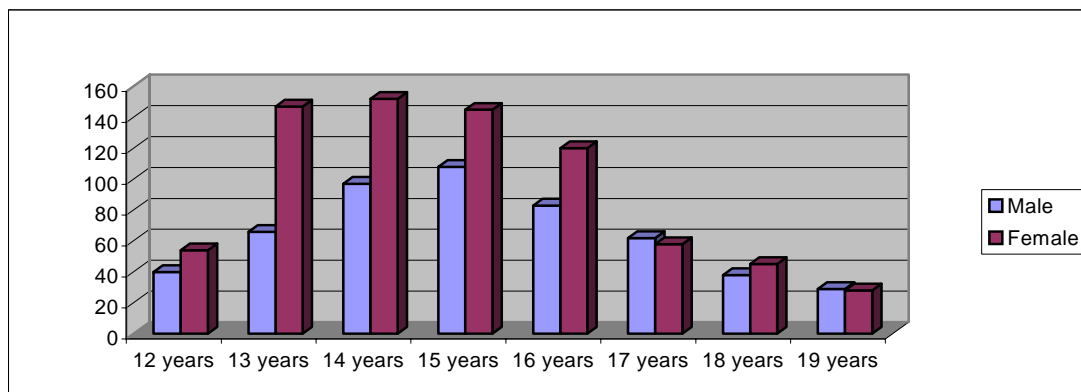
Next, the text was cut and pasted according to the index, to group comments and dialogues according to the indexed themes.

Finally the charted transcripts were interpreted. Explanations were looked for, e.g. motivating factors for early sexual debut. As a result of the interpretation, emerging strategies were identified, for instance the importance of the role of parents was highlighted and a possible strategy identified that of parenting workshops.

### **3. FINDINGS**

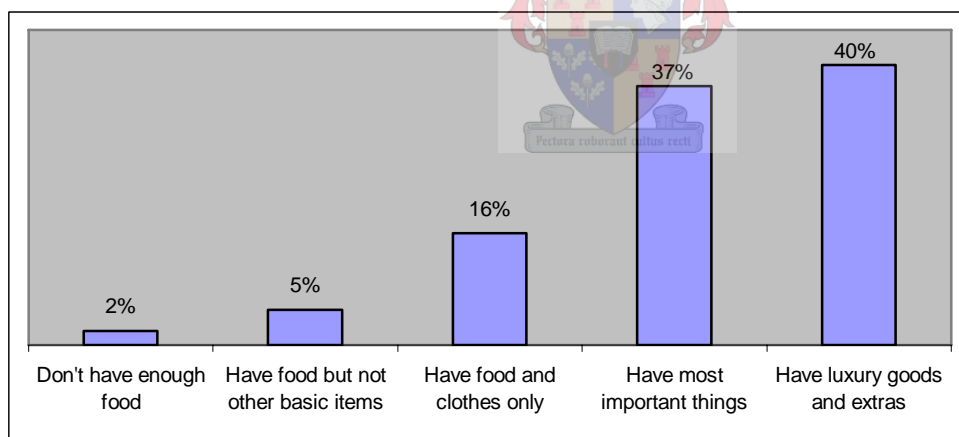
#### **3.1 General data**

In the Questionnaire survey, we looked at key factors including the age and gender of the respondents (Figure 3.1). The gender breakdown was 41% male; female 59%.



**Figure 3.1 Age distribution by gender**

We also examined race (Black 13%, 10% White and 77% Coloured/Indian hereafter referred to as Coloured) and geographical breakdown (36% live in the rural areas; 64% urban areas). Their economic status was assessed by asking about perceptions of poverty (rather than actual financial levels of income in the family). The response by young people is shown in Figure 3.2.



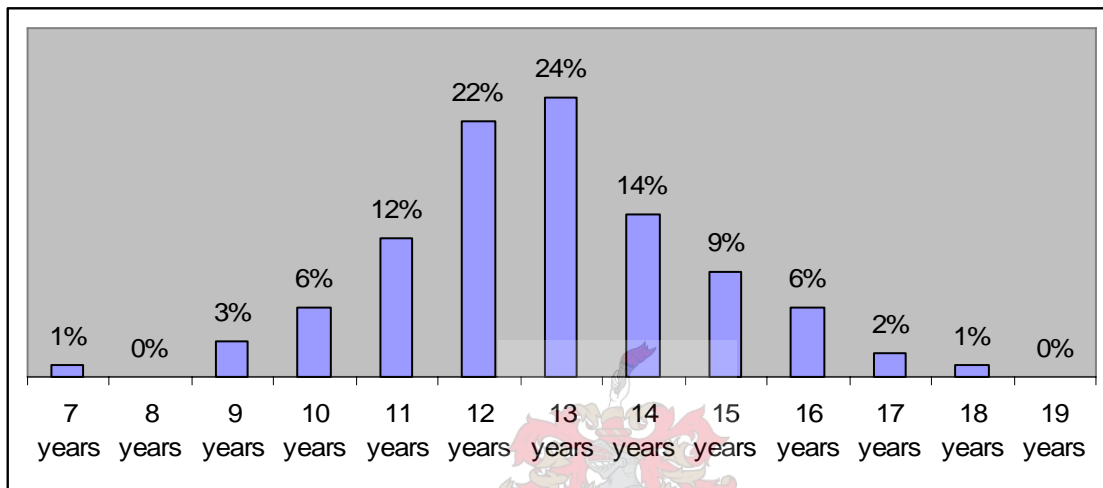
**Figure 3.2 Perception of poverty**

### 3.2 Sexual activity

Sexual behaviour was assessed by gender, geographical location and by race. We also examined the age of first sexual experiences, types of sex, feelings around first sexual experience; sex 'under the influence', and the consequences of having sex.

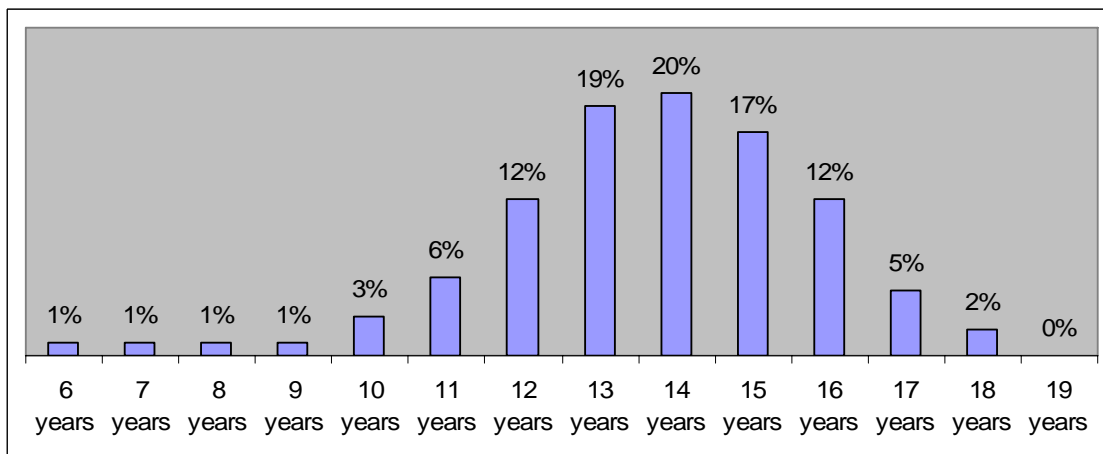
### 3.2.1 Sexual behaviour

Asked whether they had ever had a boyfriend or girlfriend, 75% of the respondents indicated that they had. Asked whether they have ever kissed a boy/man or a girl/woman in a sexual way, 69% indicated that they had. The difference between a sexual kiss and a kiss for a relative was explained. The age of their first sexual kiss is shown in Figure 3.3.



**Figure 3.3 Age of first sexual kiss**

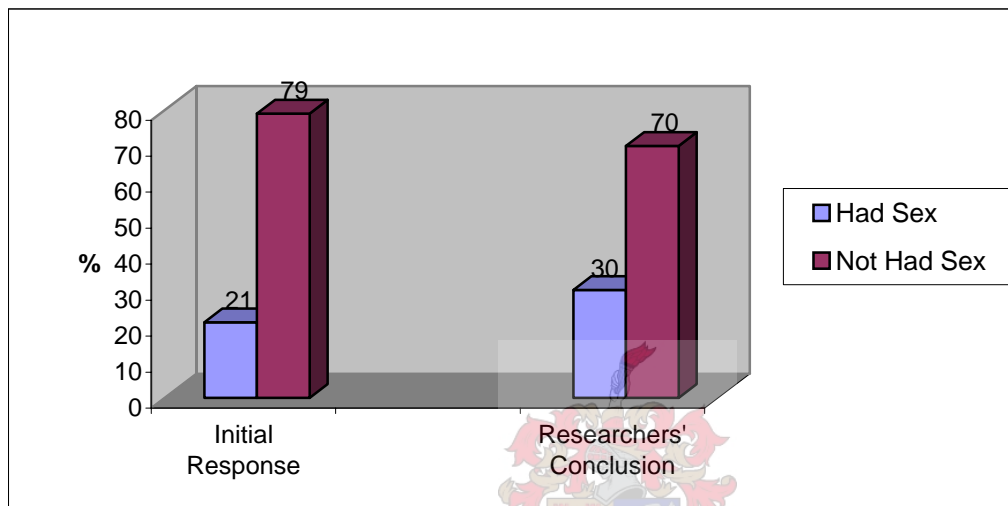
Asked whether they have ever fondled/petted/touched the vagina, penis or breasts of someone else in a sexual way, 41% indicated that they have. Figure 3.4 shows the age when they first did so.



**Figure 3.4 Age of first touching someone else in a sexual way**

### 3.2.2 Sexual experiences

Although 21% of the young people identified themselves as sexually active in their initial response, the researchers concluded that 30.5% were active, when responses to other questions were analyzed, (including rape, anal and oral sex). See Figure 3.5 below.



**Figure 3.5 Sexual activity status**

Thirty point five percent of the respondents have had sex; Black 44%, White 26% and Coloured 30%, with significantly more boys than girls; 40% Male and 21% Female. This is irrespective of geographical location; 32% Rural and 30% Urban. Of those who were not yet sexually active, 13% indicated that they wished they were.

These figures were compared with the South Africa National Risk Behaviour Survey (2002), in the Western Cape, 37.8% of the learners between Grade 8 and 11 have had sex. This is broken down by gender; Male 45.1% and Female 32.7% and by race; Black 43.6%, White 26% and Coloured 30.4%.

The researchers were thus concerned to find that the general statistics for the Western Cape do not vary much from those of this research. Furthermore, our church-going young people are sexually active, no matter their gender, geographical location or the community they come from.

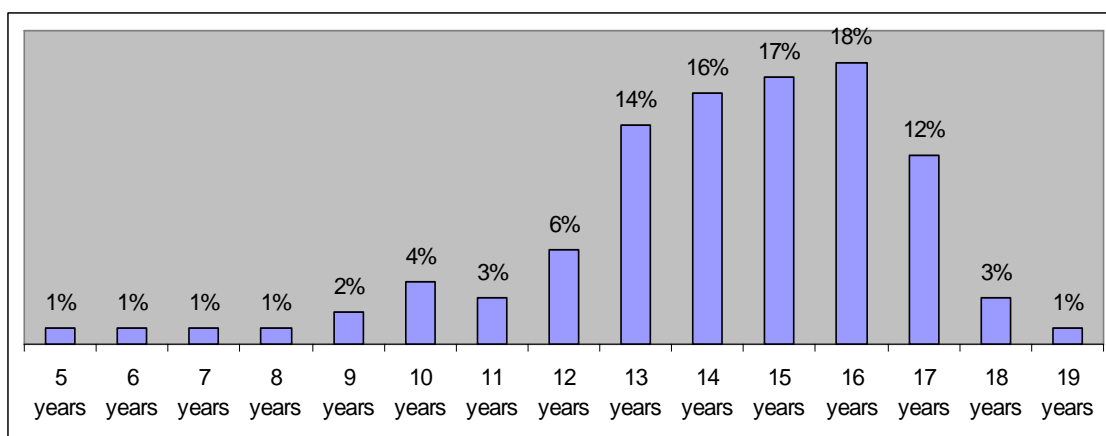
### 3.2.3 Types of sex

Next, we examined what types of sex young people were involved in. Eighty-six percent of the respondents have had heterosexual sex; 5% homosexual sex, and 9% combine heterosexual and homosexual sex.

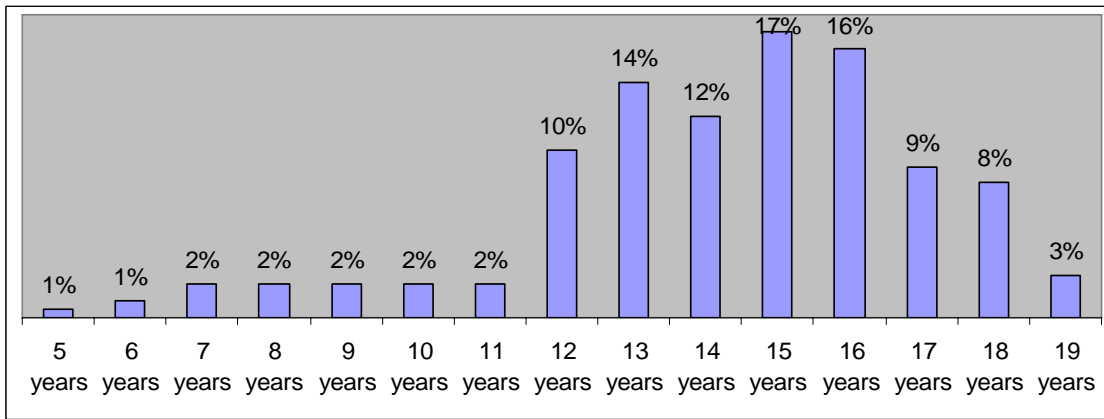
In the Questionnaire Survey we further indicated that there are different methods of sex, and defined each one.

**Vaginal sex** with someone is when the penis was in the vagina.  
**Oral sex** with a man or a woman is when either you or your partner's mouth was on the penis or vagina.  
**Anal sex** with someone is when the penis was in the anus.

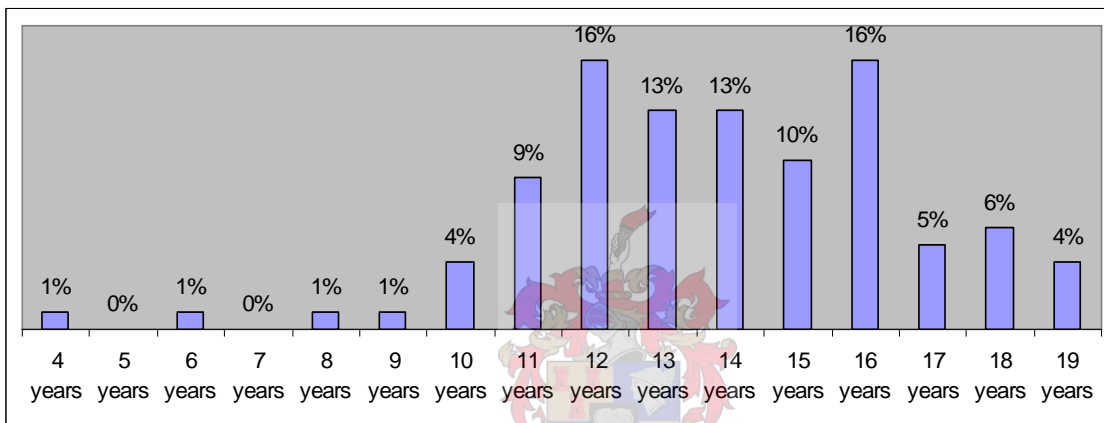
Of the respondents, 18% had had vaginal sex, 13% oral sex and 4% anal sex. This data again suggests that young people are combining different types of sex. The age at which young people first engage in vaginal, oral and anal sex are shown below in Figures 3.6, 3.7 and 3.8 respectively.



**Figure 3.6 Age of first having vaginal sex**



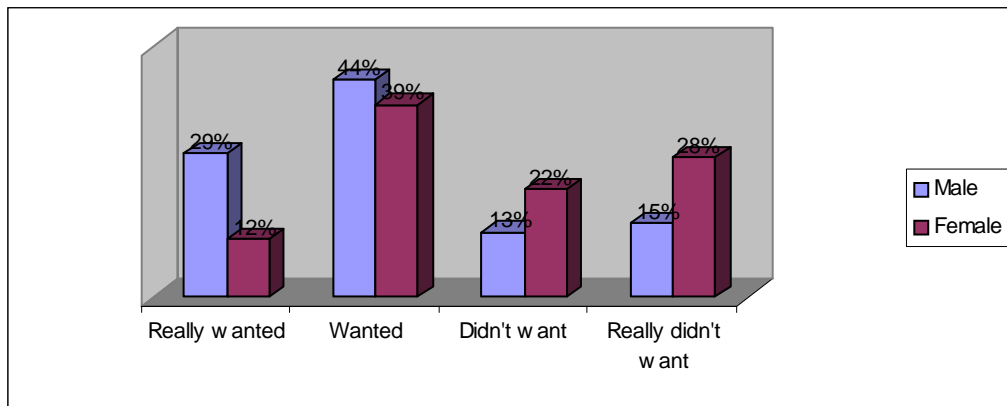
**Figure 3.7 Age of first having oral sex**



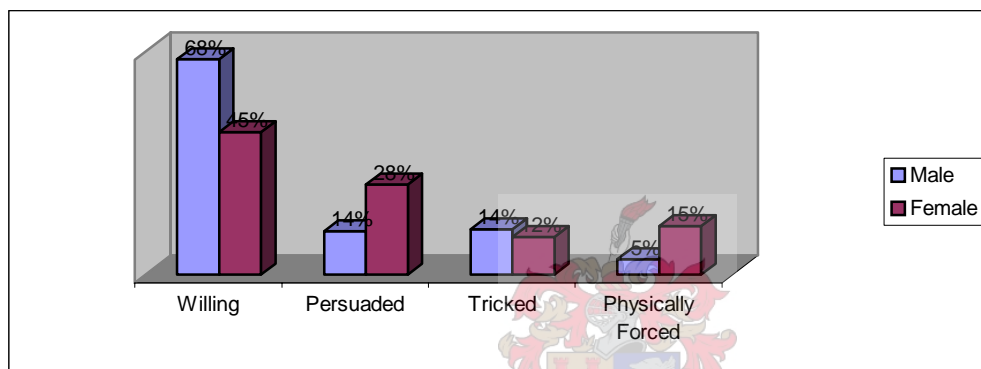
**Figure 3.8 Age of first having anal sex**

### 3.2.4 Feelings about first sexual experience

The research revealed varied responses between boys and girls with regards to whether they wanted to have sex the very first time (see Figure 3.9) and what statement most closely describes their first sexual experience (see Figure 3.10).



**Figure 3.9 Comments on desire to have sex the very first time**



**Figure 3.10 Descriptions of first sexual experience**

As shown above, a total of 50% of our young girls 'did not' and 'really did not' want their first sexual experience and 55% were persuaded, tricked or physically forced.

### 3.2.5 Sex 'under the influence'

Of those who have had sex, 15% had been drinking alcohol the very first time they had sex, while 3% had taken drugs. Again this does not differ from the general statistics. According to the South African National Risk Behaviour Survey (2002), in the Western Cape 15.8% of learners in Grade 8-11 had consumed alcohol or drugs before sex. Since collecting our data in November and December 2004, the generally reported incidences of the use of the drug tik have increased. According to Grant Jardine of the Cape Town Drug Counselling Centre 'there is an increased risk of being infected with HIV or other sexually transmitted diseases because many become more sexually active when on a high, often describing hours of wild sex with little concern for safer sex' (Jardine 2005).

### 3.2.6 Consequences of sex

Asked whether they have had children, 12 young people (i.e. 1% of all respondents) indicated they have children, as shown in Figure 3.11.

Number of children	Number of respondents	Ages of the respondents (in years)
1 child	7	1 was 12 years old 3 were 16 years old 2 were 17 years old 4 were 19 years old
2 children	3	2 were 14 years old 1 was 18 years old
3 children	1	1 was 14 years old
4 children	1	1 was 19 years old

**Figure 3.11 Young people with children**

When compared with the data from the South African National Risk Behaviour Survey , in the Western Cape, 16% of learners in Grade 8-11 had been pregnant (Reddy:2003:12). The question we need to ask is why the cases reported by our church-going young people is so much lower, and yet we know of more cases of pregnancy in our churches.

Twenty one respondents, (i.e. 2%) indicated that they had been through an abortion as shown in Figure 3.12.

Number of abortions	Number of respondents	Ages of the respondents (in years)
1 abortion	16	1 was 12 years old 1 was 13 years old 3 were 14 years old 5 were 16 years old 1 was 17 years old



		2 were 18 years old 3 were 19 years old
2 abortions	2	1 was 16 years old 1 was 18 years old
3 abortions	1	1 was 19 years old
4 abortions	2	1 was 17 years old 1 was 19 years old

**Figure 3.12 Young people who have been through abortions**

### 3.3. Risky behaviour

In examining risky behaviour, we looked at three key issues; the number of sexual experiences, number of sexual partners, and the use of contraceptives.

#### 3.3.1 Number of sexual experiences

Of those who have had sex, 45% reported having sex once, while 55% reported having sex more than once. However, in analysing responses to other questions,(see Figure 3.13 below), the researchers identified possible misunderstanding due to the way the question was asked, and/or possible under reporting by young people about their number of sexual experiences.

#### 3.3.2 Multiple partners

Respondents, who have had sex, were asked about their number of sexual partners (Figure 3.13) and whether they believed their partner to be faithful to them (Figure 3.14).

Half of the respondents, who have had sex, have had one or two sexual partners, while the other half has had three or more sexual partners. According to the South Africa National Risk Behaviour Survey, in the Western Cape 48.1% of the learners from Grades eight to eleven reported having had more than one sexual partner (Reddy 2003:52).

N=260

<b>Number of sexual partners respondents have had</b>	<b>Percentage</b>
1 partner	34%
2 partners	22%
3 partners	11%
Between 4 and 10 partners	26%
More than 10 partners	7%

**Figure 3.13 Multiple partners**

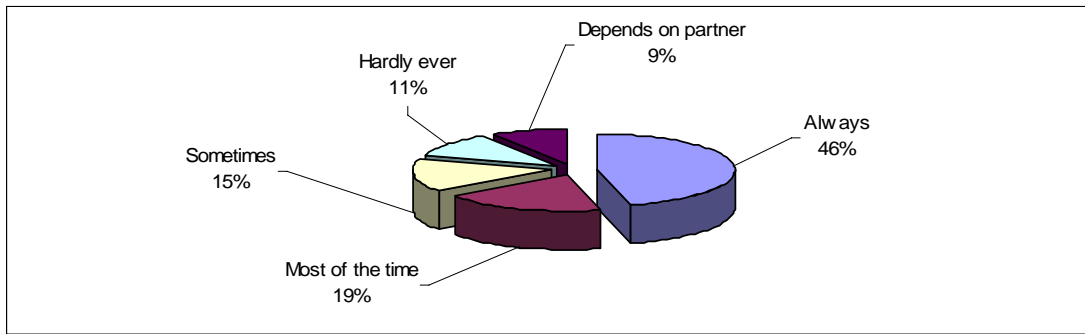
Of those who have had sex, 29% perceive that their partner has other sexual partners. There is no significant difference in this perception between Male (51%) and Female (49%).

<b>Perception of the number of sexual partners of respondent's partners</b>	<b>Percentage</b>
1 partner	31%
2 partners	19%
3 partners	19%
Between 4 and 10 partners	23%
More than 10 partners	8%

**Figure 3.14 Faithfulness of sexual partner**

### **3.3.3 Use of contraceptives**

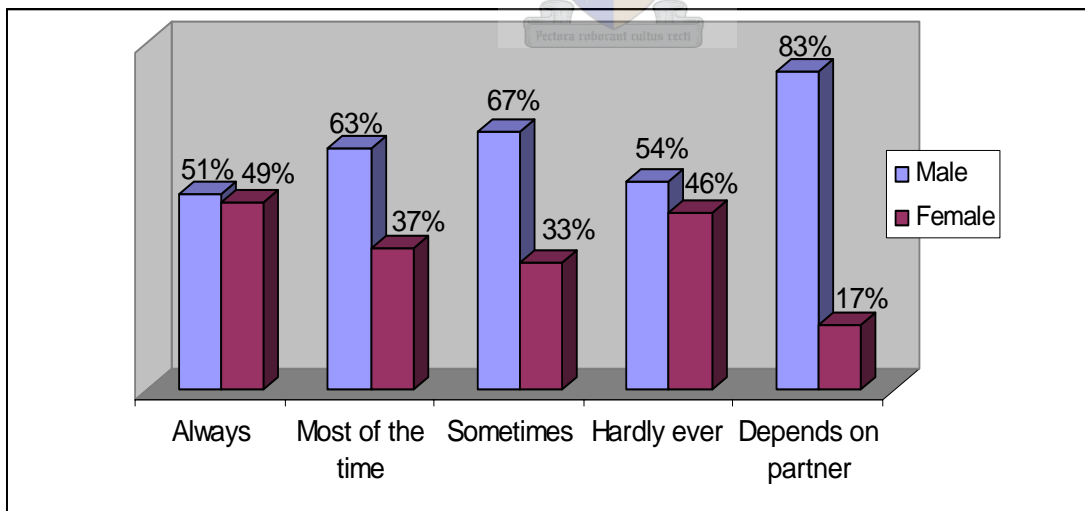
We looked at the regularity of use of contraceptives (Figure 3.15), the choice of contraceptives used (Figure 3.16), the frequency of contraceptive use by gender (Figure 3.17), and the age of contraceptive use (Figure 3.18).



**Figure 3.15 Regularity of use of contraceptives**

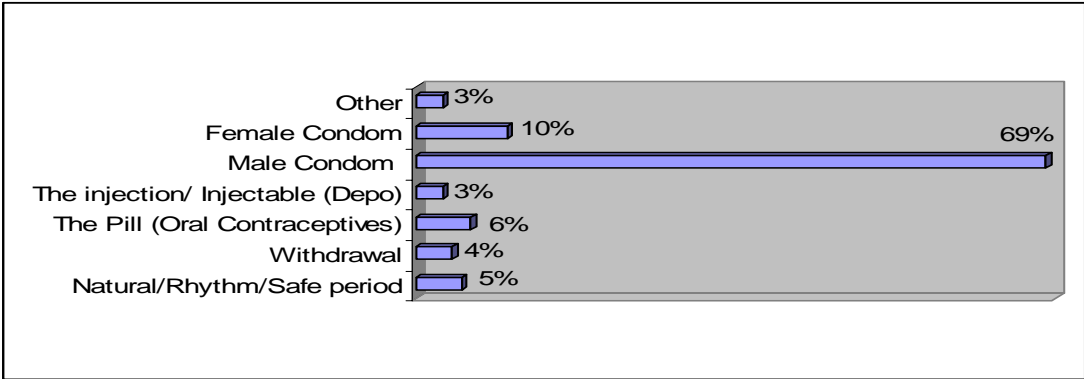
During the first sexual experience just over a third (35%), used any type of contraceptives. In other later sexual experiences, the use of contraceptives improved to 51%.

With regard to the use of contraceptives by gender, a most interesting finding is that of those who said ‘it depends on the partner’, 83% were males as shown in Figure 3.16 below. This suggests that many males are not using contraceptives unless the females ask them to, and further suggests that males may be less open to using contraceptives than females.



**Figure 3.16 Regularity of use of contraceptives by gender**

As shown in Figure 3.17, the most commonly used contraceptives are the male condom, pill and rhythm method. None of the respondents reported use of the diaphragm, spermicide, traditional methods, or the loop/inter-uterine device(IUD).



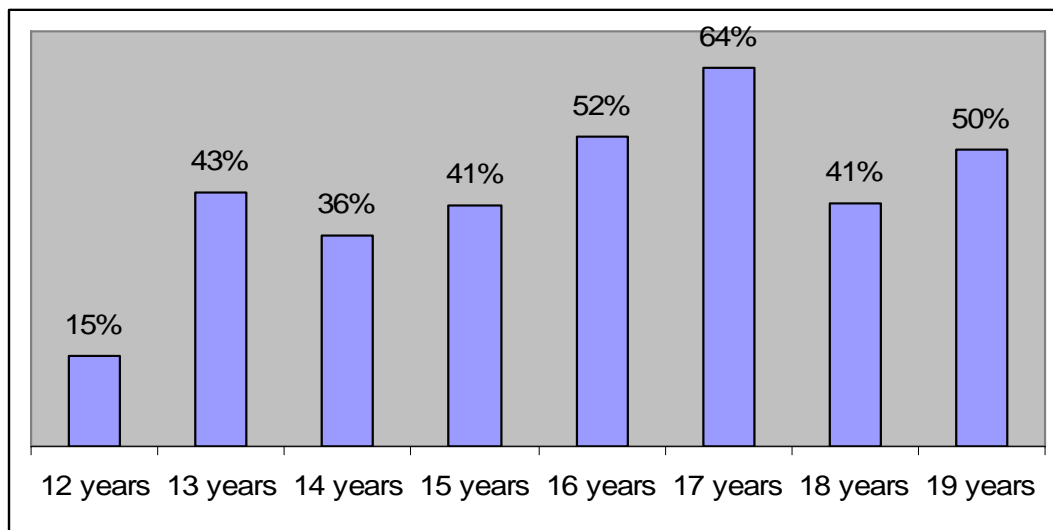
**Figure 3.17 Type of contraceptives during the first sexual experience**

A surprisingly high number said they used female condoms. We later realised that there had been some confusion over terminology, since some respondents marked ‘female condom’ when a female had a partner using a condom.

We further compared the type of contraceptives used during the first sexual experience with the contraceptives used during other sexual experiences. Our analysis showed that there was no significant change. Thus young people are using more or less the same types of contraceptives during the first and later sexual experiences.

When it came to an analysis of condom use we found that many young people, although they are using contraceptives to prevent pregnancy, are not using condoms. During the first sexual experience, 25% used condoms, and even in later sexual experiences, only 36% used condoms. Thus, even though they may be protected from pregnancy, they are still at risk of Sexually Transmitted Diseases (STDs) including HIV/AIDS.

We further analyzed the use of contraceptives by age, and found that the younger people are, the higher the risk of not using contraceptives. As shown in Figure 3.18 below, the rate of use of contraceptives appears to improve with age.



**Figure 3.18 Always use contraceptives by age**

The combination of multiple partners, low contraceptive use and early sexual debut puts young people at serious risk of sexually transmitted diseases and pregnancy. The early sexual debut is a particular risk factor for young girls because of the immature cervix, making teenage girls more susceptible to infection than adults (Tripp 2005:590).

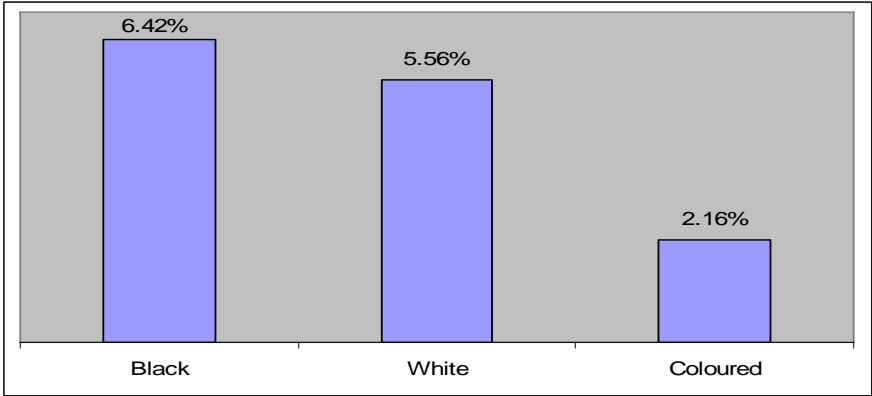
Having sex for the first time at an early age is often associated with unsafe sex, in part through lack of knowledge, lack of access to contraception, lack of skills and self efficacy to negotiate contraception, having sex while drunk or stoned, or inadequate self efficacy to resist pressure. (Tripp 2005:590)

### 3.4 Sexual coercion

The key issues we examined were sex taking place for material gain, the incidence of threats and demands, the knowledge of rape, and the incidence of rape.

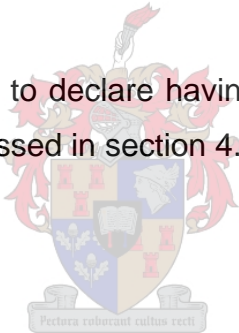
#### 3.4.1 Sex for material gain

Of those who have had sex, 6% have had sex with someone for material gain. The most common gains were money (34%), food (13%), presents (11%), and better grades in school (6%), clothes (6%), alcohol (5%) and cigarettes (5%). As Figure 3.19 shows, sex for material gain occurs irrespective of race.



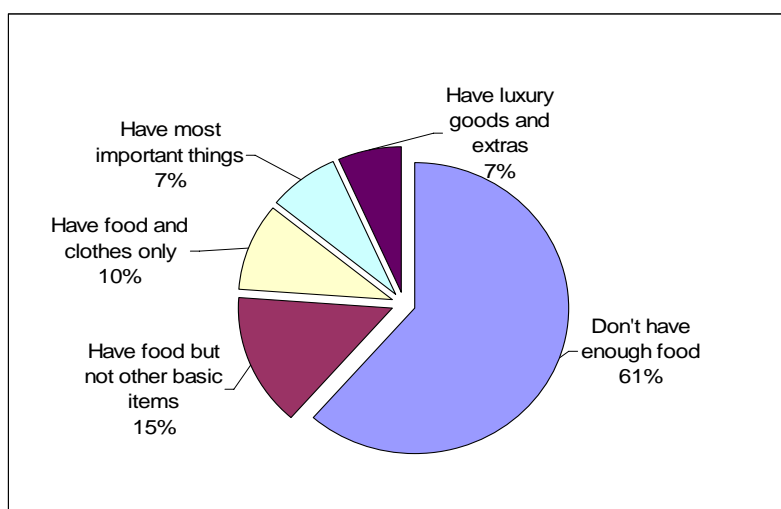
**Figure 3.19 Sex for material gain by race**

Males (73%) are much more likely to declare having had sex for reward than females (27%). This finding is further discussed in section 4.1 below.



**3.4.2 Incidence of threats**

Of those who have had sex, 10% had sex because they were threatened (Male 45% and Female 55%). Further analysis shows that threats occurred at all ages. In addition, as Figure 3.20 shows, young people are threatened to have sex, irrespective of their economic status, but those who are poorer were more likely to be threatened to have sex.



**Figure 3.20 Threatened to have sex by perception of poverty**

Threats made mainly included to spoil one's reputation (27%), stop being a boyfriend or girlfriend (20%), and threats to one's life (20%). Other threats were to give poor grades in school (7%), to lose one's job (6%), and to cut down or cut out one's pocket money (3%). This suggests that threats emerge largely from one's peers, from the home, and at school<sup>5</sup>.

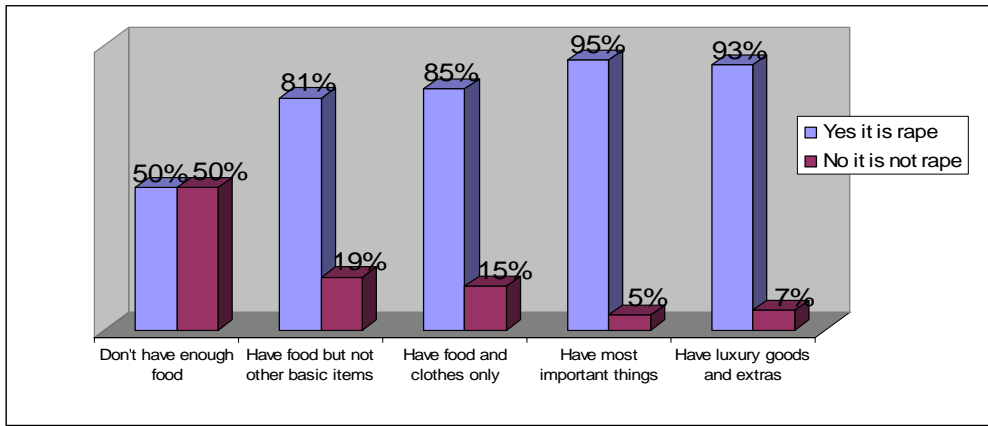


### 3.4.3 Incidence of demands

Of those who have had sex, 5% have demanded sex with someone else so that he/she would give them something in exchange. This involved both genders (Male 72% and Female 28%). Young people mainly gave money (22%), help with school work (14%), alcohol (14%), food (10%), cigarettes (6%) and clothes (4%).

### 3.4.4 Knowledge of rape

The question was posed 'Do you think it is rape if you are physically forced by someone you know to have sex without your consent?'. Nine point six percent of the respondents think that it is NOT RAPE. Next we compared the knowledge of rape with the perception of poverty, and across gender.

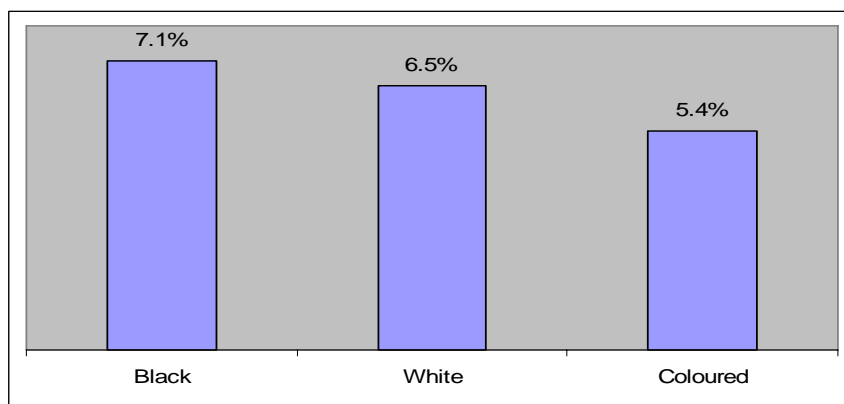


**Figure 3.21 Knowledge of rape by perception of poverty**

As Figure 3.21 shows, knowledge of rape is low amongst those who are poorer. In addition, this low knowledge of rape is slightly worse amongst Male (57%) than Female (43%).

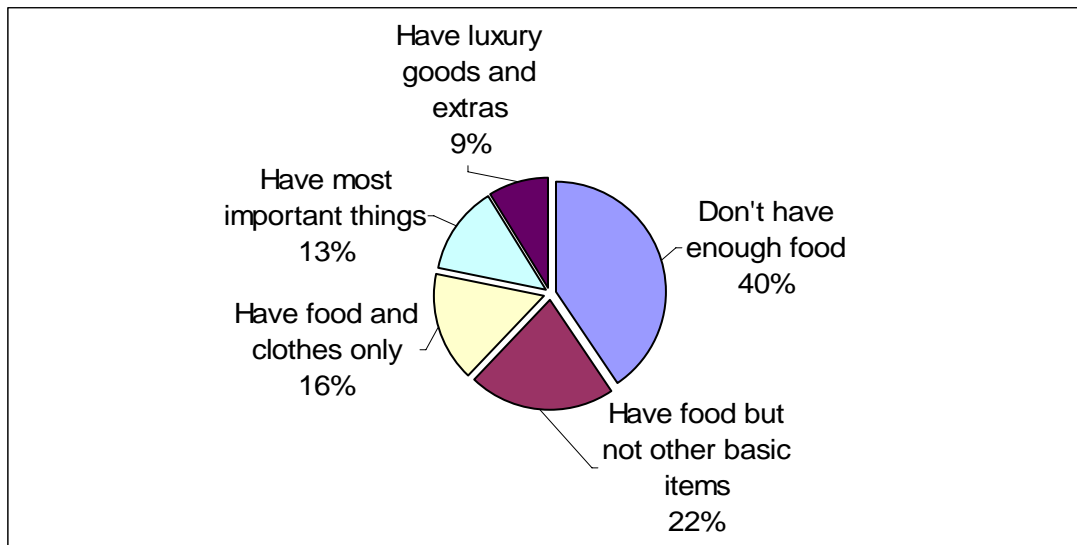
### 3.4.5 Prevalence of rape

Of those who have had sex, 13% had been raped. Of the total respondents, 6% had been raped (Male 2% and Female 4%). The prevalence of rape is much higher amongst girls, but the boys are also at risk. When compared to the generalized statistics, we find that according to the South African Risk Behaviour Survey in the Western Cape 9.4% of learners between Grade 8 and Grade 11 had been forced to have sex.(Reddy:2003:88). Rape occurs in all sectors of our community. As Figure 3.22 shows rape occurs across all races, while Figure 3.23 shows rape occurs across economic status.



**Figure 3.22 Incidence of rape by race**

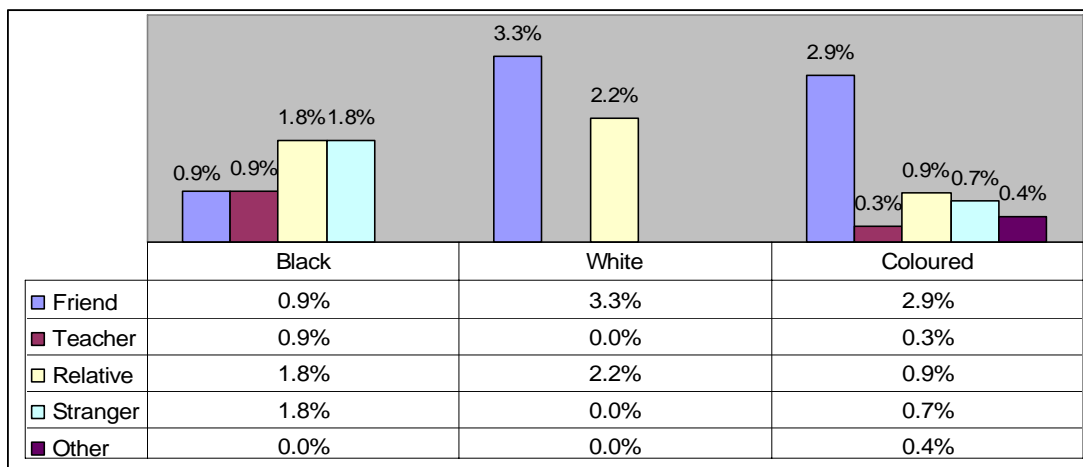




**Figure 3.23 Incidence of rape by perception of poverty**

As Figure 3.23 shows the incidence of rape amongst those in the poorest sector is far higher. There is clearly a much greater rate of rape occurring amongst our young people in these communities.

The overall totals show that our young people are mainly raped by friends (2.7%), followed by relatives (1%), strangers (0.8%) and teachers (0.3%). We further analyzed for each racial group who is raping our young people, as shown in Figure 3.24.

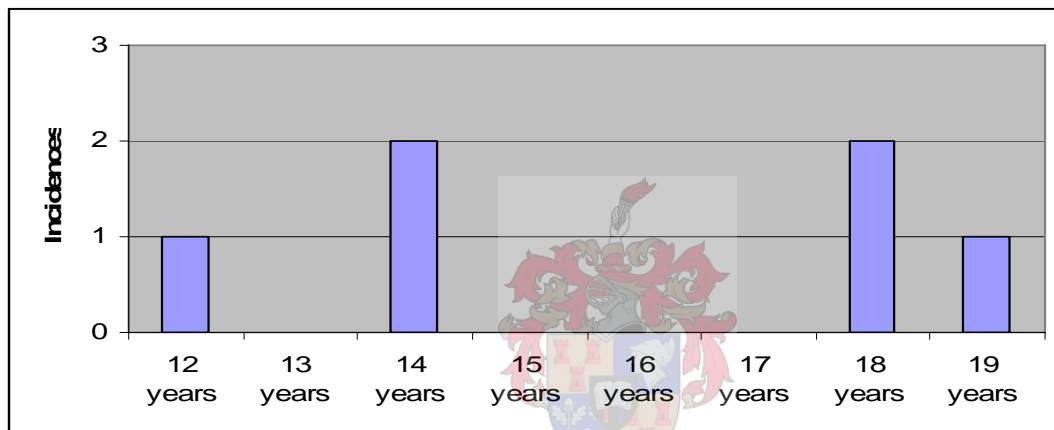


**Figure 3.24 Rapists of young people by race**

### 3.4.6 Victims of rape

We further analyzed what happens to rape victims, and we uncovered surprising information. Firstly, 7% of the rape victims do NOT believe they have had sex. This could be regarded as encouraging, as it means that they are separating the physical act of violence perpetrated on them from the act of sex or love.

Secondly, a negative effect is that 12% of those who have been raped have also demanded sex from someone else. This occurred equally between and across a range of ages (Figure 3.25 ). Although the numbers are few, these incidences among our church-going young people are of concern.



**Figure 3.25 Rape victims who have demanded sex from someone else**

## **4. CHALLENGES FOR PASTORAL MINISTRY**

After analysis of the data collected from the questionnaires as well as the focus group discussions, the following issues were highlighted as important challenges to the pastoral ministry of the Church.

### **4.1 Sexual activity amongst church youth**

The researchers were concerned to discover that the sexual activity of church youth does not differ greatly from unchurched youth. In our survey 44% of black youth, 26% of white youth and 30% of coloured youth are sexually active. When we compare these

statistics with the South African national Risk behaviour survey of the Western Cape the results are not significantly different (black 43.6%, white 26% and coloured 30.4%).

However, it must be noted that there are two differences between the surveys. Firstly, in our research we included oral, anal and vaginal sex in the statistics of sexual activity, whereas the National Risk behaviour was limited to vaginal and anal sex. Secondly the age range was not identical, in our survey we looked at 12-19 year olds, whereas in their survey the age surveyed was grade 8-11. In theory this would have analysed the youth of ages 15-18 but in practice there are often people in these grades who are repeating a year and who may well be older.

However, it can be stated with confidence that a large percentage of our young people are indeed sexually active, and involved in risky sexual activity involving multiple partners and low use of contraceptives. Our young people are thus at risk of contracting HIV, and other sexually transmitted diseases, and also run the risk of teenage pregnancy.

#### **4.2 Teenage pregnancy and abortion**

Two issues are of particular note in the statistics around pregnancy and abortion. Firstly, the rates of Anglican young people having been pregnant are significantly lower than the statistics for the Western Cape as a whole. Only 3% of Anglican Youth report having been pregnant, as compared to 13% of Western Cape learners (Reddy:2003:114).

One might hope that the figures are lower because of the young people's church involvement, but it seems more likely that the difference is that young people drop out of youth activities once they become pregnant. One church alone reported four girls from the confirmation class dropping out because of pregnancies, whereas in our total sample we only had 12 young people who said they had had children (out of 65 churches). Since our survey was conducted on young people who are active in confirmation class or youth group it would appear that there is a need for churches to look at what happens to young girls who become pregnant, since it does appear that they are dropping out of active church life.

This finding is in line with that of the study of religious youth in the US described in Faith Matters. They discovered that 3% of religious youth reported being pregnant, as opposed to 8% of secular youth (Clapp 2003:68).

Prevention of unwanted teenage pregnancies must become a high priority for the Church. Infant mortality rates amongst babies of teenaged mothers are about 60% higher than amongst the babies of older mothers. These infants are likely to have lower birth weights, and more childhood accidents. In the long term, daughters of teenage mothers are more likely to become teenage mothers themselves. The following risk factors for teenage pregnancy have been identified:

Poverty (the strongest risk factor)  
Children in care , orphans and vulnerable children  
Children of teenage mothers  
Low educational achievement  
Sexual abuse  
Crime  
Poor transmission from school to work  
(Tripp 2005:591)

Factors that are known to protect young people from teenage pregnancy include higher levels of connectedness with school and family; a long term stable relationship with a partner, strong religious beliefs; assertiveness training, improving family communication about sex, as well as problem solving and decision making skills. (Tripp 2005:591-2).

Apart from looking at strategies to prevent teenage pregnancy, the challenge is also for the church to look at what support structures are in place for teenage mothers. Are we supporting them in a way that will enable them to continue to be part of the church community and to continue with their studies? If we do not support them, then their children are likely to continue to be trapped in the cycle of poverty, whereby the lack of opportunities and goals for the future, may in turn lead to early sexual activity.

Secondly, the statistics on abortion are of significant concern. Twelve respondents reported having a child, whereas twenty one respondents reported having an abortion. The question should be posed as to whether it is easier for a girl to have an abortion than to face the stigma attached to becoming pregnant. The 'Faith Matters' study identified a similar trend. Half the females responding to the survey who had been pregnant ended it with an abortion. (Clapp 2003: 62).

My pastor teaches that abortion is murder – one of the worst sins you can commit. My parents feel the same way. But if I had gone ahead and had the baby, there is no way that I could ever have gone to church again. (Clapp 2003:69)

It is important that we put in place support systems to help teenagers that do become pregnant, so that they are supported in considering all options available to them.

### 4.3 Sexual violence

Several issues emerged as of concern in our findings. Firstly there is an urgent need for education regarding rape and sexual violence as nine point six percent of our young people do not believe that forcing someone to have sex is rape. These findings are in line with a national study that was conducted of school learners from the ages of 10 to 19 years. It was identified that there is an association between misconceptions about sexual violence and the claim to have forced someone else to have sex.

Misconceptions around sexual violence were defined as below:

- A person has to have sex to show love
- Sexual violence does not include touching
- Sexual violence does not include forcing sex with someone you know
- Girls have no right to refuse sex with their boyfriends
- Girls mean yes when they say no
- Girls like sexually violent guys
- Girls who are raped ask for it
- Girls enjoy being raped (Andersson 2004:952).

In this study of 269,705 school learners between the ages of 10-19, the following beliefs were discovered:

BELIEF	M 10-14	F 10-14	M 15-19	F 15-19
A person has to have sex to show love	34.1%	17.2%	43.5%	17.6%
Sexual violence does not include touching	55.4	55.9	47.8	47.3
Sexual violence does not include someone you know	60.8	62.0	55.2	53.7
Girls do not have the right to refuse sex with their boyfriend	33.1	34.3	28.4	26.6
Girls mean yes when they say no	51.9	46.6	56.0	43.2
Girls like sexually violent guys	22.2	10.8	27.3	9.2
Girls who are raped ask for it	12.4	8.3	15.1	7.7
Girls enjoy rape	27.7	27.4	28.9	26.4

(Andersson 2004:953)

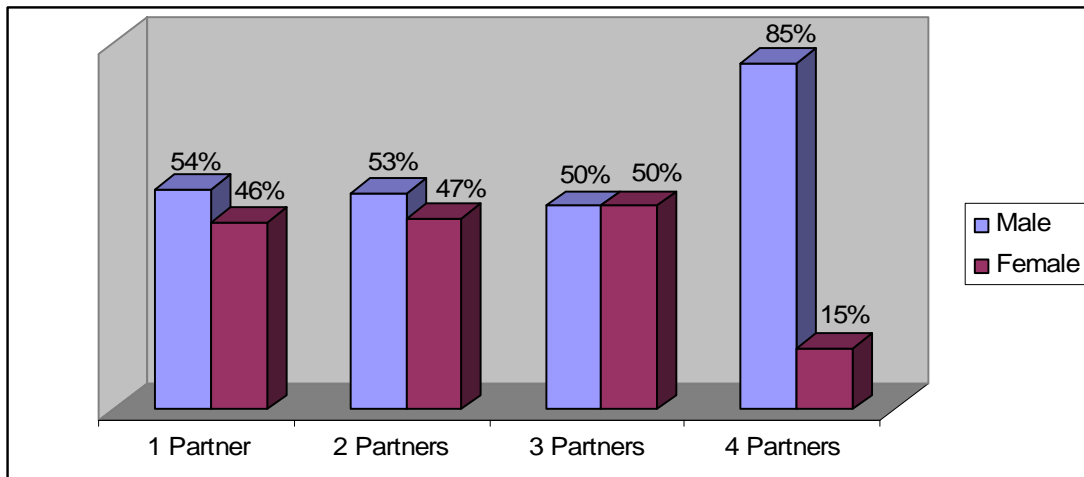
This issue urgently needs to be dealt with, because our young people are no doubt picking up these attitudes from older people around them. We need to remember that the pulpit has great power, and to encourage clergy to preach about sexual violence, and to specifically speak against these misconceptions. Pastors and priests should be encouraged to speak very directly against these misconceptions for instance stressing the fact that you do not have to have sex with someone to show love.

Secondly the numbers of young people that have been victims of sexual coercion is of significant concern. Six percent of all our respondents have been raped. Each and every church needs to identify referral systems in their community, and to identify confidential counsellors that young people can turn to when they have been victims of sexual violence.

#### **4.4 Gender differences**

A theme that emerged throughout this research was gender differences. To start with, more Males (40%) have had sex than Females (21%). When compared to the data from the South African National Youth Risk Behaviour Survey of learners in the Western Cape between Grade 8 and 11, a similar picture is seen whereby more males (45.1%) than females (32.7%) have had sex (Reddy 2003: 110).

Secondly, as shown earlier in Figures 3.9 and 3.10, Males generally had a more positive experience than females during their first sexual experience. In addition, the incidence of casual sex with multiple partners is significantly higher amongst males than females, especially with the higher number of partners as shown in Figure 4.1 below.



**Figure 4.1 Multiple partners by gender**

Thirdly, society appears to be more tolerant towards Males being sexually active, while sexually active Females are viewed negatively.

'I do not understand society. Girls are called 'sluts', but boys are cool.'

*Female, FGD*

'Boys feel cool and trendy, while girls feel ugly, and are called easy, cheap or prostitutes'

*Male, FGD*

In addition, there appears to be competition amongst Males to be highly sexually active.

'It is called the league: boys most sexually active are at the top.'

*Male, FGD*

'Boys pressurize girls to have sex. Boys get embarrassed when a girl turns them down.'

*Male, FGD*

During the three FGDs, the issue of dressing always emerged. Females generally felt that the way they dressed should not be an issue.



'It does not matter which way you dress...it is the fashion.'

*Female, FGD*

'It does not matter what you wear, or what you look like as long as you are comfortable in your clothing.' *Female, FGD*

'You cannot tell if someone has had sex or not through their style of dressing.'

*Female, FGD*

However, Males stated that seductive dressing by Females is a 'turn on'. Some Females agreed.

'Girls should protect themselves by wearing baggy tops and jeans. Do not dress up. Dressing up means that something wrong will happen to you.'

*Female, FGD*

Another interesting difference is that Males (73%) are much more likely to declare having had sex for reward than Females (27%). Could this be because the girls believe more strongly in romantic love? For instance, 'He gave me a cellphone because he loves me', while the boys may interpret it as 'I bought her a cellphone so that she would sleep with me.'

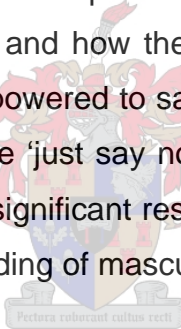
Fourthly, cultural expectations play a large part. In our Focus Group Discussions the young people reflected some of these expectations, that males are socialised to push for what they want, whereas females are brought up to be nurturing and to please.

'My boyfriend needed me' *Female, FGD*

The issue of gender imbalance is a crucial issue to take into consideration given the particular vulnerability of girls to HIV infection. The Medical Research Council study shows HIV prevalence to be comparatively low among 15–19 year-olds, at 4.8%. It's in the next age group—among 20–24 year-olds—that HIV prevalence soars, reaching 16.5%. In this age group, HIV infections are massively concentrated among women. In South Africa there are now five infected 15-24 year old females for every two males of the same age. (Hallman 2004:2).

The National Behaviour Youth Risk Survey also highlights that the prevalence of ever having had sex, initiating sex before the age of 14, having two or more sexual partners and using alcohol or drugs before sexual intercourse is significantly higher for males than females (Reddy 2003:56). When you compare the percentage of young people initiating sex under the age of 14, the difference in gender is significant. Twenty five percent of males as opposed to five percent of females had their first sexual experience before the age of fourteen (Reddy 2003:111).

In our response to the issues of sexuality, it is important that we bear in mind these differences. Some of our teaching should thus take place with girls on their own and boys on their own. For boys, the key issues to look at are the misuse of force in sexual relationships, and the challenge of standing against some of the cultural and societal norms that seem to accept multiple partners. For girls, one of the key issues is empowerment. The research shows that 55% of those who had sex did not want their first sexual experience. It would be important to further unpack this issue and understand why they did have sex, and how they felt afterwards. These experiences can help other young girls to be empowered to say no in a more effective manner. The Church has often given the message 'just say no', but rarely says *how*. This group of girls is a key group to work with for significant results. There are challenges to pastoral theology in regards to our understanding of masculinity and femininity.



#### **4.5 Narrow definition of sex**

One of the themes that came through clearly was that when we talk about sex, young people may understand something different from what we have in mind! This research revealed that clearly there are confused understandings about what defines sex.

Firstly, we asked young people if they think oral sex is sex. Out of 1,306 respondents only 33% think oral sex is sex; 67% think that it is not.

Why is oral sex not sex?

- It is fun, it is not sex.
- There is no penetration.

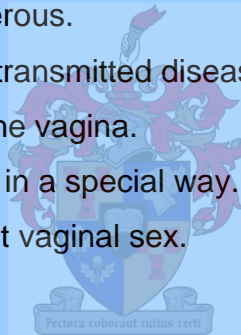
- You cannot get HIV/AIDS or STDs.
- You can still be a virgin.  
There is no ejaculation.
- You cannot get pregnant.
- The church only talks about vaginal sex.

*Comments, Questionnaire Survey*

With regards to anal sex, 50% think it is sex; 50% think it is not.

Why is anal sex not sex?

- It is not intimate.
- You cannot get pregnant.
- It is just not sex, it is dangerous.
- You cannot get a sexually transmitted disease.
- The penis does not enter the vagina.
- The bodies do not connect in a special way.
- The church only talks about vaginal sex.

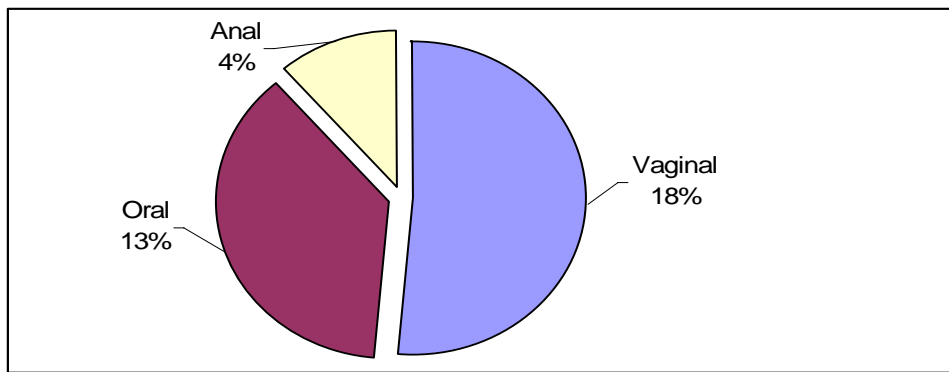


*Comments, Questionnaire Survey*

This finding is of concern, because it reveals firstly that young people do not grasp the reality of the risk of transmission of STDs and HIV. In reality, particularly in the case of anal sex, the risks of transmission are significant. Secondly, discussions revealed that Males often pressurize Females to engage in oral sex, by telling them that it is not sex.

'Oral sex is a way of people getting away with what they are doing.'

*Female, FGD*



**Figure 4.2 Types of sex**

This narrow definition of sex (along with other factors) could be contributing to an emerging trend towards oral and anal sex. As shown in Figure 4.2, the combined practice of oral and anal sex is only 1% behind vaginal sex.

Of considerable concern is the fact that many young people do not consider oral sex and anal sex as sexual activities and therefore they do not take the necessary precautions.

From a medical point of view, anal sex is considered to be a high risk activity. Receptive anal sex is a high-risk category for HIV infection. The potential transmission occurs when semen stays inside the rectum, which after intercourse may have some torn or damaged tissue. So semen enters the blood stream through these tiny tears in the tissue. (Spinks: 2004).

The following helpful information about oral sex is to be found on the following websites: [thebody.com](http://thebody.com) (The complete HIV/AIDS resource), and [teenadviceabout.com](http://teenadviceabout.com).

1. You can get an STD or HIV from oral sex - you must use a condom or dental dam **no exceptions**.
2. Oral sex is not something that everyone is interested in - don't pressure somebody to do this, it is the same as pressuring them to have intercourse and it is wrong.
3. Oral sex is a very intimate, undeniably sexual act. You may technically hold on to your virginity by having oral sex instead of intercourse, but you are sexually active none the less.
4. The old 'spit or swallow' question is outdated. When having oral sex you must use barrier protection such as a condom or dental dam.
5. Oral sex can and does change the nature of a relationship; it should not be entered into lightly.
6. Oral sex is not a consolation prize - if your partner says no to intercourse they don't owe you oral sex instead.
7. Oral sex is not a 'safe' alternative to intercourse; although you can not get pregnant from this act you can catch an STD or HIV.
8. The person receiving oral sex is at low risk, although it is possible to contract herpes, syphilis and hepatitis B.
9. The person giving oral sex is at a much higher risk. You would be at high risk for HIV, gonorrhea, herpes, and hepatitis B.
10. Most religions **do** consider premarital oral sex, like premarital intercourse, to be wrong
11. Oral sex is every bit as sexually intimate as intercourse.
12. Oral sex should only be done with a person who you trust; both the players in an oral sex encounter are very vulnerable to the other.

Hardcastle :2005 and Sowadsky:1996

Sometimes in the church there is a reluctance to talk about oral and anal sex. The result is that we leave young people with the belief that these types of sex are not 'really' sex. This puts our young people at risk. It is very important that we develop theologies of sexuality that can deal with these issues in an open and honest manner.

#### 4.6 The role of parents and the home

The role of the parents, families and the home is very important in a young person's sexual development. However, this research found that there appears to be conflicting views of the role of parents. On the one hand, parents are important.

'It is important for our parents to teach us about our sexuality.'

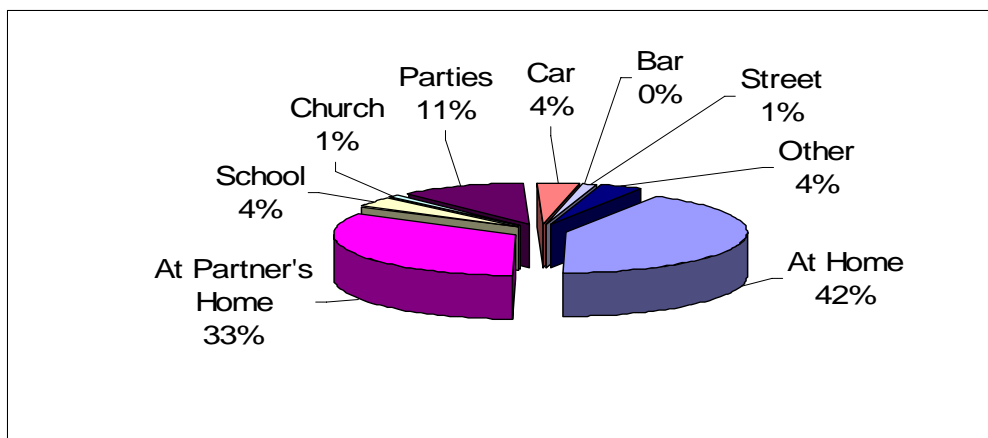
*Male, Questionnaire Survey*

But at the same time, some young people also rejected the role of parents. The reasons were varied.

'Young people have sex to rebel against their parents, and to do what we are told not to.' *Male, Questionnaire Survey*

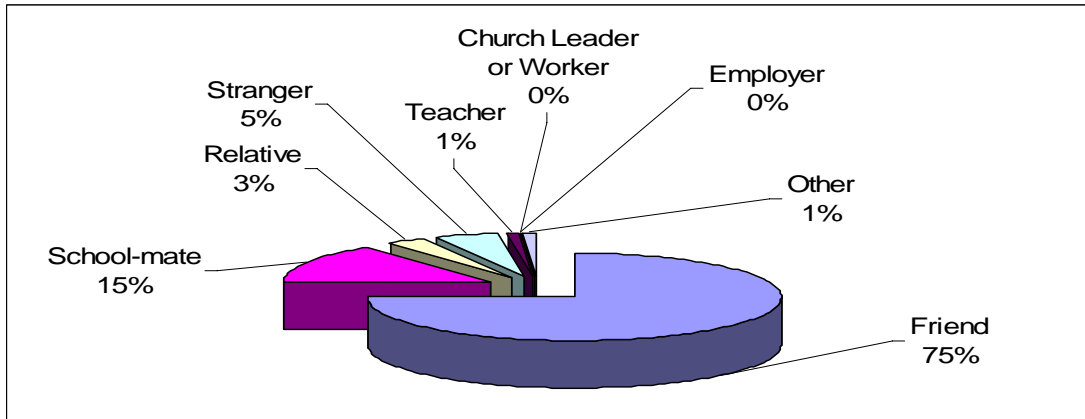
'Some parents are not a good role model. What they tell us and what they do is against the church teachings.' *Female, FGD*

Having recognized the conflicting role of parents, we were further concerned that the venue for the majority of the sexual activities of young people is the home. As Figure 4.3 shows, 75% of the first sexual experiences took place either in the home or in the partner's home.



**Figure 4.3 Venue of first sexual experience**

In addition, peers are the main sexual partners of our young people. As Figure 4.4 shows 90% of the first sexual partners are friends and school-mates. Of those with multiple sexual partners, again we were surprised to note that 91% were peers.



**Figure 4.4 First sexual partner**

Another issue that repeatedly emerged is that parents are perceived as substituting material goods for affection.



'I just need a hug not 'what do you want?' Parents have bought into a wrong and bad perception that teenagers are 'Give me, give me' people!

*Female, FGD*

'My Dad buys me Nike shoes. But posh shoes do not teach me about my sexuality or satisfy my emotional needs.' *Male FGD*

When we considered the 'perceptions of poverty' graph (Figure 3.2), we realised that many young people feel that their material needs are being met adequately (perhaps at great cost to their parents). This was quite an interesting finding, given the high levels of monetary poverty in many of our churches. It seems that most of our young people are more grateful for what they have, than we give them credit for. Perhaps some parents who are struggling are unnecessarily getting into debt to give their teenagers materialistic goods. It further seems that parents have been influenced by the pressures of materialism.

'Parents work long hours to buy stylish shoes, to satisfy us. But we are not demanding style but affection. But something in society dictates that our needs are material. This could be a media driven message. We are not brand names!' *Male, FGD*

What remains is that many young people feel that their emotional needs are not being met. Again when we considered the 'Motivators for sex' graph (Figure 4.9 ) we found that many young people are seeking love. Additionally, young people are 'hungry' for their parents to spend quality time with them.

'I wish my family would spend more time together.... If only my father told me 'I love you'' *Male, FGD*

Another issue that emerged is that parents need to be prepared to answer their children's questions about their sexuality even at an early age. Otherwise they will go elsewhere for the answers.

'Parents do not reach out to their young children. They do not expect to tell children about their sexuality at an early age. But things change at 9 years: the feelings, and so on. If children question, the parents ask why. Thus children find out about it from elsewhere.' *Female, FGD*

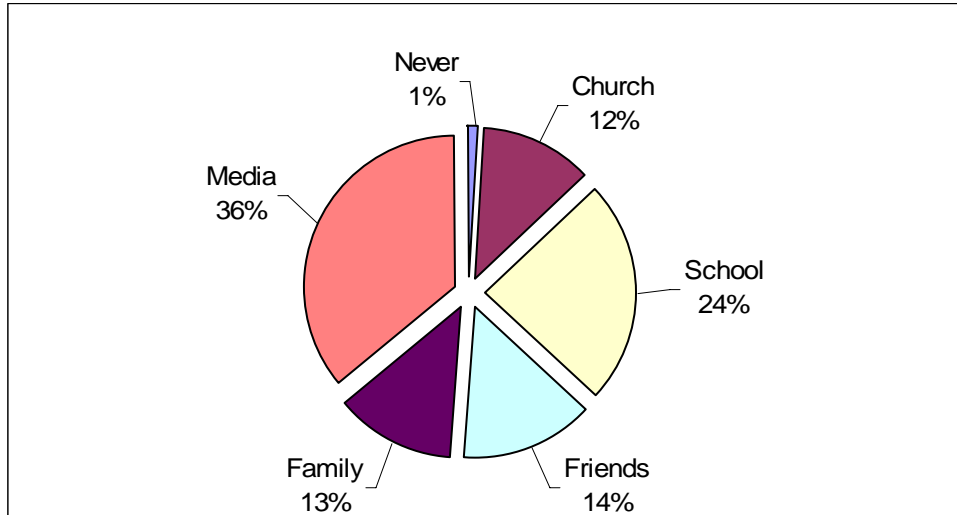
Thus through our FGDs we discovered that the role of parents is very important, young people get a lot of their values from their parents and are seeking for more time and affection from them. The sense of being loved and appreciated is of vital importance in helping young people form their values.

'I received so much love and support from my parents that I have decided to wait until I find that quality of love in my partner, not because they told me not to have sex' *Female, individual interview*



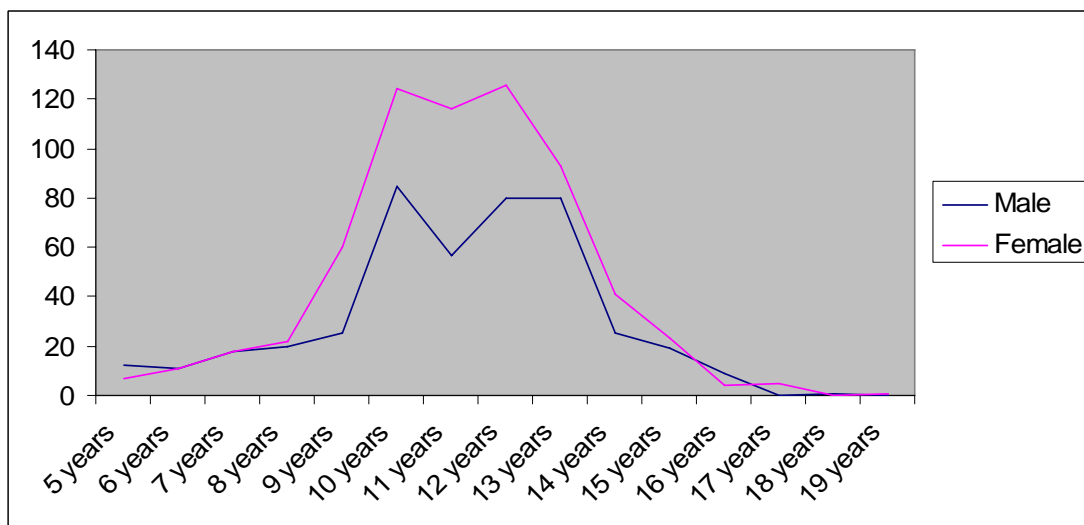
#### 4.7 Schools and age appropriate information

As Figure 4.5 shows, schools are a major source of sexuality education (24%).



**Figure 4.5 Sources of information on sexuality**

Most young people seek information about sex and their sexuality between the ages of 8 and 13 years. As Figure 4.6 shows there is no difference between the age at which Males and Females start seeking information. The Female curve is higher than the Male curve only due to the higher number of Female respondents.



**Figure 4.6 Seeking information on sexuality by age and by gender**

On further analysis, the sexuality education received at school seems to be limited for various reasons. Firstly, education is the same for all learners in the grade even though these learners may be at different developmental stages. Young people indicated that parents are better able to respond to the individual needs of a child.

'Schools are too busy to teach children adequately. Different children need education at different times. It depends on the physical development, need of the child, etc. So parents are very crucial.' *Male, FGD*

'Talks held in a school hall en masse do NOT challenge individual young people, but 'cornering them individually' forces them to think.'

*Female, FGD*

Another interesting finding is that there appears to be a jump in terms of behaviour and exposure to sexual activity once young people enter high school. The last year of primary school and the first year of high school should thus be key years to target in any intervention.

'Most party going starts when we get to high school. Even our parents approve of us going to parties.' *Female, FGD*

'A lot of smoking occurs during school break times. I use this as a way to shake off being a 'nerd'. I was called a 'nerd' in primary school.'

*Male, FGD*

Discussion on the type of teaching in schools revealed interesting information. Schools often focus on the biomedical side, how HIV is transmitted, and safer sex. Little seems to be taught about the skills required to wait/abstain from sex, building relationships, and the consequences of early sexual activity.

'Schools also focus on how to do sex the right way or the safe way – NOT consequences. For example they talk and explain about condoms but not the consequences of having sex.' *Female, FGD*

Others felt that the messages given are confusing.

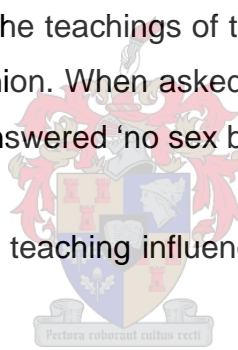
‘Schools are often confused as to whether they are encouraging sex or discouraging it. Often there are conflicting messages. For instance, condoms are issued, and then a ‘don’t have sex’ message follows – kids think this is a joke.’ *Male, FGD*

A more individual approach means that the right message can be given to young people, with an age appropriate approach.

#### 4.8 The role of the Church

Many young people are aware of the teachings of the church regarding the importance of keeping sex for the marriage union. When asked ‘what is the teaching of the church regarding sex’, the vast majority answered ‘no sex before marriage’

When asked whether the church’s teaching influences their choices, these were some of the responses:



**Yes** Yes, unfortunately it was given to me after I had sex  
Yes, it makes me feel bad after I have sex  
Yes, the Bible teaches me to stay pure  
Yes, I wouldn’t have sex with just anybody  
Yes, I would feel guilty if I had sex. I want to stay ‘clean’ for marriage  
Yes because it tells us to get married to someone you love before having sex  
They tell me so much I wont have sex till I am 18  
Yes, if I had not known about the teachings, I would probably have had sex  
Yes, because they are telling me about the thing I don’t want  
Yes , sex before marriage is a sin

**No** I can’t remember any teaching in the Church  
No, because it is too late, I have already had sex

No!!!

No, it is our choice not theirs.

No, I do what I please!! It is my life not the church's

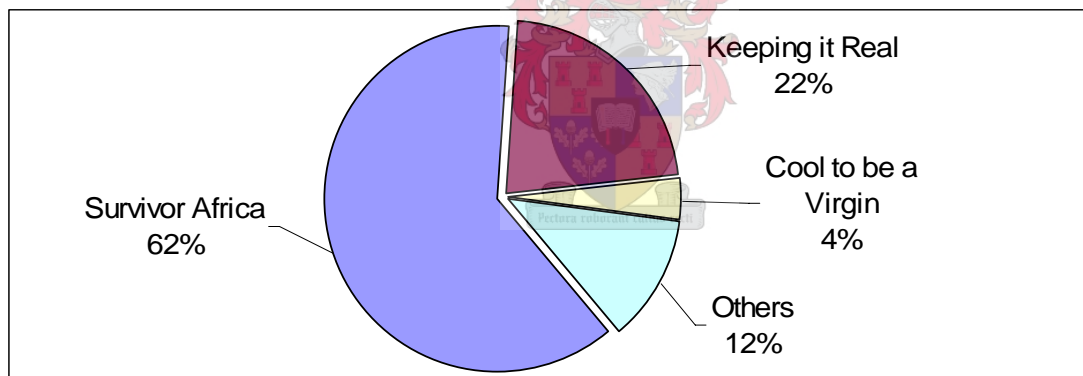
People will do what they want, no one can change their minds

No because even though they say I mustn't, I did

No, you can praise the Lord and still have sex

*Questionnaire responses*

With regards to teachings by the church, 72% of the respondents indicated that their church has taught them something about sexuality. This occurs in sermons, Sunday schools, confirmation classes, etc. In addition, 22% have taken a sexuality training program in their church. Figure 4.7 shows the various types of programmes.



**Figure 4.7 Sexuality training programmes in the church<sup>6</sup>**

So one can state that the Anglican Church is beginning to take up the challenge to break the silence and talk about sexuality. However, is our communication actually leading to behaviour change? Do we have a theology of sexuality which is appropriate and relevant?

'My church's teachings do not influence my choices on sex. I do not think about what the church says'. *Comment, Questionnaire Survey*

'There is no connection between sexuality and the church generally before the age of 16. Only at 17 or 18 do the young people start connecting their faith to their sexuality. One tends to live more as a Christian when one gets older.' *Male, FGD*

This lack of impact was confirmed when we made further calculations. Of those who have received teachings from their church on sexuality, 31% have had sex. Of those who have not received teachings from their church, 32% have had sex. So the difference is statistically insignificant. It appears that hearing about sex in church does not influence a young person's sexual activity.

Furthermore, of those who have undertaken sexuality training in church, 35% have had sex. However, we did not gather enough data to examine at what stage young people became sexually active - that is before or after the training programs. Therefore, we are not able to state whether the sexuality training programmes have had an impact. One can only question whether sexuality trainings were undertaken by churches that recognized the high levels of sexual activity and decided to do something about it! At this point we can only recommend this as an area for further research.

In the meanwhile, why is our teaching not leading to behaviour change? Various reasons were suggested by the young people. Firstly, the methods of communication are 'top-bottom', and have mainly been done by the older members of the church.

'People in their twenties are best placed to teach young people about their sexuality. Older people are honestly gross. Who wants to hear about sex from their parents' friends?' *Female, Questionnaire Survey*

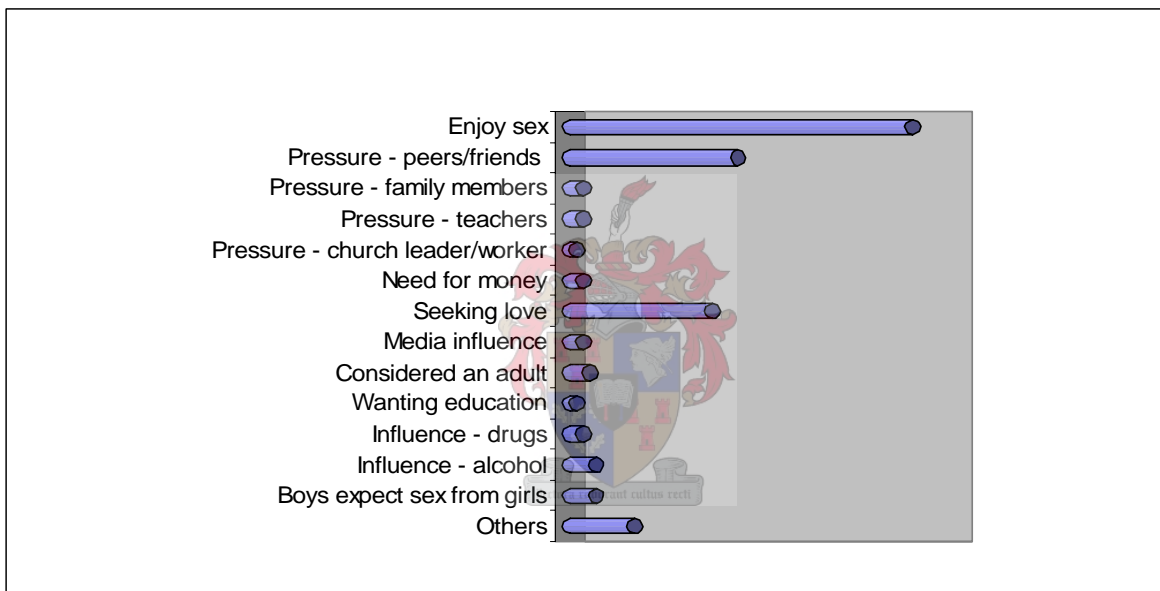
Secondly, communication around sex is generally correctional or reactive and negative in approach. The main teaching that young people know about sex is, 'No sex before marriage'; which is a negative message.

'Most messages have a 'Don't do it' mentality.' *Male, FGD*

'Do not preach and load young people with information. Do not always say, 'The Bible says'. Rather make the Bible relevant by being more relevant in today's context.' *Female, FGD*

#### 4.9 Motivators for sex

Motivating forces that encourage young people towards sexual activity are varied. However, there is a strong cluster firstly around peer pressure, and secondly around seeking and giving love and affection as shown in Figure 4.9 below.



**Figure 4.8 Motivators for sexual activity**

##### 4.9.1 Peer pressure

Discussions with young people revealed that peer pressure is a major factor in the lives of young people and it comes in numerous ways. Firstly, losing control is embraced and encouraged by peers. It is regarded as being 'cool', investigative, inquisitive, and experiencing something new. It involves smoking weed, trying to get 'lucky' at parties and winning someone of the opposite sex, rebelling against one's parents, watching pornographic movies or videos, reading pornographic books or magazines, smoking, under-age drinking at bars and clubs, and having sex.

Young people who do not want to engage in sexual activity face a great deal of pressure. It is indeed difficult for them. On one hand, parents and guardians have a strong message discouraging sexual activity. But on the other hand, there are friends who constantly exert pressure.

'It is natural to have sex.' *Male, FGD*

'As time goes on, you cannot keep saying no.' *Female, FGD*

'Peer pressure never ends! Saying no all the time becomes increasingly difficult.' *Male, FGD*

Both Males and Females face peer pressure. However, Males in particular pressurize Females openly for sex, in their bid to '*conquer virgin land*'.

Peers pressure also encourages young people to get involved in substance abuse. This includes smoking, drinking alcohol and taking drugs. This occurs especially at parties, where one may lose control or let one's guard down. It also increases sexual desire. A lot of sexual activities occur at parties. Young people reported attending parties to get '*lucky*' or '*trap the boy or girl*'.

Peer pressure is mainly from one's immediate friends and wider circle of friends (friends-of-friends). This was confirmed by the statistics (see Figure 4.4) whereby 90% of their first sexual partners were peers. Of those with multiple sexual partners, 91% were also peers. The circle of friends exerts great pressure to be part of the 'in-group'.

Another major factor is rebellion against one's parents and their control over you.

'Losing control is a form of rebellion especially at 14 years. It starts with rebelling on small things, e.g. not going to bed on time, going out, smoking, drinking, taking drugs, etc. It is a process.' *Male, FGD*

It is important to realise that teenagers assess and evaluate risk differently from adults. We may educate about the risks of sexually transmitted diseases or pregnancy, but to the young person, the risk of being excluded from the 'in-group' or the fear of looking immature is more immediate than a future health risk. (Tripp 2005:590).

#### 4.9.2 Seeking love

Young people are seeking love, which is given and obtained in various ways. The fact that many young people reported that they enjoy having sex, could imply that sex is regarded as a means of seeking love and giving love.

There often appears to be confusion between love and sex. In the 'Faith matters' study, the following conversation was recorded:

'A very candid teen in a youth group meeting made the interesting observation that she doesn't get drunk on alcohol, but gets 'drunk on love'. She explained that she wants so much to feel that she's loved that she'll do things she would not under other circumstances. 'If a boy knows enough to tell me that he loves me, then he's found the key to my heart and the key to my panties. I don't like it, but that's how I am' (Clapp 2003:87).

In the FGDs, young people stated that this desire for love could be attributed to the lack of parental attention, especially in single-parent households where the love of the 'missing' father or mother is sought. Young people also wish to prove to their partners that they love them.

'I don't know what is wrong with me. Why am I so afraid to stand up for myself and to say firmly, 'Stop that. Right now'? Or better yet, before anything has happened. 'We won't do that until I say its okay, and that day may not come with you. 'But I start to feel like my whole world will fall apart if he rejects me, so I give him this unhealthy power over me. I wish someone could help me stop it'. (Clapp 2003:29).



Additionally, young people were seeking attention. This took the form of being considered “cool”, popular or famous. Sometimes this was seen as changes in dress code in order to be trendy.

‘We want to be in-fashion.’ *Female, FGD*

Sex was also seen as a recreation, a past-time similar to a sport or entertainment. One has to be on the ‘winning team’.

**4.9.3 Seeing other people having sex**

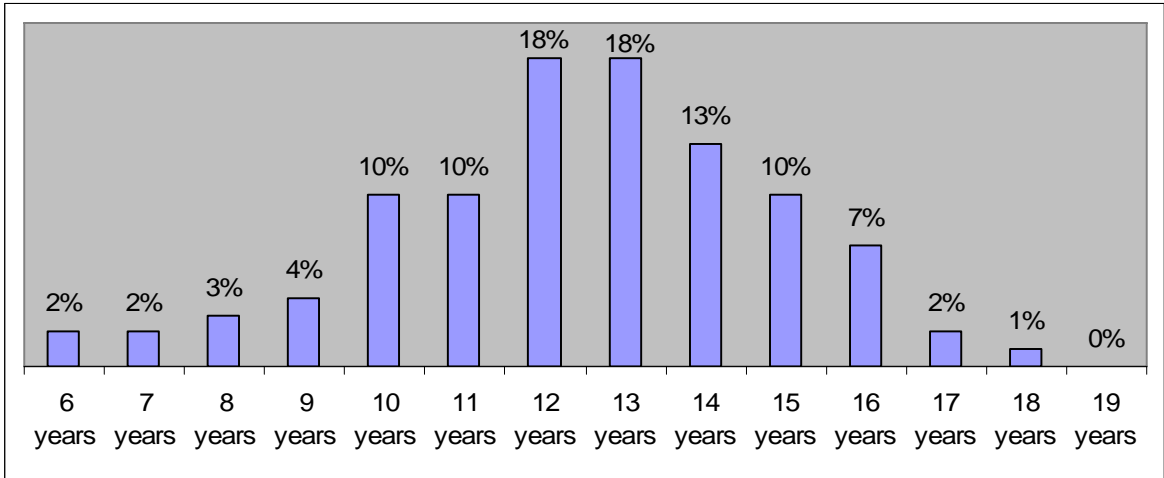
In the Questionnaire Survey, when asked whether they have ever seen other people having sex, 45% of the respondents indicated that they have.

Young people are seeing others having sex:  
 At home - siblings or parents  
 At parties - with friends on the floor or sofa  
 At school - school toilets and classrooms

*Comments, FGDs*

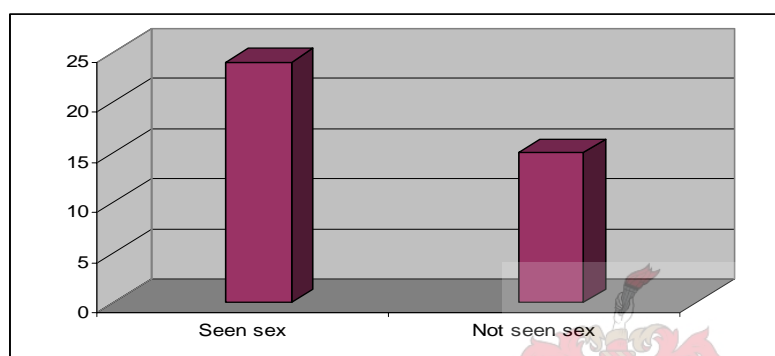


We then asked at what age they had first seen sex in real life.



**Figure 4.9 Age of first seeing other people having sex**

In this research it has emerged that the incidence of having seen sex in real life appears to have an impact in terms of motivation for sexual activity. To see sex in the flesh increased both the sexual drive and the rate of sexual activity. Of those who are sexually active, 66% have seen other people having sex. Furthermore, as Figure 4.10 shows, there is some correlation between seeing other people having sex and the desire to have sex. Twenty four percent of those having seen sex 'really wanted to have sex' the first time, whereas only 15% of those who had not seen sex reported really wanting to have sex.



**Figure 4.10 Association between seeing sex and the desire to have sex**

#### 4.9.4 Fear

Fear is a strong motivating factor for early sexual activity. This may also take various forms. It may be fear resulting from threats; 10% of the sexually active said they had sex because of threats.

There is also fear of being labelled as virgins, and the pride of maintaining one's virginity seems to be diminishing.

'Why get married as a virgin and you will marry a non-virgin who has slept around?' *Female, FGD*

Additionally there is the fear of being excluded, which young people experienced in different ways.

'Boys tend to talk negative, ugly things about girls if you are not sexually active.' *Female, FGD*

'Peers encourage you to act the wrong age; act older than you are. You do what as they say because you fear being left out and losing friends.'

*Female, FGD*

'When peers learn that you are inactive, they exclude you. Makes you feel bad.' *Male, FGD*

Other factors that contribute to the fear of abstaining include the fear of being called gay; being alone, getting raped, marrying the wrong person, and getting divorced which is increasing in today's society.

#### **4.9.5 Boredom**

Many young people said that boredom is a major motivating factor for sex. Young people indicated that boredom resulted from too much idle time. Given the lack of recreational activities in many of our communities, sex is free and fun. Many young people reported that there are many opportunities to have sex. Participants in the FGDs reported that sex mainly occurs at home during visits, sleepovers, or parties. This was confirmed by the quantitative data analysis.

#### **4.9.6 Media influence**

The influence of the media is another key factor. Young people are exposed to sexual activity in the media through magazines, internet, videos and television, especially late night movies.

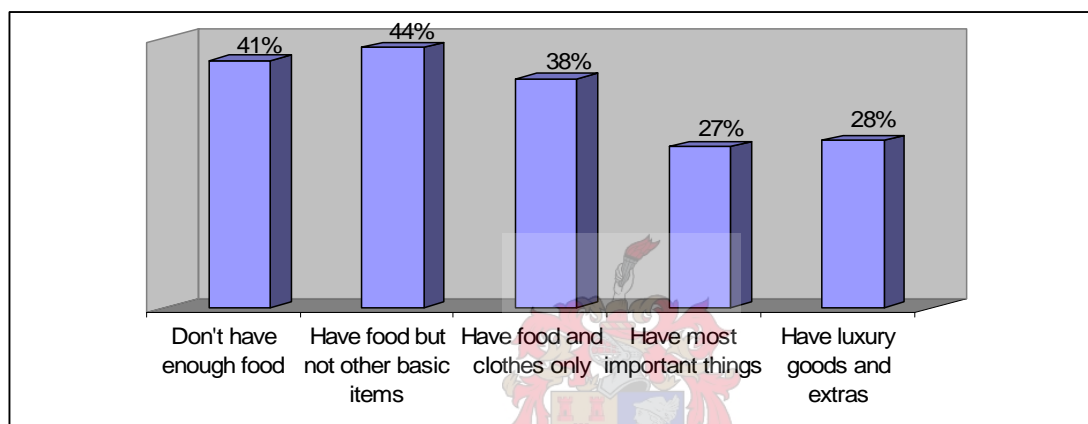
'Many TV late night shows have an age restriction. But our parents or guardians may not be there to monitor this.' *Female, FGD*

'The voice that dominates most is the media voice, e.g. TV soaps. The consequences of wrong doings are glamorous!' *Male, FGD*

'I wish someone had told me it is not like it looks on TV.' *Female FGD*

#### 4.9.7 Finances

Finally, finances were cited as a motivational factor. A most interesting finding was that sexual activity occurs across the economic spectrum, as shown in Figure 4.12. There is higher sexual activity amongst the poorer youth, but the difference is not as high as the researchers had expected.



**Figure 4.11 Sexual activity by perception of poverty**

It was reported that some Females become sexually active so that they could get a child in order to qualify and obtain the government social welfare grants.

'Having children is natural. Even the government provides R170 per month. I know two friends who got pregnant just to get the grant. But the money is not spent on the baby. Our parents take care of the baby!' *Female, FGD*

Other Females indicated that Males have money and provide them with materialistic things including paying the entrance fees at clubs. Females who sleep with taxi drivers for financial gain were referred to as 'taxi queens'. Many of the respondents indicated that they would rather have an older boyfriend who could afford to buy them better presents.

## 4.10 Motivators for abstaining

We identified various motivating factors that encourage young people to wait.

### 4.10.1 Positive peer pressure

The influential role of one's friends is a major factor that affects the sexuality of young people. It thus follows that one way young people should manage to abstain is through having circles of friends who do not want to be sexually active. These might be youth from the church with similar value systems. This positive influence of friends is what we refer to as positive peer pressure.

Additionally, such friends are open about their feelings and experiences, and share the same moral values. Thus young people should be encouraged to develop relationships with like-minded people.



'Socialize with the right kind of peers. Get friends who are concerned about you.' *Female, FGD*

'I am very open with my friends. We talk about many things like which parties we should go to, even about sex. We talk about what is wrong and what is right.' *Female, FGD*

### 4.10.2 Parental influence

Parental influence emerged as an important assistance to young people. Interestingly, this can be both the potential anger of parents, and/or the positive values they have instilled in young people. Many young people who had decided to wait cited the influence of parents in their values and goals.

'Parents should teach their own children and base examples on their own experience.' *Female, FGD*

#### 4.10.3 Desire to stay a virgin

It was very encouraging to note that there are still many young people who value the concept of virginity.

'You can be 18 years and still be sexually inactive, and even a virgin when you get married.' *Female, FGD*

'You can be a virgin. It is achievable by both boys and girls. Even at 15 years.' *Female, FGD*

The challenge however remains, that many young people find it difficult to maintain their virginity for varied reasons, in particular the boys feel tremendous pressure to lose their virginity.

#### 4.10.4 Realistic world view of the opposite gender

It was interesting to note that it seemed that many Females who had decided to wait had a good understanding of the world view of boys. Many of them said they had good friends who were Males. It is important that young people have a mixture of both boys and girls as their friends. It is especially important for girls to gain a deeper insight into the world view of boys. This could be attained by having boys in their inner circle of friends, who would exposure then to the inner perspective of boys, which sometimes differs from what they say publicly.

'I have mainly male friends, because they protect you. Hanging around guys helps you know what they are thinking about. Boys actually talk about sick things! Boys want good girls for relationships and easy girls for fun.'

*Female, FGD*

'Boys pressurise girls for sex; but have wrong motives. Girls need to know this.' *Male, FGD*

#### 4.10.5 Empowerment of girls

The empowerment of girls was frequently cited as a preventative factor. Girls should have strong personalities, along with having dreams and goals, which should include financial provision or independence.

'The strength of both partners, especially the girl, does help young people not have sex. In my relationship, my girlfriend saying 'no' has helped us.'

*Male, FGD*

#### 4.10.6 Extra-curricular activities

Keeping busy and engaged in extra-curricular activities also emerged as a highly important protective factor. Young people indicated the need to have broad interests and engage in various activities, especially after school. Increased involvement of young people in church activities was frequently mentioned.

'Discourage us from watching TV all the time; we need to get out of the house.' *Male, FGD*

#### 4.10.7 Others

Other factors that emerged included learning the consequences of contracting STDs/HIV/AIDS, the guilt of sinning, making a pledge in church, and the desire to authentically wear a white wedding dress and veil. In some communities, young people also have a special 21<sup>st</sup> birthday party if they are still a virgin.

## 5 PRACTICAL THEOLOGICAL ISSUES

### Introduction

As a result of our research, several issues were clearly highlighted. Each is a key practical theological issue.

The first relates to the message we are teaching. This is the traditional message of no sex before marriage. Where did this teaching come from, and is it an effective message to help teenagers in dealing with the pressures of sexuality? Do we have a relevant theology of sexuality?

The second issue is regarding the way in which the message is taught. Do our communication methods lead to behaviour change, or are they actually having the opposite effect?

The third issue relates to the type of program that the Church should promote. Should we promote abstinence only or are condoms an acceptable part of the Church's teaching?

## 5.1 Marriage

The focus of this study is to consider whether the traditional message of 'no sex before marriage' is effective in encouraging behaviour change amongst teenagers. We shall look at the following issues:

- The traditional view of no sex before marriage
- The views of our young people on marriage
- The reasons for this view
  - The present face of marriage
  - Changes in society
- What the Bible says about marriage
- History of marriage
- Towards a sexual ethic



### 5.1.1 Traditional view

The Anglican Church's traditional view on sex and marriage is summed up in the 1998 report on Human Sexuality of the Lambeth Conference 'Gods perfect will for married people is chastity before marriage, and then a lifelong relationship of fidelity and mutual sharing at all levels'.(Harries 2003:15). The traditional teaching of the Church is based on the Scriptural ideal of lifelong, monogamous, heterosexual union as the setting intended by God for the proper development of men and women as sexual beings. Sexual activity of any kind outside marriage comes to be seen as sinful. (House of Bishops 1991:18).

'The Holy Scriptures and Christian tradition teach that human sexuality is intended by God to find its full expression between a man and a woman in the covenant of marriage, established by God in creation, and affirmed by our Lord Jesus Christ' (Harries 2003:15)

According to the House of Bishops' Group<sup>7</sup>, this is based on the following beliefs

- God's intention regarding sexuality is revealed in Scripture. Culture and philosophy are secondary in importance. The three key passages are the creation narratives (Gen 1-2), Christ's teaching (Matt 19:1-12) and St Paul's teaching (1Cor 7:1-40).
- Men and women should relate together in marriage for three reasons (Book of Common Prayer 1552) 'the procreation of children...for a remedy against sin and to avoid fornication...for the mutual society, help and comfort that the one ought to have of the other both in prosperity and adversity'.
- The sexual union is legitimate within marriage
- Because the sexual union has its proper setting only within marriage, those who are not married should remain celibate, i.e. abstain. (Harries 2003:16-105).

'There is no getting away from it, the Christian rule is 'either marriage with complete faithfulness to your partner, or else total abstinence'' C.S Lewis (1955)

### 5.1.2 Views of Youth

In our research, we discovered a gap between the traditional teaching of ‘no sex before marriage’ and the actual sexual practices of many young people. In order to understand why this gap exists, we explored first of all whether marriage is a goal that the young people aspire to and secondly what they feel about the teaching of ‘no sex before marriage’.

In answer to the question, ‘Do you want to get married in the future?’ 16% of our total respondents did not want to get married, while 84% did. As the comments below clearly show, young people have mixed feelings about marriage for various reasons.

#### Yes

‘If it is necessary.’

‘So that I can have children to cherish and have a lovely wife.’

‘To have kids and a loving husband.’

‘For companionship; people are made to be with someone else.’

‘I do not want to be old alone.’

‘It is my dream to have a big princess wedding.’

‘So that I can do certain things with my partner and not feel guilty. To have sex.’

‘To be loved and have someone to love me back.’

‘To start my own family and carry on my surname.’

‘I want my father to be paid Lobola for teaching me.’

*Comments, Questionnaire Survey and FGDs*

**No**

'In the end, people just get divorced, so there is no point.'

'Because marriage is what I see and I do not want to put myself through that.'

'Why should I? There is nothing to look forward to, especially sex.'

'Lobola is too expensive and children too.'

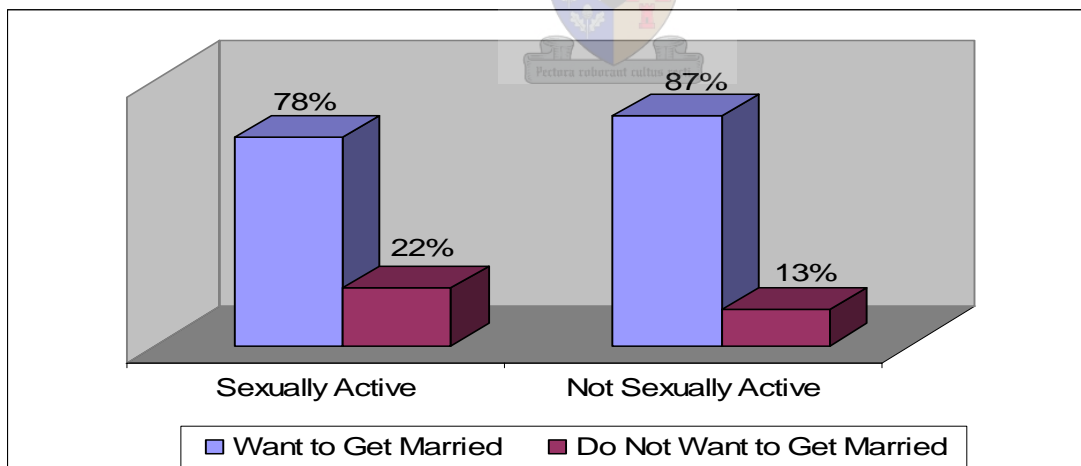
'Because I want to be with my mother.'

'People now-a-days marry for the wrong reasons, example status, security. And then most marriages do not last.'

'Fear of marrying the wrong person is real. My Auntie got married, found out that her husband was married, with children. One month later he was gone. None of his family was there at the wedding.'

*Comments, Questionnaire Survey and FGDs*

Further analysis reveals that once young people become sexually active, the desire to get married decreases, as shown in Figure 4.8 and the quote below.



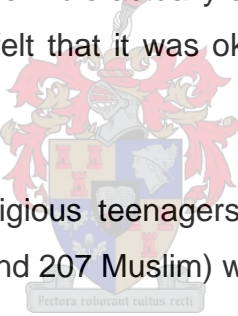
**Figure 5.1 Desire to get married by sexual activity status**

'Once sexually active, things then do not matter very much.' *Male, FGD*

In addition we discovered through our focus group discussions that many of the young people, in particular the girls, are looking forward to the 'wedding ceremony', but do not see married life in a very positive light.

They said that most marriages ended in divorce, and that women have no freedom once married, that once married, you will be trapped. Many of the girls saw no advantage in marriage, but felt that living together was a better option since it enables you to keep control of your finances and leave when (not if) your partner becomes abusive. They reflected back to us the reality of violence against women in their communities.

The second issue is whether the young people are in agreement with the goal of waiting until marriage for sex. Although many of our young people when asked what the Church teaches about sex, stated confidently 'no sex before marriage', many questioned whether it is true that the Bible actually does teach 'no sex before marriage'. On a personal level, the majority felt that it was okay to have sex within a long term committed relationship.



This is in line with a study of religious teenagers in the US (4198 Protestant, 819 Roman Catholic, and 361 Jewish and 207 Muslim) who said the following:

My faith community believes that premarital intercourse is wrong	92.8%
The Scriptures of my faith teach that premarital intercourse is wrong	67.3%
I personally believe that premarital intercourse is wrong	54.1%
(Clapp 2003:43)	

### 5.1.3 The reasons for these views

In order to understand why the young people are often negative about marriage, and why they often do not personally agree with the teaching of 'no sex before marriage' we looked at two issues, firstly the present state of marriage, which impacts on the experiences of the young people, and secondly the changes in society.

#### The present face of marriage

'Every six hours a woman is killed by her intimate partner'  
(Matthews 2004:1)

South Africa has the highest rate of femicide (murder of intimate partner) of anywhere in the world. The statistics are 8.8 for every 100,000 women over the age of 14 and the figures vary quite significantly by community (2.8 white, 18.3 coloured, 8.9 black).

Violence against women in many of our communities is so common that one judge was even reported as saying:

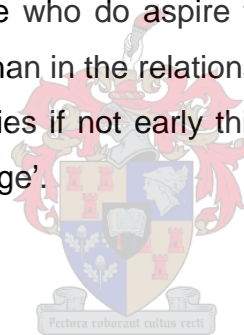
'Why complain? Women in the coloured community are used to being beaten up. Violence is part of their nature.' (Jackson 1997)

Young people's experience is also impacted by the high divorce rates. In 2002 there were 177,202 marriages registered in South Africa. In the same year there were 31,370 divorces registered. This does not even begin to touch the statistics on separations (Statistics SA 2002). Marriage rates in themselves are very low in South Africa. Forty nine percent of South Africans who are over 15 years old reported that they have never been married. (Childrenfirst 2004) There is a reasonably high level of cohabitation – at ages 30-34, 11% of the population are cohabiting. (Statistics SA 2002) Interestingly amongst white couples, those of higher income are likely to live together, whereas in other races, it is the poorer people who are more likely to cohabit.

Those people who decide to get married are waiting for a long period. The median age for first marriages in 1999 was 33.7 years old for males and 29.5 for females. (Statistics SA 2002).

Many of the young people said that they had never experienced a successful marriage. Because of the high levels of domestic violence and divorce to which they have been exposed, many of the young people have negative views of marriage. A weakness of the study is that we failed to ask how many of them were from single parent families. But in our discussions, very few reported fathers as positive role models. In 1998 Statistics SA reported that 42% of children under the age of 18 lived with mothers only. (Cullinan 2004).

Thus the overall view of marriage is bleak. Young people often do not see marriage positively and many have experience of single mothers, divorce and high levels of violence within marriage. Of those who do aspire to get married, many appear to be more interested in the ceremony than in the relationship, and the chances are that they will get married in their late twenties if not early thirties. Thus many teenagers do not see the value in 'waiting for marriage'.



### **Changes in society**

We are living in the post-modern age and Harries (2003:1-8) summarizes some of the ways in which post-modernism impacts on our sexual ethics.

- Fulfilment is seen to be found in the achievement of personal happiness.
- Individuals should be free to determine their own lifestyle without external control from either religion or society.
- The right to pursue personal happiness is an integral part of people's human rights.
- The Church's rejection of certain forms of sexual activity is seen to be hypocritical.
- Post-modernism rejects the existence of moral absolutes, because belief in them leads to the oppression of those who fail to conform and also because 'truth' is a human social construct.

Post-modernism has had a big impact on the values seen in the media. Our young people are bombarded by these values in the media, and are internalizing the concept that as long as a relationship is not hurtful to another person, then there is no 'external moral code' that should dictate your sexual behaviour.

(Young people) separate shagging from sexual love. Shagging is purely functional, pleasurable in its own right, done for its own sake. If it leads to sexual love and the development of a steady relationship, a different code comes into play. Infidelity hurts, causes damage, therefore it is wrong. In shagging there is no bond that can be broken, unless the person out shagging is also in a sexually exclusive relationship.

. (Holloway 1999:61)

#### **5.1.4 The Bible and Marriage**

We will next look at what the Bible actually says about marriage. We will examine whether there is in fact a clear biblical mandate supporting 'no sex before marriage'? Young people often ask 'where in the Bible does it actually say 'no sex before marriage?'" The reality is that even in the pages of the Bible, there are various attitudes to marriage. Preachers often refer to 'the biblical view of marriage', or state that 'the Bible says' something specific, but there is no uniform view of marriage in the Bible.

#### **Marriage in the Old Testament**

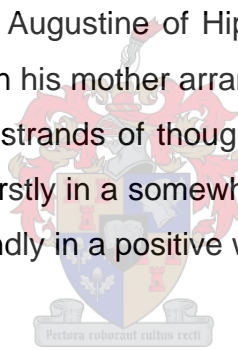
The Old Testament refers to customs and norms of a time and culture that are so far removed from us, that they are almost impossible to interpret. In Early Hebrew law, women were the property of the husband (Deut 21:14, Ex 21:7) A man might 'cover a woman with his skirt' (Ruth 3:9), the act of a kinsman offering the woman his protection, taking her into his house and effectively making her a wife.

Many types of relationship such as polygamy are condoned in the Old Testament but are unacceptable in modern westernized society. King Solomon might not have been elected bishop in the Anglican Church today, with his seven hundred wives and his three hundred concubines. (Gen 11:3) More bizarre examples are seen in Gen19: 30-38 where Lot's two daughters, unable to get a husband, get their father drunk in order

to become pregnant by him so as to carry on their father's line. Or we read the story of Tamar, (Gen 38; 1-30) who pretends to be a prostitute in order to get pregnant by her father in law when her brothers in law refuse to sleep with her! Both of these actions are reported approvingly in Scripture.

## **Marriage in the New Testament and Early Church**

The cultural background to marriage in the New Testament was Roman marriage. It was complicated by the stratification of society with different marriage laws applying to citizens, freedmen and slaves. 'The most common form of marriage involved no essential ceremony and was based on enduring cohabitation' (Forster 1994: 19). Intermarriage between slaves and free was forbidden and concubinage was common. The early church took a high moral line on marriage, standing against the tide and encouraging marriage in unions between slave and owner and 'proper marriages' as opposed to concubines. Even St Augustine of Hippo (354 - 430 A.D.) was forced to leave his concubine and child when his mother arranged a 'decent' marriage for him. However, there appear to be two strands of thought in the New Testament and Early Church. Firstly, marriage is seen firstly in a somewhat negative way as a concession to lust (Thatcher 1999:32), and secondly in a positive way as a sacrament of grace.



### ***A concession to lust.***

St Paul taught in the first letter to the Corinthians that marriage is a second best, for those who cannot control their lust.' If they do not have self control, they should marry. It is better to be married than to burn with desire' (1 Cor 7: 32-34). This theology was developed at a time when Christians believed that Jesus would return imminently, so marriage was not a priority. This is a negative concept of marriage which unfortunately has left a strong legacy in the church, leading to a strong tradition of celibate male leadership through the ages.

Marriage is a 'grim picture of a man tied to a woman who has a multitude of faults, who is wicked, talkative, wasteful, or of a woman tied to a man who is proud, impudent or immoral'. John Chrysostom<sup>8</sup>



This negativity came from many sources. Holloway (1999:55) describes how the Church was threatened by the cult of Gnosticism, but ended up absorbing some of its ideas. Gnosticism in so far as we understand it, was a dualistic belief, and central to its teaching was a hatred of the body and its needs. A text from the second Century describes life in a physical body as ‘this bondage of corruption, this cloak of darkness, this living death’. Some Gnostics even believed they could only save themselves by self castration. The Early Church’s cult of virginity and distrust of the body has its root not in Scripture, but in Gnosticism. The philosophy of the day believed that sex was evil because in the act of sex you lose rational control of yourself.

Social factors also influenced the Church, which reacted in shock at the sexual depravity of the big cities of the Roman Empire. The rapidly expanding Roman Empire and the mobility of soldiers of the Roman army led to a growth of often fatal sexually transmitted diseases (Holloway 1999:57).<sup>9</sup>

For philosophical, theological and sociological reasons, parts of the Early Church developed a very negative view of sex. By the time of St. Augustine, the Fall had become associated with sexual sin. It was taught that sexual pleasure is a venial sin because it represents the triumph of lust over reason. St Augustine’s belief in the inextricable link between sexual intercourse and the transmission of original sin strongly influenced the Western Church (Cross 1997:1055). In Cranmer’s Book of Common Prayer <sup>10</sup> the goal of marriage is seen to be as a ‘remedy against sin, and to avoid fornication’ (Forster 1994:57).

### ***A sacrament of grace.***

The positive views of marriage are seen in the comparison of marriage with relationship between Christ and his church (Eph 5; 21-33). On the basis of Eph 5: 32 the Western Mediaeval Church developed a sacramental view of marriage. Far from being negative, or simply a remedy against lust, marriage was an instrument of divine grace. Voluntary celibacy was given a high spiritual value because you were renouncing something good, not something evil (Harries 2003:102).

In the Roman Catholic Church and the Eastern Orthodox Church, marriage is seen as a sacrament (Hunter 1990:694). The catechism of the Anglican Prayer Book (1989) defines marriage as a 'sacramental rite'.

However, even this seemingly positive view has its negative side. Theodore Mackin a historian and exegete of marriage in the Roman Catholic Church <sup>11</sup> says 'there is grace given in the sacrament, it is not sanctifying, it is medicinal. It is a divine help for keeping passion only within one's marriage ....to keep their passion within the terms of the contract'.

Another factor which often leads to a negative view of marriage is the fact that Christian tradition assumes the domination of men and subjugation of women. Subjugation of wives to husbands is required 'for the man is the head of the house, just as Christ is the head of the Church' (Eph 5:23). In Judaism, the wife held an inferior position to the husband, and this patriarchal dualism has been inherited by the Christian Church. Unfortunately, the history of marriage is one of patriarchy and inequality (Thatcher 1999:42). Thus there is a conflict between Christian tradition and the modern emphasis on the equality of partners and the rights of individuals.

### **5.1.5 History and marriage**

If we are to examine the use of the teaching 'no sex before marriage' we need to look at the history of marriage. What views have we inherited about marriage either explicitly or implicitly? Where does cohabitation fit into the picture? There is often the assumption that Christian marriage has always existed in just the form that we know it.

#### ***The history of church and civil marriage***

In the early church as we have seen, marriage was discouraged because of the expected imminent arrival of Christ. When He failed to appear it became acceptable again, but was seen as an inferior choice. It was better to marry than to be burned by unholy passions. Celibacy was seen as the higher road. Only in the second millennium did marriage become a sacrament.

Prior to the Council of Trent in 1563, Roman canon law required no religious ceremony. All that was necessary was a declaration by both parties e.g. 'I take you as my

wife/husband' Once the marriage was consummated it was considered complete (Collingwood 1994:15). Such an informal marriage provided no protection against bigamy, incest or the marriage of minors, so in cases where property and its inheritance were involved, Church marriage was used.

In Europe, over the last millennium, marriage was closely related to property and inheritance rights. Church marriage was largely for the aristocracy. It began to grow and spread through the middle classes as they gained properties and businesses.

The Anglican Church in South Africa has inherited much of its understanding of marriage from the Church of England, so it is important to look at the history of marriage in England. In England only the established state Church was the arbitrator of legal marriages. However, prior to the English Marriage Act of Lord Hardwicke of 1753, marriage was poorly regulated. Many couples underwent customary marriage, making promises and agreeing to marriage contracts, followed by a consummation of the relationship. Others opted for 'Fleet' marriages (named for the chapels near Fleet prison where these marriages took place) which were conducted by clergy who disregarded the canons in order to avoid paying taxes! (Forster 1994:27).

Marriages were regulated by this Act of Lord Hardwicke which stated that in England and Wales, all marriages (excluding the Royal family, Jews and Quakers) were to be made subject to the statutes of the church and to be celebrated in parish churches after banns of marriage. This law invalidated customary law, and forced conscientious non conformists to 'live in sin'. By 1836 a civil marriage was also recognized and at this point Common Law marriage in England ceased to exist in law (Cross 1997:1055).

### ***Cohabitation***

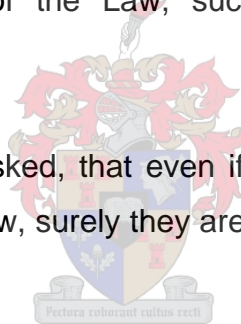
Through the centuries of Church history, cohabitation was the norm for the majority of the population. Cohabitation is defined as 'a man and woman sharing the same household without marriage for at least six months' (Hunter 1990:190).

For many theologians, the essential point about biblical marriage is the cleaving and leaving (Gen 2:24) 'the definition of marriage implied by this narrative is that leaving the parental family and establishing a recognizable unit of ones own constitutes marriage,

whether this is accompanied by an elaborate marriage or not' (Collingwood 1994:8), The argument is that if the creation ordinance is fulfilled, this constitutes marriage in the sight of God. One of the interesting facts about the sacrament of marriage is that according to the Roman Catholic and Orthodox Church it is different from other sacraments in that the bride and groom are the ministers of the sacrament, the church merely blesses the union (Hunter 1990:694). This raises the question of whether a marriage can actually take place in the sight of God, if there is no priest present.

In many places, certain types of marriage have been illegal either in the laws of the land or the culture of the day. In Roman times, slaves could not marry freedmen, in the USA; slaves were not legally allowed to marry and developed the tradition of 'jumping the broom'. In South Africa under apartheid the marriage of those of different races was forbidden under the Prohibition of Mixed Marriage Act (No 55) of 1949. Prior to the Recognition of Customary Marriages Act of 1998, customary marriages were not considered legal. In the sight of the Law, such marriages were considered as cohabitation.

However the question must be asked, that even if such relationships are considered 'cohabitation' in the sight of the Law, surely they are considered marriage in the sight of God?



### **5.1.6 Towards a sexual ethic**

Given the different views of marriage seen in the Bible, and the changing understanding of marriage through history, it appears that the message of 'no sex before marriage' is not as straightforward as might be assumed.

I would argue that it is important to find a different form for the message, whilst doing justice to the underlying principles, for the following reasons

- It is not a goal that many young people aspire to, because of the negative models of marriage that they have experienced.
- The reality is that we live in a society where marriages are on the decline, and there is a great deal of cohabitation taking place. Many of our young

people will cohabit. The Church must also ask itself the question whether it is a realistic goal to expect young people to wait until their mid thirties before having sex.

- This message often draws upon a negative biblical view of marriage as a safety valve for lustful and wicked sexuality. We need to base our sexuality education on a positive biblical view of sexuality.
- The Bible does not give a clear model of one cultural form of marriage. We need to do some more work to help the young people to unpack the principles involved, for instance through Bible studies.
- A study of the history of marriage shows that cohabitation was often the norm rather than a formal marriage. The question needs to be considered whether it is the relationship, together with the bonding act of intercourse that constitutes marriage or the ceremony. The church needs to be clearer on how it views longstanding faithful cohabitation.
- It appears that young people do believe that sexual intercourse should take place within a committed relationship. An alternative starting point would be to help them define what this committed relationship should look like within God's framework.



The usage of 'no sex before marriage' as a 'slogan' for our response to sexuality reflects strongly the negative view of marriage as merely a means to avoid immorality.

'Marriage is God's solution for immorality' (Wilkinson 2001:9)

Thus I would strongly recommend that our teaching be based around a positive message of developing Godly relationships, rather than a negative one.

***Rather than starting with the question – 'when is sex wrong?' we need to start with the question of 'when is sex right?'***

This creates a sexual ethic which is centred on a Biblical understanding of love. This love is reflected in God's relationship to his people, and in the relationship of love

between man and woman. This love has both a covenantal perspective and an ethical dimension. Such love is seen to be:

- A covenant relationship reflecting God's commitment to his people  
In Gen 2:18 God creates Eve as a 'helper' for Adam. The same word 'helper' is used of God's covenant relationship to the people of Israel (Isaiah 41:10).
- A deep personal union creating a new identity for both participants  
'The two will become one flesh' (Mk 10:6-9)
- Self liberating (expresses ones own self affirmation)  
'I love you, Oh Lord my strength' (Psalm 18:1)
- Relational rather than individualistic  
'Love one another as I have loved you' (John 13:34)
- Other enriching (genuine love for the wellbeing of the other)  
'Love your neighbour as yourself' (Lev 19:18).
- Honest (truthful about the meaning of the relationship)  
'With all your heart, and all your soul and all your *mind*.' (Matt 22: 37)
- Faithful (long-term relationship, monogamous), reflecting God's love  
'abounding in love and faithfulness' (Exodus 34:6).
- Socially responsible (enhances the greater community)  
'I will betroth you in righteousness and justice, in love and compassion'.  
(Hosea 2:19)
- Sacrificial  
'Greater love has no-one than this that he lay down his life for his friends.' (John 15:13)
- Joy giving and passionate  
'How delightful is your love my sister my bride! How much more pleasing is your love than wine!' (Song of Songs 4:10)
- Just (mutual empowerment, not dominance or submission)  
Both partners submit to each other (Eph 5:21)

Such a relationship would be based on an unconditional covenant commitment. Within such a relationship, sex is life giving, empowering and joy giving. The Anglican Prayer Book has a wonderful description of this relationship in the marriage vows:

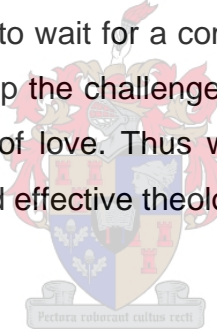
'I N take you N to be my partner, to have and to hold, from this day forward for better for worse, for richer for poorer, in sickness and in health, to love and to cherish and to honour in the Lord, till death us do part, according to Gods holy law, and this is my solemn vow.'(CPSA: 1989:464).

This relationship is also based on a mutual giving of self:

'All that I am I give to you and all that I have I share with you' (CPSA1989:465).

In conclusion, the challenge to the church is two fold:

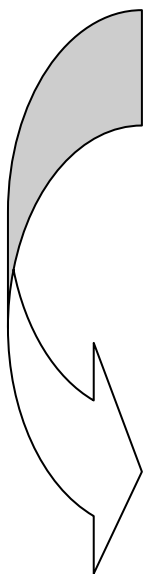
Firstly to encourage young people to wait for a committed covenant relationship before having sex, and secondly to take up the challenge of rebuilding marriages so that they also reflect these Godly qualities of love. Thus we have two challenges: to develop effective theologies of sexuality and effective theologies of marriage.



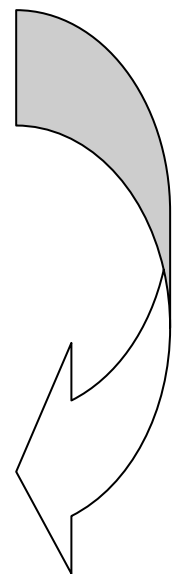
**SEX IS LIFE GIVING**

**MARRIAGE SHOULD BE A**

**WHEN YOU HAVE A**



**COMMITTED  
COVENANT  
MUTUALLY EMPOWERING  
FAITHFUL  
JOY GIVING  
HONEST  
RELATIONSHIP**





## 5.2 Communication for behaviour change

The second important practical challenge is to look at our communication in the Church. Why is there this disconnect between the Church's message of 'no sex before marriage' and the sexual activity of Anglican Youth? The young people are aware of the traditional teachings of the church, but these teachings do not lead to behaviour change. It is important therefore for us to look at our methods of communication and try to understand if it is possible to communicate in a way that is more likely to lead to behaviour change. The insights from this section have been taken from the principles of motivational interviewing. These are principles that can be readily incorporated into the communication and counselling practices of the church.

### Background

Motivational interviewing was originally started in the field of drug and alcohol addiction. In the last 25 years, this approach has been used in the field of behaviour change around alcoholism, drug abuse, marriage counselling, and recidivism for convicts, sexual behaviour change, smoking, and in the context of many diseases such as diabetes, obesity, HIV/AIDS and sexually transmitted diseases. (Miller 2002)

The methodology of motivational interviewing has been used on many levels

- For psycho-therapeutic interventions, particularly in the area of drug and alcohol addiction (these could be multiple and intensive hour long sessions)
- For behaviour change counselling (10-20 minutes) with issues around smoking, drugs, alcohol, diet change etc.
- For so called 'corridor conversations', very short interactions of one or two minutes. This was seen to be effective with prison wardens who were attempting to encourage behaviour change with prisoners.

The concepts of motivational interviewing have been used in very varied settings:

- With addictions in specialist psychiatric clinics
- In general practice by doctors encouraging health related behaviour change
- In antenatal care by midwives
- In the area of social work

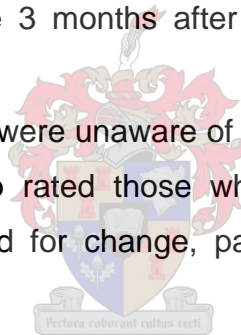


- In prisons and with probation officers (Miller 2002)

Motivational Interviewing is now accepted as a main stream therapy backed by extensive research. A study funding funded by the National Institute on Alcohol Abuse (NIAAA) and the National institute on Drug Abuse (NIDA) in the USA, found the following results

### ***Alcohol***

- Self referred problem drinkers who received a check up followed by assessment feedback given in a motivational interviewing style showed significant reductions in alcohol use.
- Alcoholics who entered a 21 day residential alcohol treatment programme and were assigned a motivational interviewing style check up at intake showed a doubled rate of abstinence 3 months after completing the programme. (57% abstinence vs. 29%)
- Programme therapists who were unaware of who was assigned to a motivational interviewing style check-up rated those who had received the check-up as significantly more motivated for change, participating more in treatment ,and more likely to remain sober.



### ***Drugs***

- In treatment of adolescents for polydrug abuse, those who received a motivational interviewing style check-up at intake remained in treatment twice as long (20 sessions vs. 8).
- At follow up they showed less than half the percentages of days with illicit drug use (26% vs. 59%).

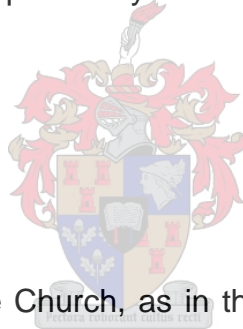
(Miller 2005)

Currently in Cape Town, this paradigm of communication for behaviour change is being used in counselling programmes run by the Cape Town Drug Counselling Centre, and at the Grand West Casino for gambling addicts. Research is being undertaken by the UCT Lung Institute into the use of motivational interviewing as a strategy to improve guideline adherence for patients with respiratory condition and HIV/AIDS. The Medical

Research Council are using motivational interviewing in their research into helping pregnant mothers to stop smoking, and the Infant Feeding Research Project (Research for the Future and Stellenbosch University) is helping lay and nurse counsellors communicate with HIV positive mothers.

Motivational interviewing is based on understanding the factors that facilitate or impede change. It recognises that behaviour change is a complex and difficult process that involves ambivalence; it is not a simple decision whether to change or not. It is a style of communication that is not confrontational or instructional, but rather collaborative and guiding.

Motivational interviewing is based on a principal of expressing empathy with the client without judging or necessarily agreeing. The interviewer seeks to develop motivation for change by highlighting discrepancy between the client's behaviour and his or her personal values and goals. The responsibility for change lies with the client. (MISA 2005).



### **5.2.1 A paradigm shift**

Traditionally communication in the Church, as in the medical world, has tended to be very prescriptive. People are told that it is a sin to have sex before marriage, just as they are told that they must give up smoking. If we want to encourage behaviour change, there is a need for a paradigm shift in the way that we communicate our message.

#### **From an authoritative stance to one of autonomy**

In the world of the Church, the priest carries great authority. Not only does he/she speak with the authority of theological knowledge learned from studies, he speaks with the authority of the Holy Scriptures, and very often even takes on the authority of God. 'In the name of God, Father Son and Holy Spirit.' This is a very authoritarian stance to take in terms of communication. 'The Bible says no sex before marriage' or 'The Church says that condoms are a sin' are very authoritative statements. In the medical

world authoritarian statements are made in a similar way, for example 'as your doctor I advise you that you must lose weight; you are putting your life at risk'.

The research from Motivational Interviewing reveals that a more mutually respectful position is more likely to elicit behaviour change. The counsellor or communicator recognizes the autonomy of the other, who is ultimately responsible for change taking place. It also recognises that the person may make a choice which you would not consider the 'perfect' choice.

This does not change the ultimate truth that smoking is bad for you, or that teenagers should not be involved in casual sex. It does recognize that behaviour change is unlikely to take place unless the client or teenager realizes this truth for themselves. Otherwise it remains the priest's view or the Bible's view, and not the young person's view.

### **From confrontation to collaboration**

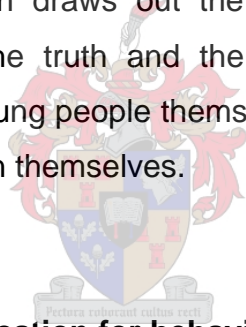
The traditional communication paradigm of the Church is confrontational. This is the stance of the expert who must get the learner to change. The leaders of the Church are the 'experts' who have knowledge of the standards that must be met. Behaviour must change in order to meet these standards. 'You are a sinner if you have sex before marriage,' therefore you must change your evil ways. This is a similar type of communication to the health messages that say 'you are destroying your health; if you don't give up smoking, you will shorten your life span'.

This confrontational approach is not often effective in leading to behaviour change. Research shows that a collaborative approach is more effective<sup>12</sup>. This type of approach recognises that both the 'client' and the one giving the message have values, standards and a perspective on the situation. The communicator moves from being a 'sage on the stage, to a guide on the side'. There needs to be collaboration in order to reach behaviour change.

Young people have more insights into what are the personal factors that discourage waiting for sex than most priests have. In order to facilitate behaviour change, we need to recognise that this is in some ways a 'meeting between experts'.

### **From an educational approach to an evocative approach**

Traditional ways of communication in the Church have been to 'educate'. This is particularly true in the sermon setting, where the communication is completely one way. The listener is seen as an empty vessel that needs to be filled up with knowledge. Traditionally education is seen as the expert 'imparting knowledge to the learner'. However, the word education actually comes from the Latin 'ducere', which means to draw out, as in drawing water out of the well. Docere means to insert knowledge, from which comes the English 'doctrine'. We need to return to this more 'evocative' approach to sharing ideas, which draws out the learning from the listener. It is important that we realize that the truth and the ultimate answer to the issue of behaviour change, lies with the young people themselves. Our task as communicator is to help them to find that truth within themselves.



#### **5.2.2 The principles of communication for behaviour change**

There are certain principles, which if adhered to will increase the motivation for behaviour change and others that will increase resistance to change.

#### **Empathy**

In order to become motivated towards behaviour change, a person needs to feel heard, that the other person has tried to understand their side of the story.

A story from the Bible which best illustrates this empathy is that of Zaccheus:

'Zaccheus was a very little man; a very little man was he,  
He climbed up into the sycamore tree  
For the Saviour he wanted to see.  
And when the Saviour passed that way,  
He looked into the tree ...

...and he shouted

Zaccheus you sinner, the time has come for you to change your wicked ways, to stop exploiting the poor. You have to stop hanging out with those evil tax collectors. If you do not change, then Gods wrath will fall upon you and your family.

And Zaccheus came down from the sycamore tree, and ran to have supper with the other tax collectors, and they all agreed that Jesus was a religious nut and completely out of line. He really didn't understand the cost of living in Jericho and that tax collectors were doing a very difficult job and needed to charge such high rates in order to live the life style they deserved.' (Adapted from Luke 19).



Jesus' communication style was not to immediately challenge Zaccheus with his immoral lifestyle. First of all he 'went to his house for tea', spent time with him, and it was because of this empathetic meeting with him, that Zaccheus changed his life around. Something about that interaction with Jesus challenged his values and he realized that his lifestyle was wrong. Jesus did not condone his life style. He found a different and more effective way to elicit behaviour change.

We are not changing the goal posts by showing empathy. To take an example from the world of medicine, a doctor may know that a certain person has to lose 30 kilos or they will seriously compromise their health. She knows that a confrontational style will not be effective, and may actually lead to weight gain. It is important that she understands the emotional and social reasons that have lead to the overeating, before she can encourage weight loss. In the same way, a message of 'no sex before marriage' in a vacuum, without understanding the young person's context and struggles, is unlikely to lead to behaviour change.

'Acceptance is not the same thing as agreement or approval. It is possible to accept and understand a person's perspective without agreeing with or endorsing it'. ( Miller 2002:37)

The paradox is that acceptance of people as they are frees them to change. Non acceptance, the message that 'you are not alright' immobilizes the change process because it throws them into a defensive mode.

### **Roll with resistance**

This principle recognizes that when resistance is present, it is the communicator who must change. Very often someone who is resistant to a message is deemed to be 'non-compliant' or difficult. In many interactions by adults with adolescents, they are deemed to be difficult or unresponsive. This is probably because the style of communication is building resistance in them.

'You slut, how could you act like that?' may well elicit the response 'I'm the normal one, everyone else is doing it, you are just so old fashioned'. By pushing harder, we are actually getting the person to argue their position more strongly.

If you feel that your personal freedom is being infringed or challenged, you will hold more strongly to your views. There are certain communication styles that have been shown to increase resistance. Interestingly, they are very commonly used in the church and particularly in circumstances where we are trying to encourage behaviour change. The following communication styles will trigger resistance to change.

- Arguing for change: when someone is arguing for change, the natural response is to argue for the opposing view. When one argues for change, for example by saying 'Why don't you.' the response is 'Yes, but...'
- Assuming the expert role. This is often the position taken by the Church. A stance of 'The Bible says' allows no argument. Young people ask 'but where in the Bible does it say that?', and are put down as lacking in faith. This is even taken to extremes. A particularly unhelpful stance in abstinence only teaching is

to state opinions about contraceptives that are contradicted in other circles. For instance some churches will teach that condoms don't work, because they have small holes in them. When questioned, the expert role is taken, that this is the view of the Vatican, or some important authority figure.

- Shaming/blaming. Sexuality has very strong moral connotations. In fact in the Victorian age, 'immorality' became almost exclusively associated with sexual sin. The other 'seven deadly sins' such as greed are often ignored. People guilty of these are not stigmatised. People guilty of sexual sin are shamed, or made to feel guilty. The Church talks about 'fallen women'. Within the Anglican Church the organisation called St Mary Magdalene was created for fallen women who had babies, because they were not able to join the Mothers Union.
- Claiming pre-eminence. The Church has access to the ultimate claim of authority 'God'. To communicate with the power of God on our side may lead to resistance from the young person, who feels that their viewpoints are not being heard or understood.

### **Develop discrepancy**

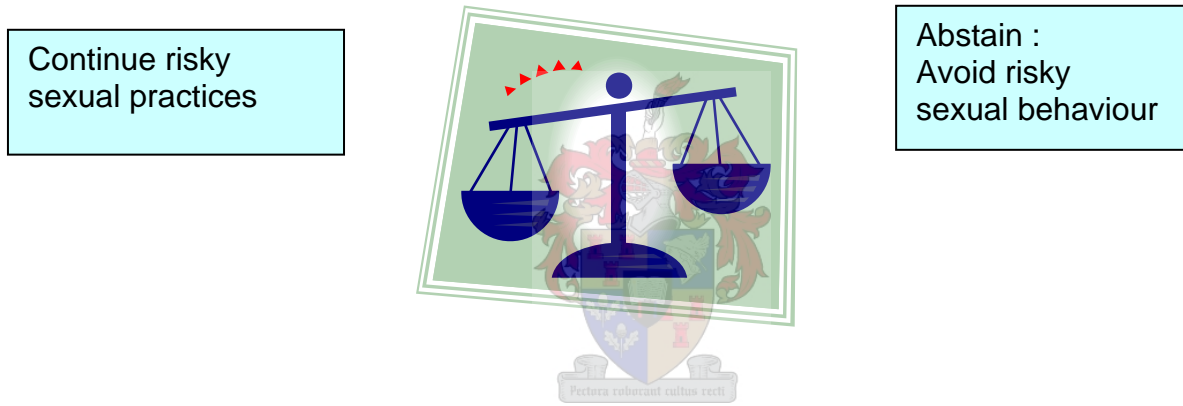
This in some senses is the heart of communication for behaviour change. A person will change when they feel that their actions are not in line with their own goals or values. If a young person can see that casual sex is going to compromise their chances of an educational future, or will give them a bad name as being promiscuous, they are more likely to change.

In order to create this discrepancy, we need to understand that most people are in a state of ambivalence regarding their behaviour. There are gains, and there are losses. Zaccheus gained money, status with the Romans, and power through being a tax collector. His losses were unpopularity, and shame. Jesus by spending time with him increased this discrepancy enough in his life, which tipped the balance towards a change of life. The benefits of Jesus' approval and acceptance by his community became more attractive.

First of all we need to recognize that this ambivalence does exist. Very often we try to encourage behaviour change by pointing out all the negatives of sex 'sex is something

dirty and unpleasant, save it for the one you love!' (Clapp 2003:14). At this point we may find that we have lost the young people. In our research the young people said that the main reason for having sex was because they enjoyed it. They become involved in sex because it is fun and makes them feel loved. If our communication ignores the reasons why they have decided NOT to abstain, we have lost the battle.

Our role as mentors is to help the young person make responsible choices. They do this by looking at the pros and cons of their behaviour, and to resolve the resulting ambivalence in the light of their own values and goals.



Reasons for not abstaining or changing sexual practices	Reasons for abstaining or changing sexual practices
<b>BENEFITS OF MAINTAINING STATUS QUO</b> Pleasure continues Keep same friends Feel loved Feel sexy Forget troubles	<b>COSTS OF CHANGE</b> Less physical pleasure Delayed gratification Not feeling loved Troubles not buried Lose your friends



COSTS OF MAINTAINING STATUS	BENEFITS OF CHANGE
QUO	
Loss of self esteem (called a slut)	Self esteem
Possible STDs/HIV	Safe from STDs/AIDS
Possible pregnancy	Safe from pregnancy
Feel far from God	Strong relationship with God
Emptiness	My family feel proud of me
Loss of self respect	Better education chances in the future

13

Thus developing discrepancy involves recognizing the ambivalence, and then helping the young person resolve this discrepancy. The task is to increasingly place weights on one side of the balance. (Miller 1994:122). Young people of faith engaging in casual sex are often in a situation of discrepancy between their belief in fidelity (even if not in marriage) and their actual behaviour. The mentor can help them become aware of this discrepancy.

### Support self-efficacy

It has been recognized that a person will only change when they are ready, willing and able to change.



Self efficacy or the belief that you can change is crucial for change. Here the role of faith and hope become very important. This can be because of an internal sense of faith 'if God gives me strength, I can abstain', or from the external faith that the mentor has in you.

'If you treat a person as he is, he will stay as he is. But if you treat him as if he were what he ought to be, and could be, he will become what he ought to be and could be.' Johan Wolfgang von Goethe (1749-1832)<sup>14</sup>

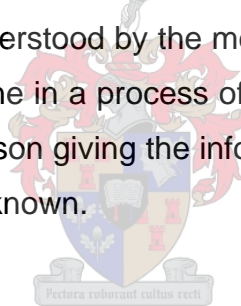
Thus the mentor's belief in the person's ability becomes a self-fulfilling prophecy. It becomes part of their self identity. This can be particularly important for teenagers who

may be receiving a lot of criticism or lack of affirmation in their home situations. Each person possesses a powerful potential for change. Your task as mentor is to release the potential and facilitate the change processes already inherent in the individual. (Miller 2002:41).

## **Exchange information**

As part of the process of motivating for change, there may be extra information that needs to be given. For instance 50% of our young people did not consider anal sex to be sex. They need to be given the information regarding the health risks of anal sex. This could be part of the process of encouraging behaviour change. Within motivational interviewing, information is given either when it is asked for, or when permission is requested to do so, it is never imposed on an unwilling listener.

However information should be seen as an exchange. The young people already have information which needs to be understood by the mentor before he/she gives additional or different information. This is done in a process of ask/tell /ask. In this way the young person will feel heard, and the person giving the information will only fill in the gaps and not repeat things that are already known.



For instance one could say

Ask: 'Let us put up on this flipchart what you all know about oral sex'

Tell: 'Great, can I add in something that studies have shown regarding sexually transmitted diseases and oral sex?'

Ask: 'What do you think about all that?'

No doubt the mentor will also learn in the process!

Information should be given neutrally without a solution or answer attached, and then the other person is encouraged to see for themselves the relevance and application of this to their lives.

Compare the following

1. 'If you do oral sex, you will all get herpes and AIDS, it is SO dangerous, and you must stop'.

2. 'Studies have shown that oral sex is low risk for HIV, and the person placing the penis in the mouth is at low risk. However, the person receiving the penis is putting themselves at risk of herpes and gonorrhoea. Doctors advise that a condom should be worn, or a dental barrier used.'

Following the second example, questions are asked to encourage the person to reflect on these facts for themselves, for example:

'How do you feel about what you have heard? Does that affect your thinking on oral sex?'

Thus in conclusion, there is a paradigm that may build resistance to change, a paradigm which is based on a confrontational, educative, authoritarian position. I would argue for a more collaborative, evocative position that is respectful of the person's autonomy.

Communication styles that are argumentative, assume the expert role, are shaming or blaming, or claim pre-eminence, may also lead to resistance to change.

A new approach which starts with an empathetic listening to the other person's story, which rolls with resistance, develops discrepancy and supports self-efficacy, including an exchange of information may lead to a greater motivation for behaviour change. This would have implications for theological ethics. We hold to the same ethical standards, but present them in a way that is more collaborative and respectful and which does not lead to resistance.

We are not changing the message; we are changing the way we present it.

### **5.3 Abstinence or condoms?**

Now we come to perhaps the most difficult part of our study. What form should sexuality education in the church take? Should the church promote 'abstinence', or is it acceptable to discuss the use of condoms in the church?

Firstly we shall look at 'abstinence only' programmes, discussing the strengths and the limitations of these. Secondly we shall examine the ABC approach, particularly as used

in Uganda, and thirdly make some recommendations for a strategy in the Anglican Church.

### **5.3.1 Abstinence only**

Firstly we shall look at the strengths of the 'abstinence only' message, and then at the limitations.

#### **5.3.1.1 The strengths of 'abstinence only' teaching**

##### **Traditional church teaching**

In terms of a sexual ethic, 'abstinence only' fits into the traditional teaching of the church of 'no sex before marriage'. It is the easiest message for clergy to adopt, and avoids any apparent contradictions with the Church's teaching. It has the following benefits:

- Individuals come to their first sexual partner with no baggage. They do not compare this partner with previous ones; there is no guilt, regret, jealousy, or the longing to relive the past. It is suggested that 'each new lover decreases the potential for intimacy'.
- Young men avoid the danger of developing exploitative, immature and superficial sexual behaviour patterns, rather than the sensitivity necessary to the future formation of a trusting sexual bond. Premarital relations can lead to a loss of the capacity to love and to feel intensely about someone. Young women avoid the danger of being exploited physically and emotionally, avoiding the psychological damage of broken hearts (Grenz 1997:86).

##### **Celibacy**

Abstinence is in line with the traditions of Church history. What better role models could we look for than Jesus and Paul who were both celibate? Through Church history, the Catholic and Orthodox churches have seen celibacy on a higher level than marriage. The tradition of celibacy reveals the following insights into abstinence:

- It is not a renunciation of sexuality, rather, sexuality is seen to be an integral part of your being
- It is a sign of your calling to God
- It is not about giving things up, but about the freedom to live for God and other people. (Harries 2003:102).

Abstinence teaching is in line with these traditions; it is not a new message. Is there something of this calling to a higher way that we can use in our teaching with young people? Teenagers respond passionately to callings. One thinks of the young people who joined the struggle against apartheid, willing to sacrifice their lives for the cause. Can we challenge young people to be the heroes in the new struggle against HIV/AIDS; can some of this spirit of voluntary positive celibacy be used to call young people to a higher way of life?

### **Avoidance of unwanted pregnancy and STDs**

Those who abstain avoid the danger of unwanted pregnancy and sexually transmitted diseases. There are a growing number of programmes geared at promoting abstinence amongst young people. One of these which is increasing in popularity in South Africa is the 'Silver Ring Thing'. This is a programme based in the USA which encourages young people to make a pledge of abstinence until marriage. Rallies have been held throughout South Africa, and over 350,000 young people have so far made the pledge (True Love Waits 2005). At mass rallies, they have pledged abstinence and committed to wearing a silver ring as a sign of their sexual purity. The program does not mention contraception at all. 'We don't say 'protect yourself' because abstinence is the only sure-fire way of staying healthy, physically as well as emotionally,' (Siecus 2003). Another increasingly popular programme is 'God's answer to AIDS'<sup>15</sup>, which has been broadcast on television and is being promoted quite widely amongst churches.

'It is the only 100% 'safe sex' strategy to avoid HIV/AIDS – and you do not want HIV/AIDS' (Wilkinson 2001:14).

## A clear message

The promotion of abstinence is seen to be a clear message without compromise. The young people in our Focus Group Discussions reflected on the mixed messages they are receiving from school :

'Schools are often confused as to whether they are encouraging sex or discouraging it. Often there are conflicting messages. For instance, condoms are issued, and then a 'don't have sex' message follows – kids think this is a joke.'

*Male, FGD*

'Abstinence-only' is seen as a clear and uncomplicated message, which will avoid confusion in the minds of the young people

'Culture has these kids horribly confused. The church needs to say a clear, loud 'No' to sexual intercourse. If you teach them anything else, you are confusing the issue.'

'I'll tell you what doing abstinence and comprehensive education is like. Its just like telling them is wrong to shoot a gun and then giving them classes in how to handle firearms' *Comments from youth leaders ( Clapp 2003:58 )*

## The age of sexual debut is raised

Studies in Uganda suggest that promoting abstinence raised the age of sexual debut. The promotion of abstinence led to an average of a one year delay in sexual debut amongst youth in Zambia and Uganda (Ruland 2003).

An extensive study, undertaken in the United States of 12,000 teenagers aged between thirteen and eighteen, called the 'National Longitudinal Study of Adolescent Health' found that that the age of sexual debut was raised by an average of 18 months.

(Bearman 2005:277). The numbers of sexual partners were also reduced. Amongst those males, who had not pledged the typical male had 2.4 partners; those males who had pledged were reported as having on average 1.5 partners (Bearman 2005:277).

### **Virginity is valued**

'Abstinence only' programmes place a high value on virginity. In Kwa-Zulu/Natal the tradition of virginity testing is being encouraged in order to combat the risks of HIV/AIDS. Other programmes which are being promoted in churches such as 'Cool to be a virgin' and 'True Love Waits' place a high value on virginity. Participants wear a ring to give witness to their purity or virginity, pledging to remain abstinent until marriage. In our focus group discussions we found that many of the young girls in particular valued their virginity.

'I was a virgin when I was confirmed last year in October, and I wore a white dress and veil. That was my goal.' *Female FGD*

However in our discussions we also discovered that the boys were under pressure to lose their virginity. It was not considered 'cool' for a boy to be a virgin.

### **Positive peer pressure**

Teenagers are surrounded by peer pressure. 'Abstinence only' programmes utilize the power of peer pressure to turn around the cultural norm that suggests it is okay to be sexually active. By pledging in the company of many peers, young people are challenged to change the tide of sexual promiscuity. Participants in the 'True Love Waits' campaign make the following pledge:

'Believing that true love waits, I make a commitment to God, myself, my family and my friends, my future mate and my future children to be sexually abstinent from this day until the day I enter a biblical I marriage relationship'.

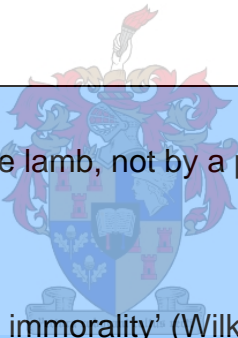
The Silver Ring Thing is being promoted as a 'catalyst for events all over the country to ignite an instant positive peer pressure group that would give the youth in southern Africa a new vision to become an abstinent generation until marriage' ( SACLA 2004).

### **5.3.1.2 The limitations of 'abstinence only' teaching**

Having considered the advantages of 'abstinence only' teaching, we shall now examine some of the limitations

#### **The confusion between a health and a moral message**

Very often the difficulty with sexuality teaching in the church is that we are combining two messages, the first is a moral one regarding sexuality, and the second is a health message, regarding prevention of pregnancy and STDS. The two messages do often get confused:



'We are saved by the blood of the lamb, not by a piece of rubber' –Youth congress, Khayelitsha 2001

'God forewarns that He avenges immorality' (Wilkinson 2001:13).

#### **The oversimplification of the problem**

Often there is a belief that the abstinence message is clear and simple:

'I agree that the church needs to help kids know how to handle sex but I don't see that as a complicated thing. Having sexual intercourse before you're married is a sin. We need to teach that. Teens need to know that they should say no. Adult youth group leader (Clapp 2003:57)



In our study of Anglican youth, the majority of the young people had no doubts as to the teaching of the church. They stated clearly that the Church teaches 'no sex before marriage'. However it is obvious that there is a disconnection between this knowledge and behaviour. Thirty point five percent are sexually active even though they know that this is contrary to the Church's teaching. Our research revealed some of the factors that lead to these high levels of sexual activity. Some became sexually active because they were tricked, or coerced. Others became sexually active because of poverty, or under the influence of alcohol or drugs. Many 'abstinence only' programmes do not take into account factors such as poverty, sexual violence, drug abuse, gender imbalance or peer pressure. Any programme that we initiate needs to take into account the root causes of adolescent sexual behaviour.

### **.The dangers of teenage pregnancy and STDs**

One of the greatest limitations of 'abstinence only' programmes is that they may lead to higher levels of teenage pregnancies and STDs. In the previously mentioned National Longitudinal Study of Adolescent Health it was discovered that:

- Abstinence pledgers were significantly less likely to use contraceptives when they did engage in sexual activity than their non-pledging peers.
- Male pledgers were 20% less likely to use condoms during sex than non-pledgers.
- Higher levels of STDs were reported amongst those who pledged abstinence and then became sexually active. 7.3% of those who pledged and became sexually active had a current STD infection, in contrast to 6.9% of those who never pledged. (Bearman 2005: 276).

This is of significant concern, because what appears to occur is that when young people do commit themselves to abstinence, and then become sexually active, they are not prepared for the consequences.

'My boyfriend and I had pregnancy coming. We didn't use any kind of birth control. Our church is so down on having sex that we were trying not to. But we starting making out without clothes and then we did oral sex, and we ended up doing the real thing' (Clapp 2003:76)

Abstinence is often believed to be the only 'fool-proof' method to avoid teenage pregnancy. It may seem obvious that abstinence will completely avoid STDs and pregnancy. However, when comparing abstinence as a method of avoiding pregnancy with other contraceptive methods, it is important to compare like with like.

There are two ways of measuring the effectiveness of contraceptive methods.

'Perfect use' measures the effectiveness when a contraceptive is used exactly according to clinical guidelines. In contrast 'typical use' measures how effective it is for the average person, who does not always use the method correctly or consistently (forgets to take her pill, or leaves the condom in a hot car). For example oral contraceptives have a perfect use measure of 99% but a typical use measure of 92%. Therefore eight out of every 100 women on oral contraceptives will become pregnant in the first year of use.

Contraceptive method	Perfect use	Typical use
Abstinence	100	unknown
Female sterilization	99.5	99.5
Oral contraceptives	99.5	92.5
Male condom	97	86.3
Withdrawal	96	75.5

**Contraceptive effectiveness rates for pregnancy prevention**

Thus when it is stated that abstinence is 100% effective, we are citing the 'perfect use'. However, many young people choose abstinence as a 'contraceptive method', and when they get into a situation of sexual arousal may end up having sex. This is 'typical use', and in many such cases abstinence does fail as a contraceptive method.

To promote abstinence, the high failure rate of other contraceptives is often quoted (14% of condoms), but this is comparing perfect use abstinence with typical use condom rates. There is a need for research into typical use rates of abstinence success. That is to say, how many of the young people who commit themselves to abstinence, will actually end up having sex. A study in the British Medical Journal reveals the risks:

Evidence is increasing that, although abstinence campaigns may delay young people's first sexual intercourse, they may also increase their risk of having unprotected sex when they do begin having sex. (Tripp 2005: 592).

### **The identification of virgins**

Another issue of concern in some 'abstinence only' programmes is that of identification of virgins. Former Deputy President Jacob Zuma has encouraged girls to take a virginity test, saying that virginity 'is the family's treasure,' and traditionally 'girls would only have sex when permitted to do so by their families after marriage' (Kinoti 2005:1).

- Linking virginity and purity turns it into a moral message. This adds to discrimination of those who do become HIV+. Once there is stigma and discrimination, people will increasingly choose not to disclose their status and will miss out on the benefits of disclosure
- Virginity testing does not take into account the power imbalances that lead to girls being tricked, persuaded, pressurised or raped. In some parts of South Africa myths have arisen that an HIV+ man can be cured by having sex with a virgin. This puts virgins at particular risk.
- Virginity testing puts the responsibility on the girls and women. The boys' virginity is not tested.
- Virginity testing may lead to an increase in young people practicing anal and oral sex.
- Virginity tests are often inaccurate. A girl's hymen can be broken for example during sport. Some women are having an operation to restore their hymens. (Kinoti 2005:1).

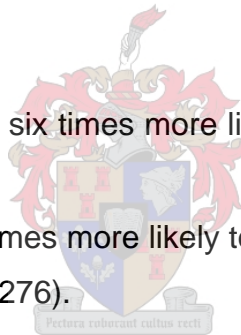
'The Silver Ring Thing' also encourages the wearing of a purity ring once the pledge has been made. This is a concern because those who identify themselves in this way as virgins may then become targets for sexual predators.

### **Increased incidence of other types of sex**

Another limitation of 'abstinence only' programmes is that many young people believe that 'abstinence only' refers to abstaining from vaginal sex. This came through very clearly in our research, where only 50% of young people consider anal sex to be sex and only 33% believe that oral sex is sex. Both of these types of sex are risky behaviours in terms of transmission of STIs.

The Longitudinal Study of Adolescent Health, referred to previously, revealed the following:

- Abstinence pledgers were six times more likely to have had oral sex than non-pledgers.
- Male pledgers were four times more likely to have had anal sex than male non-pledgers. (Bearman 2005:276).



### **The political agenda**

When discussing the limitations of 'abstinence only' programmes, it is important to understand that there may be political issues influencing the promotion of these programmes.

Perhaps one of the best examples of ideology impeding sound public health policy is the current US administration's insistence that both US and international sex education programmes promote the view that the only sensible approach to avoiding unwanted pregnancy and sexually transmitted diseases is abstinence until marriage, followed by life-long monogamy. (The Lancet 2002;360:97)

The Lancet also suggests that US AIDS policy is being trimmed to fit with viewpoints consistent with those often described in the USA as 'the Christian right' (Barnett 2005:592).US policy appears to be confusing the health message with the moral message.

'I think our country needs a practical, effective and moral message... We need to tell our children that abstinence is the only certain way to avoid contracting HIV. It works every time' President Bush (USAID 2004)

Previously the majority of US funding for HIV/AIDS was ear-marked for the Global Fund<sup>16</sup> but is now being channelled through PEPFAR (The President's Emergency Plan for AIDS Relief). The focus of funding has shifted from comprehensive prevention programmes towards 'abstinence-only' prevention programmes. These are seen to be in line with the moral priorities of the US government, 'abstinence until marriage focused programs are particularly important for young people' (USAID 2004).



There is a concern that a health campaign is becoming a moral crusade. Abstinence as a moral issue is being pushed even if in the long run an abstinence only focus may lead to higher rates of infection and pregnancy.

### **Increasing stigma**

A limitation of 'abstinence only' programmes is that by confusing the health issues with moral issues they may increase stigma. After an indaba of Church leaders in Swaziland where Bruce Wilkinson, author of 'God's answer to AIDS' presented his message as a 'learning aide', the following comments were made by health workers:

'The tone of the instructions and of the AIDS indaba preaching is that a violation of Biblical scripture leads to AIDS. You have wronged God by having sex out of wedlock, or cheating on your spouse, and so you get sick and die. This attitude has led to great guilt about AIDS in Swaziland, and it is the reason why it is taboo to admit you are HIV positive: it is the reason why there is such a great denial about a disease that infects almost 40% of the adult population'.

(IRIN 2005:1)

In God's Answer to AIDS, Wilkinson states that the role of the Church in the HIV/AIDS crisis is:

*'Recognising that some are innocent and others guilty' (Wilkinson: 2001:18).*

### **A failure to present the medical facts of contraceptives**

There is often a tendency in 'abstinence only' programmes to fail to give accurate information regarding contraceptives. At a gathering of pastors in Swaziland, the following message was given by one of the pastors.

'If you abstain from sex, or you are faithful, you don't need condoms, which are full of holes anyway,' (IRIN 2005:1)

The Catholic Church has also taken a very strong anti-condom stance, encouraging abstinence by emphasizing the dangers of condom use. Studies have come out of the Vatican stating that the condom is porous and allows the virus through:

'The AIDS virus is roughly 450 times smaller than the spermatozoon. The sperm can easily pass through the 'net' formed by the condom. These margins of uncertainty should represent an obligation on the part of the health ministries and all these campaigns to act in the same way as they do with regard to cigarettes which they state to be a danger' The President of the Vatican's Pontifical council for the family, Cardinal Alfonso Trujillo(Catholic Online 2003).

At one PEPFAR funded rally 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'(Cohen 2005:2076).

Be wise, DON'T condomise (Slattery 2002:56)

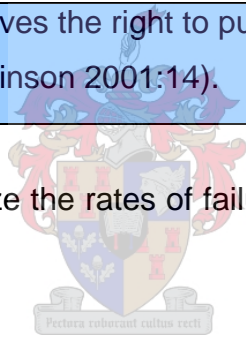
A danger of the promotion of scientifically inaccurate information is that the 'abstinence only' message loses credibility with young people as they hear other more accurate information from school and via the media.

### The use of fear

Some 'abstinence only' programmes use fear as a motivating factor to abstain. This may be fear of God's punishment.

'Immorality is a sin and God reserves the right to punish it severely – even with the death penalty' (Wilkinson 2001:14).

A common strategy is to emphasize the rates of failure of contraceptives so that young people will abstain out of fear:



'I showed the youth group a video that talked about all contraception having a failure rate. Later a sixteen year old girl came to me afraid she was pregnant. The video had made her think there was no point in using contraception the purpose of the video was to encourage abstinence - not to tell teens not to use contraception....' *Youth leader* (Clapp 2003:67)

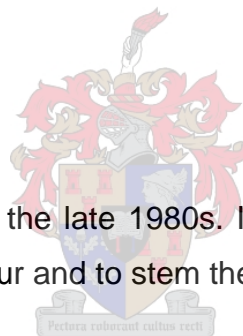
'Why can't we be given full information about the **risk to life** for a person using the condom for protection against AIDS?' (Slattery 2002: 57).

In conclusion, a focus on abstinence, or delaying sexual debut, is of crucial importance. However, if the focus is 'abstinence *only*' there are dangers of increasing stigma. In the long run abstinence only programmes run the risk of leading to higher rates of pregnancy and sexually transmitted diseases. Given the fact that many young people do decide to have sex before marriage, this approach does not give them the information they need to protect themselves. Having examined this approach, we shall now look at the ABC model.

### 5.3.2 ABC

The ABC programme was a comprehensive national commitment that was made in Uganda to prevent HIV/AIDS which was based on the slogan:

**A**bstain  
**B**e Faithful and  
**C**ondomise



Uganda adopted this approach in the late 1980s. It was a multifaceted approach that aimed to change people's behaviour and to stem the tide of the AIDS/AIDS pandemic.

Uganda's HIV rates had been increasing until 1991 when they peaked at 15% (30% amongst pregnant urban women). They turned sharply down through the mid 1990s and reached 5% (14% for pregnant urban women) by 2001.

The key factors have been identified as the following

- Rise in the age of sexual debut: average age for girls rose from 15.9 in 1988 to 16.3 in 1995
- Levels of monogamy increased. Unmarried sexually active people were less likely to have more than one sexual partner
- Condom usage rose steeply amongst unmarried sexually active men and women. Amongst those who had had sex in the last four weeks, the proportion who had used condoms at last intercourse rose from 1% amongst unmarried women in 1989 to 14% in 1995, and amongst unmarried men from 2% to 22% (Cohen 2003:1).



### 5.3.2.1 Strengths of the ABC approach

#### Multi-sectoral

The strength of the response to the pandemic in Uganda was that all parts of society responded, churches, the education department, and the health sector. Each section recognized the importance of the other and they played complementary roles.

The Church generally recognized the role of the health and education departments in promoting condoms, and did not criticise them, even though they had different priorities as a faith based organisation.

Rev Byamugisha, an Anglican priest from Kampala compares the strategy with an army using different weapons at different times, some carrying swords, some wielding spears and some carrying shields.

When the enemy is far away you throw a spear (abstinence), when the enemy draws closer, you use your sword (be faithful) and when the enemy is upon you, you use your shield (condom). *Sermon in Khayelitsha, Sep 2001*



A key factor in Uganda was that those who did not promote condoms did not criticise those who did. There was recognition that each part of society had a different and important role to play. The church coined the phrase:

'Do not promote condoms, rather explain their role'.

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#### Reduction of partners

In Uganda, the trend towards people having fewer sexual partners that took hold in the early 1990s was attributable to many factors. President Museveni challenged men in particular to reduce their sexual partners to one. In Uganda fidelity became known as 'zero grazing'. Obviously having multiple partners increases the risk of STDs, and having concurrent ones as opposed to 'serial monogamy' increases these rates

exponentially. Concurrency 'permits the virus to spread to others quickly, rather than trapping it in a single relationship for months or even years' (Cohen 2004:11).

Epstein concludes that 'the prevalence of HIV infections in Sub-Saharan Africa is not due to the fact that people in that region have more sexual partners than people in Asia or in western countries, rather they are more likely to have ongoing simultaneous sexual relationships within a small circle of partners.' (Cohen 2004:11).

An 'abstinence only' program may ignore the value of a reduction in partners, since to be sexually active before marriage is seen to be a sin, irrespective of whether you have one partner or multiple partners.

### **The role of the condom**

From a medical point of view, there is no doubt as to the value of condoms in the battle against HIV/AIDS. The Centres for Disease Control (CDC) states the following in their fact sheet for health workers:

Latex condoms, when used consistently and correctly are highly effective in preventing the sexual transmission of HIV, the virus that causes AIDS

AIDS is, by far, the most deadly sexually transmitted disease, and considerably more scientific evidence exists regarding condom effectiveness for prevention of HIV infection than for other STDs. The body of research on the effectiveness of latex condoms in preventing sexual transmission of HIV is both comprehensive and conclusive. In fact, the ability of latex condoms to prevent transmission of HIV has been scientifically established in 'real-life' studies of sexually active couples as well as in laboratory studies.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens. Latex condoms cover the penis and provide an effective barrier to exposure to secretions such as semen and vaginal fluids, blocking the pathway of sexual transmission of HIV infection.

Epidemiologic studies that are conducted in real-life settings, where one partner is infected with HIV and the other partner is not, demonstrate conclusively that the consistent use of latex condoms provides a high degree of protection.(CDC 2003:1).

One of the strengths of the Ugandan approach was that the Church recognized the importance of the condom, even if they did not promote them.

In fact, one of the problems at present in Uganda is that the gains of this integrated approach may be in danger of being lost. The Ugandan model has been interpreted by US conservatives as 'A for unmarried people until they marry, B for the married, and anything but C' (Cohen 2004).

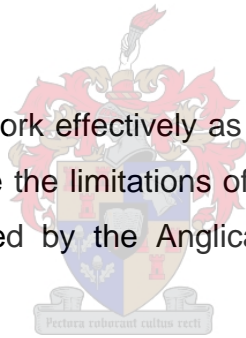
Uganda is being touted as the success story of an abstinence only approach. It is in fact the success story of a comprehensive multi-sectoral approach to prevention. The successes of the past are in danger of being lost. The shift from ABC to abstinence only education, driven and exacerbated by the Presidents Emergency Plan for AIDS Relief threatens to undermine the country's success in bringing AIDS into the open. If those who use condoms are branded as immoral, it will drive the epidemic back underground. Abstinence is being emphasized for the general population, and condoms only for the 'high risk' (immoral) groups. Billboards promoting condoms have come down. Free condoms have all but disappeared, and US grants are being given to groups that argue that the virus can go straight through a condom. Only eight million free condoms were made available last year, when 80 million were needed. The successes of a comprehensive program of ABC are in danger of being compromised. No one knows better than Ugandans that lives are saved when AIDS is treated as a public health challenge, not a moral crusade. (MedicalNews 2005).

The assumption is being made that if abstinence was responsible for Uganda's HIV decline, funding for abstinence-based programmes should be at the centrepiece of the global anti-AIDS effort. (Cohen: 2005:2075).



### 5.3.2.2 Limitations of ABC

The ABC philosophy seemed to work effectively as a country-wide prevention strategy in Uganda. We shall now examine the limitations of 'ABC', in particular when we are considering a strategy to be used by the Anglican Church for youth sexuality for adolescents.



#### **Confusion**

The problem of the ABC message is that there is natural human tendency to hear the message you want to hear! Young people may hear the C of condomise much louder than the A of abstain. The ABC message may be understood to be promoting casual sex. Many church leaders do not feel comfortable with promoting or speaking about condoms for this reason.

#### **Limitations of the 'be faithful' message**

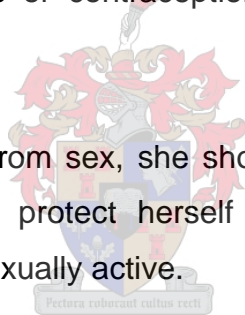
The 'be faithful' message may not be helpful for adolescents, who may fall in and out of love passionately; they might be faithful to one partner this week and to another next week.

To be faithful does not ensure protection against HIV. Many faithful wives become infected by their husbands. Married women can not insist on fidelity or condom usage by their husbands. The 'be faithful' message needs to be combined with messages about condom usage, and HIV testing.

This message therefore does not recognize the power imbalances in many relationships. The message 'be faithful' also does not recognize that getting married is a high risk activity for many women. A girl friend may yet have a chance to negotiate for condom usage; a married woman may well not be able to.

The ABC approach does have weaknesses; a segmented approach that targets different messages to different groups of people doesn't recognize that the same people may need different messages at different stages of life. A woman may abstain until marriage but need condoms or contraception for family planning once she is married.

Even if a woman has abstained from sex, she should still be provided with accurate information on contraceptives to protect herself from unwanted pregnancies and disease once she does become sexually active.



### **Narrow focus on sex**

One of the weaknesses of the ABC message is that it limits the problem to a response to the sex drive. Some people see the answer to the problem as simply bio-medical 'use a condom'. Others see it as a moral issue, and the answer is to 'abstain'. We need to look for the solution at a deeper level.

The significant problems we have cannot be solved at the same level of thinking with which we created them

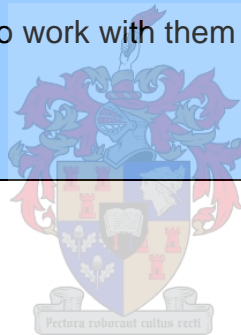
Albert Einstein (1879-1955)<sup>18</sup>

We need to move beyond a focus on the physical act of sex. Sexuality is more than just the sex act and young people need to be supported in how to develop healthy relationships with those of the opposite sex. If they do not learn how to form healthy friendships, they will not form healthy sexual relationships later on in life. We also need to look at why young people are making destructive choices around their sexuality. There are pressures on young people that are limiting their freedom to make choices and these must be taken into account in any youth sexuality intervention. It is the socio-economic realities of people's lives that shape their sexual behaviour and possibilities of choice. (Barnett 2005:594). The church needs to look at a comprehensive program that supports the young people to make the right choices.

Our programmes need to move beyond the debate over condoms versus abstinence and begin to tackle the root cause of the problem. Risky sexual behaviour reflects a lack of future orientated thinking. Adolescents are generally concerned with immediate risks and immediate benefits rather than the future. This state of mind is exacerbated when the future is put in question by violence, poverty or disease. In order to address the root issues leading to risky sexual behaviour, we need to impart vision. We need to connect the young people with values and goals. There is a 'disconnect' between the young people's faith and their sexual activity. It is important to connect them with their Christian values. Change will only be effected from an internal motivation, not from external imposed values, such as 'The Church says, or the Bible says'.

Interventions should focus on increasing the adolescent's overall self esteem and self empowerment rather than on single health issues. (Viner 2005:528). It is through their faith, and a connection with the Christian value system, that young people will be empowered to make healthy life choices. Some helpful insights are gained from the Faith Matters study (Clapp 2003:63), which found that there was a subgroup of 18% of the religious youth who showed much lower levels of sexual activity than other teens in the study. These were the characteristics they shared:

- They attend religious services one or more times a week
- They pray daily
- They say their church encourages abstinence from intercourse for teenagers
- They are involved in one other congregational activity apart from services
- They say that the teaching of the church/and or Scripture has a lot of influence on their sexual decisions
- They say the congregation has provided information on how to make sexual decisions and on what the Scriptures say about sexuality
- They feel a strong connection with congregational leaders who work with youth
- They feel a strong connection with other youth in the congregation
- They feel the adults who work with them portray sex in a healthy and positive way



## Conclusion

There are several conclusions that we can draw when considering which message or messages should be included in a youth sexuality program. Abstinence is a very important message; it is the traditional message of the church and an important message in terms of combating HIV/AIDS. However it needs to be presented in a positive way, as a higher calling to celibacy for a time, while you waiting for something better, not as a negative renunciation or 'giving up' of something. Positive peer pressure can be harnessed to encourage young people to wait.

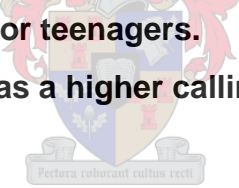
However, we have to recognize that although this strategy may raise the age of sexual debut, many young people will still decide to have sex before marriage. Therefore they should be presented with accurate medical facts regarding contraceptives. Reduction of sexual partners should also be strongly encouraged.



The ABC message has its limitations when dealing with adolescents, because the condom message may be perceived to be the dominating voice. Thus I would suggest that the Anglican Church move from an ABC position for adolescents to an ‘abstinence-plus’ position. Abstinence-plus promotes abstinence amongst teenagers as a priority, but includes comprehensive sexual education regarding contraception. The promotion of abstinence is an important strategy in the struggle against HIV/AIDS. It can lead to a rise in the age of sexual debut which can have an important impact on lessening rates of infection. However it is of vital importance, given the numbers of sexually active young people, that we also give correct and factual information on contraceptives for those who decide to become sexually active.

However, the ‘abstinence – plus’ message will not lead to behaviour change on its own. It must be part of a comprehensive strategy that sees the young person as a whole.

### **Sexuality education should contain the following**

- 
- **Promoting abstinence for teenagers.**
  - **Presenting abstinence as a higher calling, not as a the renunciation of something**
  - **Developing a healthy peer pressure to encourage abstinence as a ‘cool’ option**
  - **Promoting healthy relationships**
  - **Be values and goals based ‘future orientated’**
  - **Including information about contraceptives for those who choose to become sexually active**

## **6. RECOMMENDATIONS TO THE ANGLICAN CHURCH**

### **6.1 Peer Education**

Young people reported that they are happy for the Church to increase its role in teaching young people about their sexuality. However, a large majority of young people called for peer educators; rather than the traditional practise of the elders in the Church



fulfilling this role. A peer educator is a young person who is chosen as an opinion leader. He or she is someone who the other young people look up to. Thus trainings and resources are targeted at a small group of young people from each church, rather than en-mass programmes which according to our FGDs do not appear to be effective. Programmes, particularly those involving peer educators, are highly cost-effective in terms of life years saved by the intervention (Garvey 2003:.23).

Given the fact that peer pressure is the greatest factor encouraging early sexual debut, we need to provide alternative peer pressure by empowering and equipping young people as peer educators. During childhood, health behaviour is dominated by parental instructions and shared family values, but in adolescence, the influence of peers begins to dominate. It is important to understand why the influence of peers is so important in young people's lives.

Studies reveal that with adolescents, the value system of their peers is of utmost importance. This is because adolescents are caught between childhood and adulthood. They are part of neither group, and become particularly concerned with social acceptability and the opinions of their peers. (George: 2004:14).

Young people trained as peer educators should be young people with good communication skills and good inter-personal relationships; be outgoing and receive training in various issues including HIV and AIDS; be committed to promoting abstinence. Peer educators should be good 'ambassadors' and hence be role models that young people can look up to.

People don't change with information, they change when those around them change (George:2004:14).

The message you live is more important than the message you give

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Behaviour change does not come through education and information. Behaviour change comes from affirmation and inspiration.

## 6.2 Youth programmes

Our programmes should involve the following priorities.

- Bible studies need to be formulated which help the young people to discuss principles around sexuality in a contemporary way. Young people do not see the Bible connecting to their sexuality. The question is often asked 'where does it say 'no sex before marriage' in the Bible?

The church has interpreted passages regarding 'fornication' as to refer to sex before marriage. We need to help young people to make the connection between the Bible and their daily lives. Perhaps Bible studies might have more impact in discussing 'fornication' in terms of what happens at parties on Saturday nights. A practical theology of sexuality which is relevant to teenagers is needed .

It's clear to me that the church and my parents and my school think sex before marriage is wrong. But no one is all that clear about **why** it is wrong. (Clapp 2003:45).

- The after school hours have been identified as a high risk time for sexual activity. Many teenagers are unsupervised, while their parents are at work. Our research shows that the majority of teenagers' sexual experiences take place in the home when their parents are away. It is very important that churches look at using their facilities for after-school activities.
- Young people expressed the desire to be more involved in the Church's programmes and services, and to be given more leadership skills and respect.
- It is crucial that programmes are set in place to empower and skill girls. Many girls, who do not want to become sexually active, find themselves involved in unwanted sexual experiences. A total of 51% of young sexually active girls say they did not want their first experience. We need to empower this group to have the skills they need in order to withstand the pressures they face.

- Grade seven has been identified as a key year for interventions, before young people start high school. Priority should be given to this age group. These young people need to formulate in their own lives, the values with which they are going to enter high school, where the pressure to become sexually active will be much stronger.

### 6.3 Parental workshops

Parenting input has been proven to be effective in the context of a relationship which is characterised by ‘supervision, support and open communication’ (As-Sanie 2005:47). Parental disapproval of early sexual activity is also associated with a later onset of intercourse. (Cheyne 1999:594).

Many parents abdicate sexuality training to school. However what is taught at school may not be appropriate for several reasons.

- The young people in the same grade may be at different stages.
- The focus is often on safer sex, and not on the consequences of early sexual activity.

Parental input can be more appropriate to the developmental stage of the individual child than school interventions. Not all grade eights are at the same developmental stage, yet they are treated as one in school settings. Parents can talk to their children about the consequences of sexual activity in their own lives, and if they are honest, their children can learn from their mistakes, rather than repeating them. Churches need to equip parents to be able to tackle the challenge of talking to their children about sex. Many parents are worried that if they talk to their children about sex, they will encourage early sexual activity. The reality is that if the parents don’t answer questions, the children will find the information they seek from other sources. The church can help with practical workshops giving skills and confidence around speaking to children about sex.

When we asked the young people ‘how do you think your parents/guardians view sex?’ the majority replied that they did not know. These were some of the responses:

I don't know, they always avoid the subject

The act of physical love

A breeding process

They would be really upset if they knew I was doing it

They think it is for marriage

They see it as an everyday event

I must wait, but they didn't

You should be older before you have sex

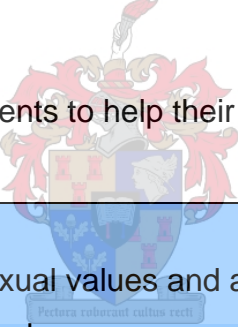
You must do it with the right person

My parents had a baby at 15 but they think I should wait for marriage.

A disgusting thing

*Questionnaire Survey*

The following tips are useful for parents to help their children avoid teenage pregnancy.

- 
- Be clear about your own sexual values and attitudes. Communicating with your children is more successful when you are certain in your own mind.
  - Talk early and often about sex. Start as early as your children start asking questions. If you chase them away when they ask questions, they will find the answers elsewhere. Have two way conversations and ask them what they think too.
  - Supervise your children and adolescents. Our research showed that the majority of sex is taking place before parents come back from school.
  - Know your children's friends and their families.
  - Encourage socialising in groups, not one on one with the opposite sex.
  - Take a strong stand against your daughter being involved with a boy significantly older (he is much more likely to be sexually active).
  - Help them to set goals, talk about the future.
  - Let your kids know that you value education highly.

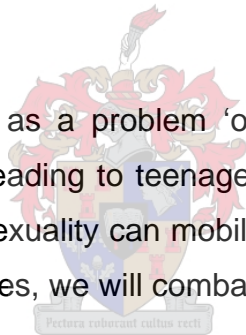
- Know what your kids are watching, reading and listening to . The media portrays values which may be very different to your own.
- Build a strong relationship with your children, through expressing love and affection, listening carefully to what they say. Spend time with them, support their hobbies and sports. Try to have meals together as a family<sup>20</sup>

#### 6.4 Broadening the approach from HIV/AIDS

The church has focussed very much on HIV/AIDS.

***However HIV/AIDS is a symptom and not the cause. The crisis is actually around sexuality.***

For many churches HIV is seen as a problem 'out there' which is not their issue, whereas sexuality affects us all, leading to teenage pregnancies, broken relationships divorce etcetera. Thus issues of sexuality can mobilise all churches. If we can learn to challenge unhealthy sexual practices, we will combat HIV/AIDS at the same time.



- Sexuality is not just about sex. It involves the whole person (physical, emotional and spiritual), and we need to preach and teach about it. Sexuality includes our way of being in and relating to the world as male or female. Above all, sexuality is related to our incompleteness as embodied creatures, an incompleteness that biological sex symbolizes. (Grenz 1998:103). Unless we begin to tackle this sense of incompleteness that many young people are facing, they will continue to seek for sex in order to fulfil that inner yearning.
- Relationships. The focus should be on building healthy relationships. What should I be looking for in a relationship, in terms of faithfulness, respect; love etcetera. We must recognise that 'No sex before marriage' is a negative message. We should turn it on its head to preach about what a positive loving relationship is, and then encourage young people to wait for such a relationship.

## 6.5 Secondary virginity

During our focus group discussions, we discovered that young people do still value the concept of virginity. However this is much truer of girls than of boys.

'You can be 18 years and still be sexually inactive, and even a virgin when you get married.' *Female , FGD*

'You can be a virgin. It is achievable by both boys and girls. Even at 15 years.'  
*Female, FGD*

'I was a virgin when I was confirmed last year in October, and I wore a white dress and veil. That was my goal. But now, three months later, I am sexually active. It is alright because I was a virgin at confirmation, and now my boyfriend needs me.'  
*Female, FGD*

However, what often happens is that many young people lose their virginity through early sexual activity. This may be from being forced (15% girls, 5% boys), tricked (12% girls 14% boys), being persuaded,(29% girls, 14% boys), from being under the influence of alcohol or drugs , or from making foolish decisions. This is a lapse, not a failure for life. The general feeling of those who have lost their virginity is that now they are sexually active, they are 'fallen'; they are 'sinners' or 'lost'. Therefore, many of them have sex again, and become involved in casual sex.

We need to teach the concept of 'secondary virginity'. A sin is a sin and I can go to God and ask for forgiveness and start again. This is the heart of the gospel. 'If I steal once, I am not a thief for life'. We need to reflect further on the theology of sin and sexuality.

## 6.6 Correct information

It is crucial that the Church provides information regarding sexuality to our young people. If we do not give them the information they need, and support parents to talk to their teenagers about sex, they will get information from elsewhere.

Our youth pastor went on this big rant and rave about how corrupting the Internet is, and how dangerous it is for teens to be getting information about sex from the Net. But he is like all the other adults in not wanting to give us information and then being shocked that we get it from other places. Classes in school don't begin to tell you what you need. So where do you find things out? The internet and television and our friends. Don't blame us for where we go when you don't tell us anything (Clapp 2003:112).

- Firstly around sexual violence. 13% of young males think that forcing a woman is not rape. We need to address this as a matter of urgency from our pulpits and in our youth groups. The sermon carries great moral weight that should not be underestimated. Through these channels, we can also reach our adults.
- Secondly, around types of sex. There is a common misconception that the church only speaks about vaginal sex. So there is no 'sin' involved in anal or oral sex. It is believed that they are not dangerous, and that they are not sex. Many girls report being persuaded to provide oral sex, because 'you have turned me on', and often they feel a loss of self respect because of it. The dangers of oral sex and anal sex in terms of transmission of STDS and HIV also need to be clearly taught.
- Thirdly, on contraception. Although an important part of the church's role is to promote abstinence, we do need to recognise that this may only raise the age of sexual debut by one or two years. Thus it is important that young people are given scientific information about contraceptives. Given the fact that 31% of our young people are sexually active, it would be irresponsible not to teach them how to protect themselves. There is a common misconception that condoms are sinful, when in fact it is the casual sex that is the sin. This means that 'good

Christians' will rather use the pill. This puts them at risk of HIV infection. Another important issue regarding contraception is the morning after pill. The high levels of abortion are shocking. Many young girls do not know about emergency contraception or how to access it.

- Fourthly, on pregnancy options. The church should collate information regarding the organisations that are supporting young teenagers who fall pregnant; they need a lot of support. Options should be clearly spelt out in terms of adoptions or keeping the child.

## 6.7 Advocacy

Given the fact that seeing sex in real life doubles the rates of sexual activity in our sample group, there is no doubt that what is seen and shown on our TV screens is having an effect on our young people. The message that casual sex is not only acceptable, but the right way to live, is pervasive through society.

Modern media, from cinema to newspapers to the internet, pervades our society. Today youth are exposed to the media to a much larger degree than in the past. Because sex 'sells', whereas programmes with a more wholesome perspective on sexuality may not do so, sex receives a disproportionate degree of media air time. Sexual gratification is glorified, and the consequences are very rarely shown. Young people have a natural interest because of the awakening of sexuality within them, and are particularly vulnerable to media portrayals of sex. (Grenz 1997:203).

Watching explicitly sexual media can directly lead to sexual arousal:

When I watch some movies like American Pie, which I've seen like 20 times, I get horny. I really want to do something by myself or with someone else. (Clapp 2003:51).

It is important that the church should take up its strength in numbers and mobilise against overtly sexual programmes being seen at times when young teens are still



awake. The church needs to be empowered to use its strength in numbers to complain to relevant broadcasting authorities against inappropriate programmes.

Silence indicates consent.

## 6.8 Age Appropriate Information

It is important that we empower parents to start talking to their children about sex from an early age. In children, the influence of parental approval and shared family values is crucial. Parents who never speak about sexuality give the message that it is not right to speak about it.

In early adolescence, concrete thinking predominates; young people generally only grasp 'concrete' relations between cause and effect. In this context, messages about contracting HIV may be rejected as irrelevant, because they know their sexually active friends do not 'have AIDS'. There is almost a belief that they are 'bullet proof' or immune to the dangers. Messages should focus on the 'here and now' risk, of broken hearts, teenage pregnancies etc. In the National Risk Behaviour Survey, only 12% of learners believed that they could get HIV in their lifetime (Reddy 2003:55). It is important that we begin our interventions in early adolescence, as the key risk period for taking sexual risks is before age 14 (Viner 2005:528).

In late adolescence, abstract thought patterns develop, and messages can address many possible outcomes of an action (risky sexual behaviour now might lead to a loss of the possibility of tertiary education, or HIV infection could lead to AIDS in five years time). The young people in our churches need us to stand up, and embrace a multi-faceted, bold response to issues of sexuality.

'Establishing healthy relationships should be promoted.

Relationships should not start from sex to friendship.

Teach us more about the consequences of certain actions.

Youth should be encouraged to talk and share experiences'

*Male, FGD*

## **7. LIMITATIONS OF THE STUDY**

Having completed an extensive survey of this nature, one is always struck by how many things could have been done better. The main limitations of the study were the following.

- Sexual activity. When we questioned the young people regarding their sexual activity, our question was phrased as: 'have you ever had sex?' As a question to be used to collect base-line data, this was flawed, because at a later date we will not be able to come back and see if our interventions have had any impact. The answer yes will remain yes for life. A better question would have been: 'have you had sex in the last year?' Thus we would have been able to assess later down the line if there was a rise or drop in the number of sexually active youth in the last year.
- Other data. There were many other questions we would have liked to ask, but our questionnaire was already too long. However, since it seems to impact greatly on sexual activity, we wished that we had discovered how many of the young people came from single parent families.
- HIV/AIDS. The decision was made from the start that this survey was focussing on sexuality and not on HIV/AIDS. However, it would have been interesting to discover how many of the young people considered themselves to be at risk of HIV/AIDS, and then to cross-tabulate this data with the actual risk that they run.
- Geographical limitations. It was unfortunate that we were not able to reach the Namaqualand parishes of the Diocese. This was due to the logistical issues of travelling four to eight hours for a parish visit. However, it meant that although we took a representative sample of rural parishes, we were not able to analyze if there were particular issues pertinent to those areas in particular.

## **8. RECOMMENDATIONS FOR FURTHER STUDY**

As a result of this research, we are going to be initiating a sexuality programme consisting of three parts.

Firstly, parenting workshops are being planned to assist parents and carers to talk to their teenagers about sex. This is a practical response which can help the young

people to connect with their parents' value system. Basic skills from motivational interviewing will be included in the training.

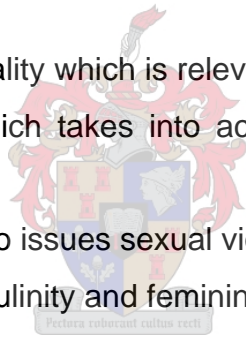
Secondly, a life skills programme is being planned, which will address issues raised in this research. It will be values based and futures orientated, addressing issues such as substance abuse, gender issues, media literacy, sexual coercion, communication skills, contemporary Bible studies and leadership skills.

Thirdly peer educators will be trained who will be able to both train in the life skills programmes, but also model the skills they are teaching.

At present a pilot programme is being initiated in three parishes within the Diocese. Further study needs to be undertaken in an action research framework, in order to assess and improve the pilot before it is rolled out throughout the Diocese.

Furthermore, it is recommended that further theological studies are undertaken to look at the following issues:

- A theology of sex and sexuality which is relevant for young people
- A theology of marriage which takes into account the current social issues of society
- A theology which faces up to issues sexual violence and coercion
- A theology of gender: masculinity and femininity .





## Appendix 2 - Churches in the Sample

1. Athlone St Mark the Evangelist.
2. Bella Vista St Matthew
3. Bellville Church of the Transfiguration
4. Bellville South St John
5. Bergvliet St Martin
6. Bonteheuwel Church of the Resurrection
7. Caledon Holy Trinity
8. Camps Bay St Peter
9. Cape Town Cathedral Church of St George the Martyr
10. Cape Town St Mark
11. Cape Town St Paul
12. Cape Town St Philip
13. Ceres St Andrews
14. Constantia Christ Church
15. Crawford St John.
16. Diep River St Luke
17. Edgemean St Michael and All Angels
18. Elgin St Michael and All Angels
19. Eureka St Andrew
20. Fish Hoek St Margaret of Antioch
21. Gordon's Bay St Philip
22. Gugulethu St Columba
23. Hanover Park St Dominic
24. Hawston St Andrew
25. Hazendel Holy Nativity
26. Heideveld Church of the Holy Spirit
27. Hermanus St Peter the Fisherman
28. Hout Bay St Peter
29. Hout Bay St Simon
30. Kenilworth Christ Church
31. Kenwyn St Philip
32. Khayelitsha St Peter
33. Kraaifontein St Mary the Virgin



34. Kuils River St George the Martyr
35. Langa St Cyprian
36. Lansdowne St Aidan
37. Lavender Hill St Mark
38. Lotus River St Augustine of Hippo
39. Macassar St Joseph the Worker
40. Maitland St Anne
41. Manenberg Church of Reconciliation
42. Matroosfontein St Nicholas
43. Milnerton St Oswald
44. Montagu St Joseph
45. Muizenberg All Saints
46. Ocean View St Clare of Assisi
47. Paarl Church of Annunciation
48. Paarl Klein Drakenstein Church of the Ascension
49. Paarl St Stephen
50. Parkwood Estate Church of Simon of Cyrene
51. Parow St Margaret
52. Philippi St Paul
53. Pinelands St Stephen
54. Plumstead All Saints
55. Portlands Christ the Mediator
56. Retreat St Cyprian
57. Robertson Manche Masemola
58. Robertson St Mary (All Saints)
59. Silvertown St George the Martyr
60. Somerset West All Saints Church
61. Strand St Andrews
62. Westfleur All Saints
63. Wynberg Emmanuel
64. Wynberg St John
65. Zwelethemba St Francis



## Appendix 3 – Questionnaire

### Section A

#### Part 1: Demographics

	Questions	Response
1	Are you male or female?	1. M 2. F
2	How old are you now?	<i>Write age</i>
3	What is your marital status?	1. Single 2. Married 3. Cohabitation (living together) 4. Other (please state)
4	Do you have any children?	1. Yes 2. No
5	If so, how many?	<i>Write number</i>
6	Have you or your partner ever had an abortion?	1. Yes 2. No
7	If so, how many?	<i>Write number</i>
8	Where do you live?	1. Rural area (in the country) 2. Urban (in the town)
9	What is your 'race'?	1. Black 2. White 3. Coloured/Indian

#### Part 2: General

	Questions	Response
10	Do you have a parent/guardian staying with you and taking care of you?	1. Yes 2. No
11	Do you sleep alone in your own	1. Yes

	room at night when you are at home?	2. No
12	If not, who do you share your room with? <i>Circle all that are applicable.</i>	1. Mother / Father 2. Sister / Brother 3. Aunt / Uncle 4. Nanny / House-Help 5. Grandmother / Grandfather 6. Other (please state)

### Part 3: Finances

	Questions	Response
13	Do you get pocket money?	1. Yes 2. No
14	If so, how much is your monthly pocket money? <i>Circle only one answer.</i>	1. Less than R9 2. Between R10 and 49 3. Between R50 and 99 4. Between 100 and 499 5. More than R500
15	Do you earn an income?	1. Yes 2. No
15.a	If yes, what kind of work do you do?	
16	How much is your monthly income? <i>Circle only one answer.</i>	1. Less than R99 2. Between R100 and 499 3. Between R500 and 999 4. More than R1000
17	What do you spend your income and/or pocket money on? <i>Circle all that are applicable.</i>	1. Clothes 2. Food 3. Cigarettes 4. Education 5. Entertainment 6. Transport



		7. Alcohol 8. Cell phones and airtime 9. Drugs 10. Church contribution 11. Savings 12. Other (please state)
18	Which of the following is true of your home? Choose the statement that best describes your situation.  <i>Circle only one answer.</i>	1. We don't have enough money for food. 2. We have enough money for food, but not other basic items such as clothes. 3. We have enough money for food and clothes but are very short of many other things. 4. We have the most important things, but few luxury items. 5. We have money for luxury goods and extra things.

#### Part 4: Relationships and Sexual Behaviour

Now you will answer some questions about your past sexual experiences. Some of these questions are very personal and sensitive.

Remember that you do not have to answer any questions that you do not feel comfortable answering.

	Questions	Response
19	Do you have a boyfriend or girlfriend right now?	1. Yes 2. No
20	Have you ever had a boyfriend or girlfriend?	1. Yes 2. No
21	How old were you when you first had a girlfriend or boyfriend?	<i>Write age</i>
22	Have you ever kissed a boy/man or girl/woman in a sexual way? By sexual we mean the way you would kiss a boyfriend/ girlfriend, not the way you kiss a relative.	1. Yes 2. No
23	How old were you when you first did this?	<i>Write age</i>

24	Have you ever fondled/ petted/ touched (that is to say touched the vagina/ penis/ breasts) of someone else in a sexual way?	1. Yes 2. No
25	How old were you when you first did this?	<i>Write age</i>
26	Apart from TV, videos and at the movies, have you ever seen other people having sex?	1. Yes 2. No
27	How old were you when you first saw this?	<i>Write age</i>

### Part 5: Types of Sex

Before you fill in the next session, let us define a few terms. There are different types of sex, namely vaginal, oral and anal.

**Vaginal sex** with someone is when the penis is in the vagina.

**Oral sex** with a man or a woman is when either you or your partner's mouth was on the penis / vagina.

**Anal sex** with someone is when the penis was in the anus.

THIS CAN HAVE BEEN DONE TO YOU OR YOU COULD HAVE DONE IT TO SOMEONE.

Therefore, someone who is sexually active has either (or combines) vaginal, oral or anal sex with someone else.

	Questions	Response
28	Have you had sex?	1. Yes 2. No
29	If not, do you wish you had?	1. Yes 2. No
29.a	Why? <i>Please give reason for your answer.</i>	
30	If yes, what type of sex have	1. Heterosexual (M/F)

	you had?	2. Homosexual (M/M or F/F) 3. Both
31	Have you ever had vaginal sex with someone?	1. Yes 2. No
32	How old were you when you first did this?	<i>Write age</i>
33	Have you ever had oral sex with someone?	1. Yes 2. No
34	How old were you when you first did this?	<i>Write age</i>
35	Did you think oral sex is sex?	1. Yes 2. No
35.a	Why? <i>Please give reason for your answer on oral sex.</i>	
36	Have you ever had anal sex with someone?	1. Yes 2. No
37	How old were you when you first did this?	<i>Write age</i>
38	Did you think anal sex is sex?	1. Yes 2. No
38.a	Why? <i>Please give reason for your answer on anal sex.</i>	

### Part 6: First Sexual Partner

We would now like to ask you questions about your sexual history. In this section, we will ask you some questions about your first sexual partner. This is the partner that you **first** ever had vaginal, oral, or anal sex with.

Sex may have occurred with or without your consent.

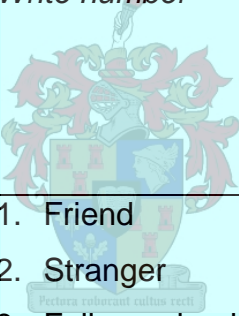
	Question	Response
39	Who was your first sexual partner? <i>Circle only one answer.</i>	<ol style="list-style-type: none"> <li>1. Friend</li> <li>2. Stranger</li> <li>3. Fellow school-mate</li> <li>4. Teacher</li> <li>5. Mother / Father</li> <li>6. Step Mother / Step Father</li> <li>7. Aunt / Uncle</li> <li>8. Church Leader / Worker</li> <li>9. Employer / Fellow work-mate</li> <li>10. Other (please state who)</li> </ol>
40	Where did you first have sex? <i>Circle only one answer.</i>	<ol style="list-style-type: none"> <li>1. At home</li> <li>2. In school</li> <li>3. In church</li> <li>4. At my partner's place</li> <li>5. At a party</li> <li>6. In the car</li> <li>7. Shebeen/bar/pub</li> <li>8. On the streets</li> <li>9. Other (please state)</li> </ol>
41	Please indicate, again, how old you were when you first had sex?	<i>Write age. If not sure, write estimate age</i>
42	How old was the person with whom you first had sex with?	<i>Write age. If not sure, write estimate age</i>
43	How much would you say you wanted to have sex the very first time you ever had sex? <i>Circle only one answer.</i>	<ol style="list-style-type: none"> <li>1. Really wanted</li> <li>2. Wanted</li> <li>3. Didn't want</li> <li>4. Really didn't want</li> </ol>
44	Which of the following statements most closely describes your experience the very first time you	<ol style="list-style-type: none"> <li>1. I was willing</li> <li>2. I was persuaded</li> </ol>

	had sex? <i>Circle only one answer.</i>	3. I was tricked 4. I was physically forced
45	Had you been drinking alcohol the very first time you had sex?	1. Yes 2. No
46	Had you taken any drugs the very first time you had sex?	1. Yes 2. No
47	Did you use any form of contraceptive (i.e. method of pregnancy prevention) the first time you had sex?	1. Yes 2. No
48	If so, what did you and your partner use? <i>Circle all that are applicable.</i>	1. Natural/Rhythm/Safe period 2. Withdrawal 3. The Pill (Oral Contraceptives) 4. The injection/ Injectable (Depo) 5. IUD/ The loop 6. Male Condom 7. Female Condom 8. Traditional methods (eg.Thigh sex, herbs etc) 9. Spermicide 10. Diaphragm 11. Other (please specify )

### Part 7: Other Sexual Partners

We would now like to ask you questions about other sexual partners you may have had, after you first had sex. Remember that sex is defined as vaginal, oral or anal sex. It may have occurred with or without your consent. Also remember that someone who is sexually active has either (or combines) vaginal, oral or anal sex with someone else.

	Question	Response
49	Since you had sex the very first time, have you had sex again?	1. Yes 2. No
50	If so, what makes/motivates you to continue being sexually	1. I like/enjoy having sex 2. Pressure from friends 3. Pressure from family members 4. Pressure from teachers

	<p>active? <i>Circle all that are applicable.</i></p>	<ol style="list-style-type: none"> <li>5. Pressure from peers (to be 'cool')</li> <li>6. Pressure from church leader / worker</li> <li>7. Finances – I need money</li> <li>8. Seeking love – to be loved by my partner or to show my partner that I love him/her</li> <li>9. Media influence</li> <li>10. Being considered a young adult man/woman</li> <li>11. Abuse in the family (incest)</li> <li>12. Wanting education</li> <li>13. Influence of taking drugs</li> <li>14. Influence of taking alcohol</li> <li>15. Boys/men expect girls/women to have sex with them</li> <li>16. Other reasons (please state)</li> </ol>
51	<p>Other than your first sexual partner, how many <b>different people</b> have you had sex with in your whole lifetime?</p>	<p><i>Write number</i></p> 
52	<p>Other than your first sexual partner, who else have you had sex with? <i>List all that are applicable.</i></p>	<ol style="list-style-type: none"> <li>1. Friend</li> <li>2. Stranger</li> <li>3. Fellow school-mate</li> <li>4. Teacher</li> <li>5. Mother / Father</li> <li>6. Step Mother / Step Father</li> <li>7. Aunt / Uncle</li> <li>8. Church Leader / Worker</li> <li>9. Friend of my parents / guardian</li> <li>10. Employer / Fellow work-mate</li> <li>11. Other (please state who)</li> </ol>
53	<p>Do you use any form of contraceptive (i.e. method of pregnancy prevention) when you have sex?</p>	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>

54	If so, how regularly do you use any form of contraceptive when you have sex? <i>Please write only one answer.</i>	<ol style="list-style-type: none"> <li>1. Always</li> <li>2. Most of the time</li> <li>3. Sometimes</li> <li>4. Hardly ever</li> <li>5. Depends on partner (please state how)</li> </ol>
55	If so, what do you and your partner(s) use? <i>List all that are applicable.</i>	<ol style="list-style-type: none"> <li>1. Natural/Rhythm/Safe period</li> <li>2. Withdrawal</li> <li>3. The Pill (Oral Contraceptives)</li> <li>4. The injection/ Injectable (Depo)</li> <li>5. IUD/ The loop</li> <li>6. Male Condom</li> <li>7. Female Condom</li> <li>8. Traditional methods (eg.Thigh sex, herbs etc)</li> <li>9. Spermicide</li> <li>10. Diaphragm</li> <li>11. Other (please specify )</li> </ol>
56	Do you think your partner has other sexual partners?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
57	If so, how many?	<i>Write number</i>
57.a	If so, why does your partner have other sexual partners?	

### Part 8: Coercion

	Question	Response
58	Have you ever had sex because someone <b>threatened</b> you to have sex	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>

	with him or her?	
59	If yes, what threats did they make? <i>List all that are applicable.</i>	<ol style="list-style-type: none"> <li>1. Threatened your life</li> <li>2. Spoil your reputation</li> <li>3. Stop being your girl/boy friend</li> <li>4. Cut out/down your pocket money</li> <li>5. Lose your job</li> <li>6. Give you poor grades in school</li> <li>7. Other (please state)</li> </ol>
60	Have you ever had sex with someone so that they would <b>give you</b> something in exchange?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
61	If yes, what did you get? <i>List all that are applicable.</i>	<ol style="list-style-type: none"> <li>1. Money</li> <li>2. Presents</li> <li>3. Alcohol</li> <li>4. Food</li> <li>5. Clothes</li> <li>6. Cigarettes</li> <li>7. Accommodation</li> <li>8. Better grades in school</li> <li>9. Transportation</li> <li>10. Other (please state)</li> </ol>
62	Have you ever <b>demand</b> ed sex with someone so that <b>you</b> would give them something in exchange?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
63	If yes, what did you give? <i>List all that are applicable.</i>	<ol style="list-style-type: none"> <li>1. Money</li> <li>2. Presents</li> <li>3. Alcohol</li> <li>4. Food</li> <li>5. Clothes</li> <li>6. Cigarettes</li> <li>7. Help with school work</li> <li>8. Other (please state)</li> </ol>



64	Do you think it is <b>rape</b> if you are physically forced by someone you know to have sex without your consent?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
64.a	Why? <i>Please give reason for your answer.</i>	
65	Have you ever had sex because someone used <b>physical force</b> to make you have sex with him or her without your consent?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
66	If so, who was it?	<ol style="list-style-type: none"> <li>1. Friend</li> <li>2. Teacher</li> <li>3. Relative (please state the relation)</li> <li>4. Stranger</li> <li>5. Other (please state who)</li> </ol>

### Part 9: Sources of Information

Before we continue, let us define sexuality. Sexuality is more than only physiological arousal and genital activity. Sexuality affects our thoughts, feelings and actions. It involves our spiritual, physical, and emotional health. It includes being able to understand and weigh the risks, responsibilities and results of sexual action.

	Question	Response
67	Where do you get information on your sexuality? <i>List all that are applicable.</i>	<ol style="list-style-type: none"> <li>1. Never had any information</li> <li>2. Church</li> <li>3. School</li> <li>4. Friends</li> <li>5. Family</li> <li>6. TV/Radio/Videos/DVDs</li> </ol>

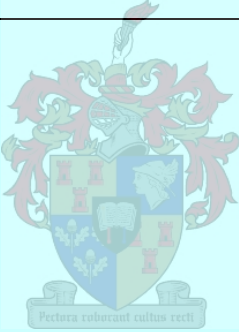
		<ul style="list-style-type: none"> <li>7. Internet</li> <li>8. Magazines/Books</li> <li>9. Others (please state)</li> </ul>
68	How old were you when you first got information on your sexuality?	<i>Write age</i>
69	Has your church taught you anything about your sexuality?	<ul style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ul>
70	<p>If so, where did you receive these teachings on your sexuality?</p> <p><i>List all that are applicable.</i></p>	<ul style="list-style-type: none"> <li>1. Confirmation class</li> <li>2. Sunday school</li> <li>3. Sermons</li> <li>4. Other (please state)</li> </ul>
71	Have you taken a sexuality training program in the church?	<ul style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ul>
72	<p>If so, which one(s)?</p> <p><i>List all that are applicable.</i></p>	<ul style="list-style-type: none"> <li>1. Survivor Africa (Fikelela)</li> <li>2. Keeping it Real</li> <li>3. Other (please state)</li> </ul>

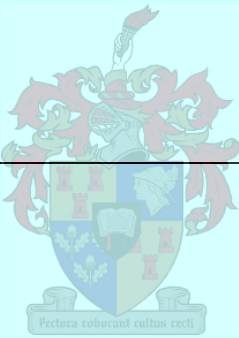


## Section B

Finally, in this section, we would like you to give your personal views on a few issues. Please give your honest opinions, feelings and comments. Remember that sex is defined as vaginal, oral or anal sex. It may have occurred with or without your consent.


### Part 9: Understanding Sexual Behaviour

73	What motivates young people to be sexually active?	
74	If you have had sex, how do you feel about your first sexual experience?	 The crest of the University of Cambridge, featuring a shield with four quadrants, a book, and a lion, with the motto 'Pectora roburant cultus recti' on a scroll below.
75	What do you feel about other sexual experiences after your first one?	
76	If given the opportunity, what would you do differently?	

	<i>Please give reasons for your answer.</i>	
77	<p>What do you think your sexual partner(s) thinks about you?</p> <p><i>Please give reasons for your answer.</i></p>	
78	<p>What do you think you have <b>achieved</b> by being sexually active?</p> <p><i>Please give reasons for your answer.</i></p>	
79	<p>What do you think you have <b>lost</b> by being sexually active?</p> <p><i>Please give reasons for your answer.</i></p>	
80	<p>What do you understand marriage to be?</p>	
81	<p>Do you want to get married in future?</p> <p><i>Please give us reasons for your answer.</i></p>	


82	What would you say to a young person who is sexually active or wants to be sexually active?	

**Part 10: Church Theological Teachings**

83	How do you think God views sex?	
84	How do you think your parents / guardians view sex?	
85	What does the church teach you about sex?	
86	What do you think about teachings of the church	

	about sex?	
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**Part 11: Contribution by the Anglican Church**

87	Does your church teaching influence your choices on sex? <i>Please give example(s).</i>	
88	What can the church do to help you increase the influence of your faith on your sexual belief or practise?	
89	What can the church do to help young people to wait until they are married, before having sex?	
90	Who in the church is best placed to teach the	

	<p>youth about their sexuality? <i>Please give us reasons for your answer.</i></p>	
--	--	--

*THE END*



## Reply Slip

Questions	Response
Are you male or female?	M / F
Have you had sex?	Yes / No
<p><b>For this research, we shall be holding future group discussions and individual (private) interviews on Youth and Sexuality.</b></p>	
Would you be interested in joining our group discussions?	Yes / No
Would you be interested in an individual (private) interview?	Yes / No
<p><b>If you are interested, please write your contact details below</b></p>	
Name	
Address	
Town	
Telephone Number	
Cell/Mobile Number	

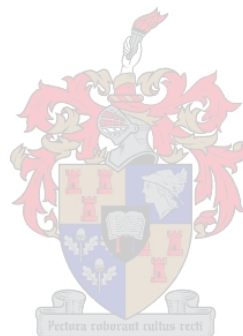


Thank you very much for participating in our research. Please remember that all of the information you provided will be kept completely confidential. If you have any questions, comments or concerns about anything we mentioned today, please talk to me/us before you go.

Now please:

- 1) Cut off and keep the letter at the front, which describes this study, and gives contact details of Fikelela if you wish to contact Fikelela in future.
- 2) Cut off the reply slip at the back and give it to the Research Assistant.
- 3) Put your own questionnaire into the confidential box provided. This shall be sealed in your presence.

May God Bless You!



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