Exploring adolescents’ understanding and attitudes towards sexual abstinence in Kgabalatsane

by

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Declaration

I declare that the dissertation hereby submitted to the University of Limpopo, for the degree of Master of Public Health has not previously been submitted by me for a degree at this or any other university; that is my work in design and in execution, and that all material contained herein has been duly acknowledged.

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Acknowledgements

Though only my name appears on the cover of this dissertation, a number of people have contributed to its production. I owe my gratitude to all those people who have made this dissertation possible.

I thank God for the strength and guidance He has given me throughout my life and during the time of this study.

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Most importantly, none of this would have been possible without the love, support and patience of my parents and my entire family. My son, Ofentse Morabe, to whom this dissertation is dedicated, became the source of love and strength for the finalization of this work. I would like to express my heart-felt gratitude to all my friends who have aided and encouraged me throughout this endeavour.
Abstract

**Purpose:** The current study explores the adolescents’ understanding and attitudes towards sexual abstinence and whether differences in definitions differ by age, gender, ethnicity, and sexual experience.

**Methods:** A qualitative exploratory approach was used for this study. A total of six focus group discussions (FGDs) were conducted with the teenagers who enrolled at the Meriting secondary school at Kgabalatsane.

**Results:** The findings confirm that concerns surrounding emotional and physical health outcomes associated with sexual understanding were the key driving force behind decision-making around sexual abstinence. Sexual abstinence is an approach for promoting protection against emotional and physical health hazards. The perceptions on sexual abstinence was determined by the (1) individual’s fears, (2) a desire for a better future, (3) love of material goods, (4) abuse of alcohol and drugs; and (5) a good parent-child relationships.

**Conclusions:** Teenagers conceptualise sexual abstinence differently, with differences by age, gender and sexual experience. This suggests that sexual health promotion campaigns and interventions need to be developed with an understanding of the meaning and the value teenagers attach to sexual abstinence.
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### Abbreviations

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<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>ABC</td>
<td>Abstain, Be Faithful and use Condoms</td>
</tr>
<tr>
<td>ABY</td>
<td>Abstinence and Be Faithful Among Youth</td>
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<td>AGI</td>
<td>Alan Guttmacher Institute</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>FGDs</td>
<td>Focus Group Discussions</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>MREC</td>
<td>Medunsa Research Ethics Committee</td>
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<tr>
<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
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<td>SA</td>
<td>South Africa</td>
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<td>STDs</td>
<td>Sexually Transmitted Diseases</td>
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<td>STIs</td>
<td>Sexually Transmitted Infections</td>
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<tr>
<td>USA</td>
<td>United States of America</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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Chapter 1: Introduction and Overview

1.1 Background

The adolescent stage is one of life’s most fascinating and perhaps most complex stages, a time when young people are challenged with taking on new responsibilities and experimenting with independence. They search for identity, learn to apply values acquired in early childhood and develop skills that will help them become caring and responsible adults. In 1994, former President Nelson Mandela, in his inaugural speech described youth as, ‘...the valued possession on the nation. Without them there can be no future. Their needs are immense and urgent. They are the centre of reconstruction and development.’ Adolescence is described as a transitional period of physical, emotional, and social maturation, which is often characterized by the clarification of sexual values and experimentation with sexual behaviours (Kabiru and Ezeh, 2007). The stage of development is further defined by the World Health Organisation (WHO) as young people between the age of ten and nineteen years.

The World is experiencing an unprecedented increase in the number of young people. In sub-Saharan Africa, the average annual birth rate for girls aged 15 to 19 years is 143 per 1000, which is more than double the worldwide average of 65 (Bearinger et al., 2007). Sub-Saharan Africa has one of the world’s youngest populations. At the beginning of the twenty-first century about one out of every four people in sub-Saharan Africa was ten to 19 years of age. Consequently, this is said to be the largest group of people ever in the region to enter adulthood (Population Division, Department of Economic and Social Affairs of United Nations Secretariat, 1999).

In South Africa, there are about 19 million people under the age of 20. These young people account for approximately 38% of the total population. Nine-teen percent (ten million) of young South Africans are adolescents between ten and 19 years (Stats SA, 2012). South African youth are at high risk for HIV infection because of the high prevalence of HIV and the relative vulnerability of young
people to social pressure to engage in sex. For young South Africans, sexual abstinence is more protective than relying on consistent condom use (O'Leary, et al, 2012). Call for sexual abstinence prior to marriage has made a comeback in Africa, where the threat of AIDS threatens to decimate whole populations. In 2002, King Goodwill Zwelithini of the Zulu tribe in South Africa used a major tribal gathering to appeal to young people, male and female, to abstain from sex until they get married or until they decide to raise their families. He called for a revival of the traditions and culture of the tribe, once the most powerful in Southern Africa. King Goodwill Zwelithini’s words are similar to those of Janet Museveni, the first lady of Uganda, who made calls to the youth of her country in 2006, encouraging them to live the lives of “love, faith and purity”. She furthermore initiated a program encouraging sexual abstinence before marriage and fidelity afterwards, in an attempt to combat the scourge of HIV/AIDS. This conduct is in harmony with (Barnett & Parkhurst, 2005) who stated that the spread of HIV/AIDS and other associated problems, such as drug-taking and promiscuity, reinforced the need for traditional values and unity”. This plea from Africa integrates traditional religious beliefs, a philosophy of marriage and family relationships, cultural practices, and pragmatic concern for the physical well-being of the population into a stance in support of abstinence. It is not the only view or even a prevailing one, but it illustrates an attempt to acknowledge abstinence as a historic and contemporary foundation for sexual relationships (Abbott, 2000).

Sexual activity among adolescent young women increases the risk of pregnancy and sexually transmitted infections (STIs), including HIV. In absolute numbers, about 750,000 women worldwide, under the age of 20 become pregnant each year (Guttmacher Institute 2010). These unintended pregnancies have negative effects on the young adults involved, their children and society at large. Teenage mothers are less likely to complete school, less likely to go to college, more likely to have large families and more likely to be single than their peers who are not teenage mothers, increasing the likelihood that they and their children will live in poverty (Hoffman, 2006). Negative consequences are particularly severe for younger mothers and their children. Hoffman (2006) further added that children
of teenage mothers are likely to have less supportive and stimulating home environments, lower cognitive development, less education, more behavioral problems and higher rates of both incarceration (for boys) and adolescent childbearing (for girls) than children of non-teenage mothers.

The harmful consequences of early sexual intercourse for adolescent females extend beyond teenage pregnancy to STDs. Compared to older adults, sexually active adolescents and young adults aged 24 and younger are at a higher risk for acquiring STDs. These high rates of disease occur because of behavioral, cultural, and biological reasons, including a greater likelihood of them having multiple partners, physiologically increased susceptibility to infection, inconsistent and incorrect condom use, incomplete knowledge of STD risk and treatment, and the multiple barriers they face in attaining high-quality and appropriate STD preventive and treatment services (Hock-Long et al., 2003). Therefore, persons who initiate sex early in adolescence are at a higher risk for STIs. In addition to the morbidity associated with STIs, HIV infection is a threat to the lives of adolescents and young adults worldwide (Joint United Nations Programme on HIV/AIDS & World Health Organization, 2009).

Parenthood is a leading cause of school dropout among teen girls. The results of the National Campaign to Prevent Teen and Unplanned Pregnancy (2010) indicated that only half of teen mothers have a high school certificate, and consequently, only two percent of mothers who have children before the age of 18 complete higher educations by the age of 30. They further found that teen mothers are less likely to complete the education necessary to qualify for a well-paying job and are at greater risk of living in poverty. Two thirds of families begun by young unmarried mothers are therefore poor (National Campaign to Prevent Teen and Unplanned Pregnancy, 2010). Although a significant decline in teenage pregnancy during the past two decades is cause for encouragement, a recent small increase in the teen pregnancy rate reminds us that adolescent pregnancy remains a significant problem (National Campaign to Prevent Teen and Unplanned Pregnancy, 2010).
Teen mothers are more likely to smoke than mothers older than 25 years. They are far less likely to receive timely and consistent prenatal care, and often have inadequate weight gain during pregnancy (National Campaign to Prevent Teen and Unplanned Pregnancy, 2010). Infants of teen mothers are more likely to be born prematurely and at low birth weight compared with children of older mothers. These children are therefore at greater risk for a host of negative health outcomes (National Campaign to Prevent Teen and Unplanned Pregnancy, 2010).

Given the slower progression of HIV infection to AIDS in the adolescent population, many of the young adults diagnosed with HIV were infected as adolescents. The majority of HIV cases among adolescent and young adult females are attributed to high-risk heterosexual contact. According to the Centers for Disease Control and Prevention (2011), adolescent and adult women are disproportionately at risk for heterosexual transmission of HIV infection in comparison with men. Women may be vulnerable to heterosexual transmission of HIV, as well as other STIs, because of their often unequal status in relationships and their biological or anatomical make-up. Power relationships between men and women may affect a woman’s ability to take steps to reduce the risk for infection (Pulerwitz, Amaro, De Jong, Gortmaker, & Rudd, 2002).

In sub-Saharan Africa, knowledge about HIV prevention is increasing among young people, but less than half can correctly answer five basic questions about HIV in 15 countries with high HIV prevalence (UNAIDS 2010). Research from Tanzania also suggests that some young people feel they lack guidance as well as emotional and practical support with regards to the changes they experience during puberty (Sommer, 2009). This point to the need for research on how the communicative role of parents can be strengthened. While the frequency of parent–child communication on sex-related issues varies between different African cultures and contexts, it is generally lower than that of industrialized countries. The proportion of adolescent girls reporting that their parents have discussed sex-related matters with them is 14% in Burkina Faso and 38% in Uganda and Ghana (Biddlecom, Awusabo-Asare, & Bankole, 2009). Less than half of parents reported discussion about sex-related topics with their children in
a national survey in Kenya (Kiragu, Obwaka, Odallo, & Van Hulzen, 1996), compared to approximately 90% of parents in the USA reporting such discussions. Discussion of contraception is even rare in sub-Saharan Africa. (Eisenberg, Sieving, Bearinger, Swain, & Resnick, 2006).

In sub-Saharan Africa, perceptions that parent–child discussion about sexual maturation and sex in general, is culturally inappropriate and this undermines both parents’ and children’s willingness to communicate (Wamoyi et al., 2010). Parent–child communication in sub-Saharan Africa is often given in the form of punitive or threatening communication tactics rather than reciprocal discussions (Wamoyi et al., 2010). Crichton et al., (2012) stated that such approaches may not address children’s concerns, encourage self-reflection or help them to develop skills needed for avoiding risks associated with sex.

1.2 Defining sexual abstinence

Sexual abstinence in the modern context refers to the decision to refrain from sexual activity before marriage. The traditional religious virtue of not having sexual intercourse combines abstinence before marriage with sexual fidelity to one’s spouse within a marriage. There are various ways in which researchers define abstinence. Abstinence could be considered by the following:

- Those who have never had sex.
- Those who have had sex previously but would want to protect themselves through abstinence or currently are abstaining.
- Those who are practicing periodic abstinence (calendar or rhythm method) (Haignere et al., 1999).

Dailard (2003) stated that, the varied and potentially conflicting meanings of “abstinence” have significant public health implications at the time that its promotion emerged as the George W Bush administration’s primary answer to pregnancy and sexually transmitted disease (STD) prevention for all people who are not married.
Primary abstinence is defined as never having had sexual intercourse and secondary abstinence describes the practice of those who have had intercourse but choose to periodically refrain from intercourse (Santelli, Kowal, & Wheeler, 2011). When used, both forms of abstinence are highly effective means of preventing HIV infection, other STIs, and pregnancy. However, the definition of abstinence reported by adolescents varies widely. Many young people substitute non-vaginal sexual activities for vaginal intercourse to maintain what could be called “technical virginity” (Uecker et al., 2008), while other adolescents attribute a loss of virginity to behaviours such as genital touching and oral sex (Bersamin et al., 2007).

Sexual abstinence is an important component of adolescent STI and pregnancy prevention program (Felice et al., 1999; American Medical Association, 1997). However, controversy arises over whether to teach abstinence as the sole approach to STI and pregnancy prevention (“abstinence-only”) or within the context of comprehensive sexuality curricula (National Guidelines Taskforce, 2004; Haignere, et al., 1999; & Dailard, 2003). No consensus exists about whether sexual abstinence defines a health protective behavior or something more inclusive. Some take a public health approach, defining abstinence as refraining from specific types of sexual contact (Haignere, et al., 1999). Others adopt a more inclusive definition, incorporating attitudes, moral and religious beliefs, and lifestyle choices (Separate Program for Abstinence Education, 2004; Jemmott et al., 1998; & Maynard et al., 2005).

According to Rickert et al., (2002) an important part of adolescence is the development of sexuality and the achievement of good sexual health. Whereas Brooks-Gunn and Paikoff (1993) characterise sexual development by the acquisition of skills used to control feelings of sexual arousal and to manage the consequences of sexual behaviour, as well as by the development of new forms of sexual intimacy.

Since definitions of abstinence have been reported to differ between genders, this suggests that motivations for abstinence will differ between males and females too (Horan et al., 1998; Carpenter, 2001; Sanders & Reinisch, 1999; Ott
et al., 2006). According to Remez (2000), 12-17 years olds who received abstinence education in Midwest (USA) struggled to come up with a coherent definition of abstinence, although older adolescents had less difficulty than younger ones. Literature also shows that the definitions of abstinence differed between genders, between sexually active and abstinent youth, and in those with a history of sexual abuse (Horan et al. 1998; Carpenter, 2001; Sanders and Reinisch, 1999; Ott et al., 2006). However, Dailard (2003) maintains that most people understand abstinence to mean refraining from sexual activity or, more specifically from vaginal intercourse for moral or religious reasons. In the context of youth in Sub Sahara, abstinence is viewed as a practice adopted once someone had been tested for HIV (Kabiru and Ezeh, 2007). While experts acknowledge that defining abstinence has become a crucial issue, literature shows that there is a lack of consensus on specific sexual behaviours that define abstinence (Remez, 2000; Sander and Reinisch, 1999; Horan et al., 1998).

The world’s major religions are in agreement in viewing sexual intimacy as acceptable only within marriage, or else it can be destructive to human development. Sexual abstinence before marriage and fidelity within marriage are considered time-honoured standards for maintaining strong families by other religious groups. Traditionally, many societies made virginity the standard for the unmarried; supported by strong community sanctions and even by force of law. However, in the modern West particularly since the sexual revolution of the 1960s, this norm fell by the wayside and has been replaced by widespread acceptance of casual sex before marriage and even cohabitation in place of marriage. In the current cultural climate, many see sexual abstinence as an unnatural or even unhealthy practice.

Social conservatives in the United States have been advocating for abstinence-based sex education, which attempts to uphold the traditional norm. This section of American society also advocates "secondary virginity," a recommitment to abstinence by teens that previously were sexually active. Some churches promote a "virginity pledge," a commitment to remain sexually inactive before marriage. When supported by medical, psychological, social, and spiritual
understanding, such educational efforts have a positive impact on the lives of many young people.

The term “abstinence” means different things to different people. Most faith-based groups generally view abstinence as a commitment to refrain from sex until marriage. Others view abstinence as delaying sex until some time, in the future, for example, when entering into a committed relationship before marriage. The term can also refer to those who have been sexually active at one time but now have decided to abstain, also referred to as “secondary abstinence” or "secondary virginity" (Marindo, 2003).

Keulder et al., (2003) in their study on a 100 Namibian youths stated that culture and language must be considered when teaching adolescents about abstinence. They went on to say that in their study, most youths thought “abstinence” meant “to be absent”.

Elliot (1993) suggested that one rendition of early Christian doctrine is a fundamental incompatibility between sexual involvement and being “good”. Not only was premarital abstinence expected to be the norm, but to marry and thus participate in conjugal relationships was to choose worldliness over godliness. Sexuality was seen as basic evidence of human kind’s fallen nature, while abstinence or celibacy was seen as the ultimate sign of spirituality. Therefore, such a dichotomy created an inescapable moral conflict between the meaning of sexual participation-moral or immoral and abstinence.

Finally, contextual and developmental issues influencing abstinence are poorly understood. Research shows that adolescents differ in beliefs, attitudes, and sexual behaviors by age, gender, and sexual experience (De Gaston et al., 1996; Ott et al., 2006; Santelli et al. 2004; & Albert et al. 2003. Studies of intervention to delay sexual onset have found differences in outcomes between males and females, and between sexually experienced and inexperienced participants (Jemmott et al., 1998; Eisen et al., 1992; & Aten et al., 2002. However, while documented epidemiologically, little is known about why and how these differences arise.
1.3 Problem Statement

Adolescents, like many other age group categories of people in South Africa, are greatly impacted by HIV/AIDS. This is even more the case because of early initiation of sex which exposes them to the risk of unwanted pregnancies, STIs and HIV infections. Though there is consensus that sexual abstinence is an important component of adolescent STI and pregnancy prevention, most abstinence programs are based on adult ideas of abstinence, and little is known about how adolescents themselves conceptualise sexual abstinence (Ott et al., 2006). Research is needed to more clearly define sexual abstinence, as well as the factors that influence adolescent decision-making around abstinence in the context of South African. Understanding sexual abstinence views and values by youths will have meaningful implications for HIV prevention.

1.5 Aim of the Study

The aim of the study is to explore the adolescents’ understanding and perceptions of sexual abstinence and the practice thereof.

1.4 Research Questions

The study will attempt to answer the following research questions:

- What is the meaning and understanding attached to sexual abstinence by the adolescents in Kgabalatsane?
- What are the adolescents’ attitudes towards sexual abstinence as a preventive measure of HIV and unwanted pregnancy?
- What are the circumstances/factors that influence adolescents’ transition from abstinence to sexual activity?

1.6 Objectives of the study

The objectives of the study are:
• To explore the meaning and understanding attached to sexual abstinence from the perspective of the adolescents.
• To explore the adolescents’ attitudes towards sexual abstinence as a preventive measure of HIV and unwanted pregnancy.
• To identify the circumstances/factors that influence adolescents’ transition from abstinence to sexual activity.

1.7 Significance of the Study

Understanding the meaning of sexual abstinence from the perspective of the adolescents will assist the health promoters, health professionals and policymakers to effectively integrate sexual abstinence in sexual behaviour programs, and to shape effective health interventions designed to reduce adolescents’ risk of HIV and unwanted pregnancies. The adolescents’ involvement will assist in developing strategies to control and manage both the HIV epidemic and prevent unwanted pregnancies.
Chapter 2: Literature review

2.1 Introduction

The purpose of this chapter is to provide a profile on the involvement of teenagers in sexual abstinence. The strengths, the reasons, and the challenges of sexual abstinence are presented. The literature review focuses on sexual abstinence of the youth, and the other data is from the literature on HIV and AIDS, sexual behaviours, and contraceptive methods. The publications focus on studies conducted in developed countries and several in South Africa.

2.2 Sexual Abstinence in South Africa

South African youth are at high risk for HIV infection because of the high prevalence of HIV and the relative vulnerability of young people to social pressure to have sex. This statement is supported by Shisana et al., (2005) who stated that young people bear the burden of South Africa’s severe HIV epidemic with 10.3% of 15 to 24 year olds infected with HIV nationally. Therefore, for young South Africans, sexual abstinence is more protective than relying on consistent condom use. According to Unruh (2002) Calls for sexual abstinence prior to marriage has seen a substantial resurgence in Africa, where the threat of AIDS threatens to decimate whole populations.

Blinn-Pike (1999) in his study on why abstinent adolescents report they have not had sex, discovered that choosing to be sexually abstinent may be one of the major challenges facing young people given the wide-spread exposure to sexually explicit material that to some extent “glorifies” risky sexual behaviour, including multiple sexual partnerships. Furthermore, Awusabo-Asare et al., (2004) stated that in response to the acknowledgement that HIV and AIDS is as much a youth as it is an adult problem, the erosion of traditional value systems that dictated acceptable sexual conduct among young people imply that adolescents have to deal with contradictory values and fewer guidelines regarding sexuality.
Articles reviewing studies of sexual behaviour amongst high school students in Sub-Saharan Africa found high prevalence rates of sexual intercourse (Kaaya et al., 2002), suggesting that 50% of South African youth have had sex by the age of 16, and a probable 80% by the age of 20 (Eaton, Flisher & Aarø, 2003). High rate of sexual intercourse amongst the youth has prompted much concern, as this suggests that young people are not responding positively to HIV prevention campaigns which place emphasis on sexual abstinence as the panacea for sexual health promotion.

This concern has fuelled problem-focused research investigating why young people fail to take up safe sexual practices, including abstinence. South African literature which makes reference to sexual abstinence amongst South African youth has tended to focus upon barriers to sexual abstinence. There is a notable absence of studies which investigate the perceived benefits of sexual abstinence (Eaton, Flisher & Aarø, 2003). There is a need to investigate the importance and salience of positive values that young people attach to abstinence, particularly as it stands as key to HIV preventative behaviour.

During the Africa Speaks Lecture series entitled “HIV in South Africa and prospects of prevention” held by the College of Human Sciences on the 20 July 2010, the Chairperson of the Africa Medical Association and Executive Director of Tshepang Trust, Dr Kgosi Letlape, said that in South Africa, abstinence and being faithful are key to reducing the rapidly increasing HIV infection rate. He also said that the prospects of prevention are not good in South Africa as the notions of abstinence and being faithful are not promoted enough. He further added that even if one is between relationships, the notion of “secondary” abstinence is important to prevent people from being infected.

In the context of South Africa, the influences on sexual behaviour and the mechanisms of behaviour change are not clearly understood. This has produced a limited knowledge base of what is driving the HIV epidemic amongst young people. This is predominantly a product of the limited understanding of sexuality informing research in this area (Parker, 1995; Kelly & Ntlabati, 2002; Campbell, 2003). Studies in developing contexts, including South Africa, have ‘concentrated on the phenomenon of sexuality at the level of the individual, while neglecting
societal, normative and cultural contexts’ (MacPhail & Campbell, 2001). Sexual health promotion campaigns have, in turn, envisioned sexuality in terms of de-contextualised, individual behaviours, and have made the assumption that sexual behaviour is the result of rational decision making based on knowledge around the risks of HIV, and how to protect against these risks (Kahn, 2007).

Critical health psychologists have argued that decision-making around ‘health-related’ activities, including sexual practices, does ‘not conform to rational, logical, value-free ways of thinking, but have their own alternative logic and validity that is related in a complex fashion to the cultural and moral environments’ in which individuals are situated (Crossley, 2000). In line with this, a research agenda that utilises a wider view that incorporates levels of influence beyond the individual, and the importance of background thought in understanding sexual behaviour and behaviour change have been strongly promoted in South African literature (e.g. see Campbell, 1997; Campbell & Williams, 1998; Campbell, 2003; Kelly & Ntlabati, 2002; Kelly & Parker, 2000; LeClerc-Mdlala, 2002; Alexander & Uys, 2002; Eaton, Flisher & Aarø, 2003).

2.3 Social and Psychological Values of Sexual Abstinence

Historically and culturally, sexual relationships have rarely been granted a place independent of the social, emotional, familial, generational, economic, and spiritual dimensions of human experience. Both sexual involvement and abstinence can be expressions of religious beliefs and traditions, the meanings of marriage and family relationships, contemporary cultural philosophies, and features of one’s personal identity, commitments, and beliefs (Abbott, 2000). Therefore, these sources of sexual practices are intertwined, and produce norms and exceptions to any given culture’s stance on what is acceptable in sexual expression.

Morokoff et al., (1998) states that a young woman’s ability to effectively communicate her sexual beliefs and desires is a necessary step toward her development of healthy sexual intimacy, and is critical if she is to adequately
protect herself against unwanted or unsafe sexual activities. The view is supported by Muehlenhard and McCoy, (1991) who stated that in the current cultural context, where traditional gender roles establish the expectation that men will initiate sexual activity and women will respond with permission or denial, it is critical that young women be able to clearly communicate their sexual beliefs and desires. Morokoff et al., (1998) supported this view and further stated that failure to do so may place them at risk for unintended pregnancy, STDs, sexual coercion, violence and other negative sexual experiences. Moreover, according to DiClemente (2001) sexually assertive beliefs, behaviours and practices - including acquiring knowledge about preventing pregnancy and STDs; adopting health-promoting values, attitudes and norms; and building proficiency in risk-reduction skills- are important components in the development of sexual health during adolescence.

Previous research among young adult women has found that peers, the social culture and the interaction of peers and the culture are important influences on managing sexual relationships and behaviours (Lear, 1995). Rickert et al., (2002) agreed with this stance, stating that another important variable that contributed to young women’s belief that they never have various sexual rights was academic performance. These researchers found that teenagers who achieve better grades may feel more connected to school, which may in turn be protective against a broad range of risky behaviours. This view is supported by DiClemente (2001) who alternatively stated that youth who have greater sexual assertiveness may have a higher level of self-confidence, which enables them to perform well in a variety of settings, including school.

Kabiru and Ezeh (2007), in their study on factors associated with sexual abstinence among adolescents in four Sub-Saharan African Countries, said that there are reasons to expect that primary, secondary and recent abstainers may be abstaining for different reasons. Primary abstainers may have strong moral or religious basis for their action and may believe sexual intercourse should only occur within the context of marriage. Secondary abstainers, however, may be driven more by a desire to avoid STIs, including HIV, or pregnancy while recent
abstainers may simply be abstaining due to lack of opportunity to engage in sexual intercourse rather than as a conscious choice.

Ahlberg (1994) conducted a study in Africa and found that tradition in many parts of Africa dictates that young people should avoid premarital sex and childbearing, which bring dishonour to the family. This view is supported by Görgen and colleagues (1993), who found that school girls in a small town in Burkina Faso who had premarital pregnancies reported that, the pregnancies had created a rift between them and their families.

Furthermore, some of the psychological values of not being abstinent among youth were discussed in the review by de Bruin (2001) on high risk behaviour of adolescents, which showed that sexual abuse is common among girls and young women and that this group is frequently sexually abused and their first sexual activity often occurs without their consent. Lethal STDs and unwed parenthood garner attention from parents, teachers, legislatures and public health officials. Lost in this focus is the reality that even if disease and pregnancy are avoided, every sexual encounter outside of a mature and lifelong commitment—marriage—carries the risk of negative psychological, relational and social consequences. This risk is inherent to the nature of sexuality and therefore unavoidable (Lickona and McDowell, 1994). Yet because the prevailing permissive ethic is grounded in a certain non-judgmental tolerance, the deeper, non-physical levels of harm and therefore the more subtle forms of abuse within sexual relations receive little acknowledgement.

As first explored by researchers, Lickona and McDowell, (1994) the emotional and psychological harm of sex in insecure relationships may be perceived only semi-consciously at the time, eclipsed by the pleasures and supposed benefits of expanded experience and too often the real price paid is discovered after much of the damage is done.

Though there are some health risks as research has shown, Browning (1998) stated that the greatest hazards of pregnancy to an unwed teenage are less physical than psychological, relational and economic —mainly due to her being unmarried. Unwed pregnancy generates a great deal of emotional distress,
especially between the partners themselves. Nine out of ten American adolescent boys abandon their pregnant girlfriends, even if reluctantly. According to Browning, suicide is seven times more likely for the pregnant girl.

In light of this, Galston (1993) said that economically, girls who choose to bear their child are far less likely to complete higher education, less likely to marry, or to escape poverty. He added that mothers who are unmarried, under the age of 20, and without a high school diploma are ten times more likely to raise their child in poverty in America than those who are not and that aborting the pregnancy carries other risks, including chronic grief and guilt.

### 2.4 The Reasons for abstinence

In general, adolescents reported waiting for marriage as a principal reason for abstinence (Loewenson et al., 2004; Paradise et al. 2001). In addition, fear of pregnancy, lack of sexual partner, avoidance of STIs/HIV, and young age, religion and morals were also reported as key reasons for being abstinent (Kabiru and Ezeh, 2007; Ott et al., 2006; Koffi and Kawahara, 2005). Over and above reasons given by adolescents, advice, warning, or guidance from an important person were reported to motivate adolescent girls to avoid or postpone sexual activity (Morrison-Beedy et al. 2008). While Ott et al., (2006) reported that social immaturity was also identified as a reason for abstinence. Reasons for the unmarried to abstain from sexual activity include religious convictions, to conform to legal injunctions, to prevent undesired pregnancy or STDs, and to "save oneself" for marriage with the hope of better marital outcomes. Kabiru and Ezeh (2007), pointed out some of the reasons that youth gave for not having intercourse included, among others: the lack of a partner, postponement of sex until marriage, fear of pregnancy, avoiding STIs, and young age. However, these authors further concluded that motivations to be sexually inactive may be driven by a wide variety of factors ranging from value- or moral-based reasons, such as waiting for marriage, to avoidance of negative consequences such as STIs and pregnancy (Kabiru and Ezeh 2007).

More females were reported to endorse fear of pregnancy or waiting until marriage as key motivators to delay sexual involvement while males reported
fear of contacting STIs and HIV/AIDS and also believed that one reason for their decision was that most students did not have sex (Kabiru and Ezeh 2007).

2.5 The Benefits of Abstinence

Abstinence has received much focus in HIV and reproductive health programs and the United States of America (USA) has been a leader in this regard. Morrison-Beedy (2008) reported that sexual abstinence is the only 100% effective way to prevent pregnancies outside marriage, STDs, and other risks arising from sexual intercourse. This is supported by Dailard (2003) who also stated that without sexual contact, it is almost impossible to conceive an unwanted or unplanned child and by avoiding exposure to sexual intercourse, one may also avoid the STDs.

Furthermore, Dailard (2003) argued that the definition of an abstinence also has implications for determining the effectiveness of abstinence as a method of contraception. Therefore, there is no question, however, that increased abstinence—meaning delayed vaginal intercourse among young people—has played a role in reducing both teen pregnancy rates in the USA and HIV rates in at least one developing country. For example, the Alan Guttmacher Institute (AGI) indicates that 25% of the decrease in the USA teen pregnancy rate between 1988 and 1995 was due to a decline in the proportion of teenagers who had ever had sex (while 75% was due to improved contraceptive use among sexually active teens). A new AGI report also shows that declines in HIV infection rates in Uganda were due to a combination of fewer Ugandans initiating sex at young ages, people having fewer sexual partners and increased condom use (Dailard 2003). Taking it further, research also shows that positive consequences of not having sex also included ‘having a good reputation,’ making your friends proud, having no worries about unwanted pregnancy and STDs, and a feeling of being responsible (Ott et al., 2006; Koffi and Kawahara, 2005).

2.6 The consequences of early sexual activity

The educational and economic deprivation resulting from teenage pregnancy, as well as the negative health and social consequences, can have life-long
ramifications (National Campaign to Prevent Teen and Unplanned Pregnancy, 2010b). Long-Middleton et al., 2012, in their study found that parenthood is a leading cause of school dropout among teen girls.

There is substantial agreement in the literature that women who become pregnant and give birth very early in their reproductive lives are susceptible to higher risks of complications or even death during pregnancy and birth. Their children are also more vulnerable. Preventing births very early in a woman’s life is therefore an important measure to improve maternal health and reduce infant mortality. Furthermore, women who have children at an early age experience a curtailment of their opportunities for socio-economic improvement, particularly because young mothers are unlikely to keep on studying and, if they need to work, may find it especially difficult to combine family and work responsibilities. The adolescent birth rate also provides indirect evidence that unmarried adolescent women often experience difficulties in accessing reproductive health care.

Consequently, teen mothers are less likely to complete the education necessary to qualify for a well-paying job and are at great risk of living in poverty. Two thirds of families begun by a young unmarried mother are poor (National Campaign to Prevent Teen and Unplanned Pregnancy, 2010). This is supported further by Long-Middleton et al., 2012, who said that teen pregnancy is associated with negative health implications for both the mother and child. Infants of teen mothers are more likely to be born prematurely and at low birth. The harmful consequences of early sexual intercourse for adolescent females extend beyond teenage pregnancy. Persons who initiate sex early in adolescence are at higher risk for STIs. Although the course of many STIs is benign, some infections may have significant yells, including pelvic inflammatory disease, chronic pelvic pain, infertility, ectopic pregnancy, and cervical cancer (Centers for Disease Control and Prevention, 2011). Furthermore, the prevalence of STIs among female adolescents is substantial and begins to be acquired soon after sexual initiation and with few sex partners (Centers for Disease Control and Prevention, 2011). Specifically, the reported rates of Chlamydia and gonorrhea are highest among female adolescents aged 15 to 19, and many persons acquire human papillomavirus, a cause of cervical
cancer, during their adolescent years (Centers for Disease Control and Prevention, 2011).

In addition to the morbidity associated with the aforementioned STIs, HIV infection is a threat to the lives of adolescents and young adults worldwide (Joint United Nations Programme on HIV/AIDS & World Health Organization, 2009). Although improvements in antiretroviral therapy and early diagnosis have delayed the progression of HIV infection to AIDS and reduced the mortality rate of AIDS, the disease continues to be a leading cause of death among young adults (Centers for Disease Control and Prevention, 2011) and women of reproductive age specifically (World Health Organization, 2009). Given the slower progression of HIV infection to AIDS in the adolescent population, many of the young adults diagnosed with HIV were infected as adolescents (Centers for Disease Control and Prevention, 2008).

2.7 Predictors of sexual abstinence

Sexual activity among adolescent women increases the risk of pregnancy and STIs, including HIV (Long-Middleton et al., 2012). The most common predictors centred on strong parent-family connectedness, religiosity, morality, and fear of consequences of intercourse. Strong parent-adolescent relationships are a potent predictor of sexual abstinence. In a seminal study investigating predictors of long-term adolescent health outcomes, abstinence was demonstrated to be associated with a higher level of parent-family connectivity (Resnick et al., 1997). Later studies also supported the positive influence of parental involvement for primary abstainers (Cox, 2007; DiLorio, Dudley, Soet, & McCarty, 2004; Haglund, 2006; Halpern, Waller, Spriggs, & Hallfors, 2006; Maguen & Armistead, 2006; Morrison-Beedy, Carey, Cote-Arsenault, Seibold-Simpson, & Robinson, 2008; Velez-Pastrana, Gonzalez-Rodriguez, & Borges-Hernandez, 2005).

Religiosity or commitment or devotion to religious faith was found to be another key predictor for adolescent abstinence (Doss et al., 2007; Halpern et al., 2006; Rostosky, Regnerus, & Wright, 2003). Religious activities appear to be a protective factor in delaying intercourse for teens aged 13 to 14 (Doss et al.,
2007) and reduce the likelihood of coital debut for adolescents aged 15 to 21, independent of demographic factors and number of romantic partners (Rostosky et al., 2003). Akin to the concept of religiosity is that of morality.

2.8 Sexual Abstinence Programmes

Abstinence, which is regarded as one of the key actions recommended for the prevention of STIs and early pregnancy among young people by several authors (Brown et al., 2001 and Davis and Weller, 1999), has received much focus in HIV and reproductive health programmes.

Early initiation of sexual activity among adolescents has been identified as a major risk factor for a number of negative reproductive health outcomes, including early childbearing and associated implications for maternal and child health outcomes, as well as increased risk for STIs including HIV. The need to safeguard adolescent sexual health has fuelled much research on factors that predispose adolescents to risky sexual behaviours including unprotected sexual intercourse, early sexual debut, and multiple sexual partnerships. At the same time, a number of programs have been designed to address adolescent sexual health with a focus on delaying sexual initiation, promoting secondary virginity, and increasing condom use among those who are sexually active (Kelly, 2001 and Neema et al., 2004).

Lindberg et al, (2000) and Nagy (2002) conducted a study on adolescents’ reports on reproductive health education. They stated that in the USA, for example, sexual abstinence programs have received increased emphasis following the 1996 allocation of $250 million by Congress for school-based abstinence education programs. This view was supported by President George Bush who in 2002 also pushed for abstinence-based programs by requesting an additional $30 million.

The President’s Emergency Plan for AIDS Relief (PEPFAR) states that abstinence, especially among unmarried youth, is a key component of the ABC (Abstain, Be faithful, and use Condoms) approach, and an international health
program funded by the USA government to address the HIV/AIDS pandemic in severely affected countries including Ghana, Malawi, and Uganda.

Donald (1991) stated that the effectiveness of abstinence promotion interventions may be heightened by incorporating messages that take into account both the various reasons adolescents give for not engaging in sexual intercourse and the demographic, behavioural, and psychosocial characteristics of young people.

This view is supported by Kabiru and Ezeh (2007) in their study on primary and secondary sexual abstinence among high school students who stated that gender, contextual circumstances and prior sexual experience may also influence current sexual behaviour and should be considered when designing abstinence promotion programs. They further added that in countries with high HIV prevalence, fear of HIV infection may take centre stage in adolescents’ reasons for abstaining while such a reason may not be as important in a low prevalence setting, and that these differences, if they exist, may be powerful in designing relevant and appropriate programmes and strategies for reaching different groups of adolescents.

Tshabalala (2005) conducted a study on the proposal to enhance local responses to HIV/AIDS prevention through abstinence, faithfulness and the reduction of harmful sexual behaviours by youth and other groups in five African countries. He found that the Abstinence and Be Faithful among Youth (ABY) interventions implemented by the Olive Foundation in South Africa represented a response to the presented goals by enhancing local responses among the youth to prevent HIV infection through encouraging abstinence, faithfulness and avoidance of unhealthy sexual behaviour among and affecting youths.

The majority of HIV cases diagnosed among adolescent and young adult females are attributed to high-risk heterosexual contact (Centres for Disease Control and Prevention, 2011). Thus, effective HIV prevention programs must target youth, particularly adolescent women, to encourage delayed sexual debut and sexual abstinence and to educate in safer sex practices.

Numerous studies have been done around sexual abstinence counting the perspectives and experiences of many adolescents around the world and on
understanding the stimulus for abstinence among them. Despite high levels of public investment in ‘abstinence-only’ interventions, more research is needed in why young people ‘still’ fail to take up safe sexual practices, including sexual abstinence. In addition, there is a need to advance more in finding why the prospects of prevention are not good and why they are not promoted enough. While understanding adolescents’ attitudes and their decision-making towards abstinence, it’s also very significant to integrate the evaluation of the effect of governmental policies in this regard.
Chapter 3: Methodology

3.1 Introduction

This chapter presents the methodology applied in the present study. It includes a description of the sample used during the study, the measure employed, validity and reliability aspects, ethical considerations, the procedures followed as well as information pertaining to the analysis of data.

3.2 Study Design

The research design used in this study is an exploratory qualitative approach, which was adopted to conduct focus group discussions (FGDs) with a sample of high school learners to explore their understanding and attitudes towards sexual abstinence. This design was used because it enabled the researcher to interact with people in their natural environment. FGD was chosen for this study as the most fitting method which will be helpful in providing a broader picture of the understanding and attitudes of the school learners who attend school at the Meriting Secondary School towards sexual abstinence.

3.2.1 Study Setting

The study was conducted at the Meriting Secondary School which is situated in the village of Kgabalatsane in the North West Province, about 57 Kilometres North West of Pretoria. The school caters for grades eight to 10. Kgabalatsane has a population of about 63 000, of which 10 000 are employed, 30 000 are young people and children, 16 000 are unemployed and (7 000 are pensioners. Kgosi Mmamogale Lerothodi sponsored the building of the school with the assistance of a company by the name of Johnson and Wax. Most of the learners are aged between 12 and 18. These learners come mainly from Kgabalatsane and the surrounding areas such as Rabokala, Letlhabile, Maboloka, Hebron, Erasmus, Mabopane, Soshanguve, Ga-Rankuwa, Klipgat and Madidi. At the time of the study the enrolment at the school was 340 even
though the school has the capacity to accommodate 600 learners. The school is not only used for educational purposes but also for various needs of the surrounding communities such as community gatherings.

The site was selected as it is convenient to the participants and it is a centre were learners of the school meet for their daily education. The hall in the school was used for conducting focus group discussions. The hall was big enough and enhances confidentiality and privacy. It was also well ventilated. The only challenge that we encountered was that during the focus group discussions it was a little noisy as a result of the learners who where passing by as it was during after school hours as well as from the learners who were waiting for their friends in order to walk home together.

3.2.2 Study Participants

The participants who took part in this study were learners aged from 15 to 18 who were enrolled at the Meriting Secondary School. All the participants were learners who resided in Kgabalatsane and the surrounding areas. In total, 50 participants were selected for six focus group discussions. Participants selected for this study consisted of boys and girls aged 15 to 18, and those who were 14 years and younger were not selected for participation in the study.

3.2.3 Recruitment of the Study Participants

The researcher obtained permission to conduct the study from the Provincial Department of Education, the School Governing Body and the Principal of the Meriting Secondary School. For ethical purposes, approval for this study was also obtained from the Medunsa Research Ethics Committee (MREC) (see appendix A). The researcher worked with one research assistant, who was a co-facilitator. She was also trained by the Human Sciences Research Council in conducting focus group discussions.
On the first day the researcher and the research assistant were introduced to the school's staff by the principal. The principal then informed the researcher about the number of grades they have at the school including the number of classes they have per grade. The principal further informed the researcher and the research assistant of the school's operating hours. Thereafter the principal took the researcher and the research assistant to each class to introduce them to the learners and informed the learners about where the researcher and research assistant came from and the reason they wanted to talk to the learners. An arrangement was made to meet with the learners during the school's lunch break for recruiting and registration of participants in the study.

The participants who showed interest to participate in the study were asked for their names and contact details so that they could be reminded about the focus group discussions appointment times. Approximately 110 learners showed interest to participate in the study and provided their details. Appointments for the focus group discussions were set for times convenient to the participants and the discussions were conducted after school hours. Participants were reminded after the recruitment sessions to remain after school for the focus group discussions. The recruitment took place over a period of two weeks and the focus groups were conducted on the same day of the recruitment.

3.2.4 Study Sample

Purposive sampling, on voluntary bases, was used to select participants for the FGDs and the target population was learners aged from fifteen (15) years old and above. Purposive sampling is a strategy in which particular settings, persons, or events are selected deliberately in order to provide important information that cannot be acquired as well by other means. The sample size was six focus groups of approximately eight to nine participants each. These groups were arranged to be heterogeneous, to allow participants to speak more openly and to reduce inhibition. This sample size was guided by data saturation, which is a point when no new information comes up anymore. The focus group discussions continued until the researcher observed that there were no new responses from
the participants. This was observed after the fifth focus group session. At the sixth focus group, the discussions were stopped as data seemed to be saturated, as there were no more new ideas coming up from the discussions.

### 3.2.5 Data Collection

The first step in data collection was a pilot study, which was conducted to test the usability of the data collection tool. The aim of the pilot study was to assess the clarity of the tool, the understanding of the focus group guide, to determine if the guide will actually be able to elicit the required information and to determine approximately how long each discussion will last. The pilot study went well, everything happened as planned and the volunteers were eager to participate in the study and would indicate their willingness to participate in the next discussion groups.

The pilot focus group was conducted with the first participants that were recruited and were interviewed on the first day of the recruitment week. The focus group team consisted of the researcher, who took the role of the moderator and the research assistant who was the notes taker and provided support such as ensuring that the recorder was functional and the chairs were arranged in a circle to enable effective focus group discussion. All the focus group discussions followed the same pattern.

The FGDs were conducted following the same procedure until the 6th group, which was the last to be conducted. On the day of the discussions, introductions were made. Then the ground rules were set and agreed upon by the participants. The researcher then read the consent forms to the participants and with the help of the research assistant the participants signed the consent forms and the attendance register. The participants also had name tags on with pseudonyms to ensure confidentiality. The name tags were intended for identification during the facilitation process and for the purpose of assisting the researcher during the data analysis process. Finally, the assistant researcher set the recorder and when the focus group started then the recorder would be turned on.
The duration of the FGDs ranged from one to one and half hours. After the FGD discussions the participants were asked to fill in a questionnaire which required their demographic information. The variables on the questionnaire included age, grade, gender, parental status, dating status and abstinence status, and the dating period or the abstinence period.

A focus group guide was used during the focus group discussions (see appendix F). This guide was developed by the researcher in English, and then translated it into Setswana which is the language spoken by the learners at the Meriting secondary school. The reason for this was for the learners to communicate their views freely. The focus group discussions were recorded using a digital recorder.

3.2.6 Data Management and Analysis

The recordings were transcribed verbatim and then translated into English. The transcriptions were done by the researcher and co-facilitator, and thereafter, the researcher translated the data which was further verified by the supervisor.

After each focus group discussion, when the researcher got home, she would listen to the recordings to ensure that they were audible and to ensure that they had been recorded properly. After the researcher assistant transcribed the focus group discussions, the researcher translated and translated the scripts into English as they were conducted in Setswana. The researcher then listened to the audios again for any voice intonations. The data was then analysed thematically. Content analysis approach for data analysis was used. Recordings and re-readings of the transcripts were done to identify the themes and to develop codes. An independent coder and the supervisor were used to ensure that the data analysis was reliable.

The data was analysed using Nvivo9. The researcher did data analysis with the help of the supervisor at Medunsa. After the identification of codes was completed, the researcher started coding. Open coding was used to categorise
recurring themes. The supervisor helped to come up with as many codes as possible. The codes were modified until themes were decided for this data.

3.2.7 Trustworthiness

Trustworthiness addresses validity and reliability in qualitative research, and uses strategies to enhance trustworthiness include credibility, dependability, transferability and confirmability (Patton, 2002). Credibility refers to whether the researcher accurately represented what the participants think, feel and do. It refers to the confidence one can have in the truth of the findings. Therefore, to ensure credibility in this study the raw data was verified by the supervisor. Content validity was also ensured by the supervisor and the experts in the field.

Dependability on the other hand refers to the stability of the findings over time and to ensure dependability in this study a good quality digital recording and the transcribing of the recorded information verbatim were done. Also, to ensure dependability in this study, all the recorded focus group discussions were downloaded to a computer and were saved as sound files. The transcriptions were sent to the supervisor for validation. Confirmability refers to the internal coherence of the data in relation to the findings, interpretations and recommendations.

To ensure reliability of the data analysis, raw data was given to an independent coder for coding in order to increase the validity and reliability of the results. In addition, coding consistency checking was performed by the supervisor who is a qualitative data analyst.

Purposive sampling is subject to selection biases. In order to eliminate bias during coding and data analysis, the supervisor and an independent coder were involved in the data analysis and the reporting of the results.
c. Ethical Considerations

Before commencing with the study, the ethical approval for this study was obtained from the Medunsa Research Ethics Committee (MREC). The permission to conduct the study was obtained from the Meriting secondary school principal and this was adequate for the learners to choose to participate in the study. The content of the study was aligned to the subject content of Life Orientation taught at the school. It was therefore not necessary to get parental consent but only learner assent. The objectives and procedures of the study were explained, and participants were given the opportunity to ask questions before and were given a clear understanding of the issues the study was to address before being asked to participate in the study. The informed consent from all participating in the study was thoroughly explained and thereafter an informed consent was obtained without pressure of any kind. The information provided by the respondents was kept anonymous and confidential. No personal identification was used.

Pseudonyms were used in the focus group discussions and also on the demographic forms as opposed to the participants’ real names. The study and the results cannot be linked to any individual. Participants were also encouraged to keep the content of the discussions confidential.

Participants were asked in advance for their permission to record the group discussions. The recordings and the transcripts were not labelled in ways which could compromise anonymity and the identity information was stored separately from the data. Discussions were conducted in private in the school hall dedicated for the group discussions. Participants were informed that participation in this study was voluntary and that they had the right to voluntarily decide whether or not to participate in the study or withdraw from the study at any stage of the discussions. Therefore, the prospective participants were not required or led to believe that they were required to participate in this study.
Chapter 4: The Results

4.1 Introduction

The main aim of the study was to explore the adolescents’ understanding and their perceptions of sexual abstinence, and to understand the meaning attached to sexual abstinence. To achieve this objective, data obtained from the six FGDs were analysed, and this chapter presents the findings of the study. The first section of this chapter will present the demographics of the participants, followed by the second section which presents the themes that emerged from data analysis.

4.2 Section 1: Demographic Information

The participants in this study were both male and female learners aged from 15 to 18, who reside within Kgabalatsane village and are enrolled at the Meriting secondary school (see figure 2). In total, 50 learners enrolled for participation in the study, 48% boys and 52% girls (see figure 1). All the participants were from grade eight to ten 10. The majority were the grade 10 learners at 46%; then the grade nine 9 learners at 38% and the rest were the grade eight learners at 16% (see figure 3).

Figure 1: Gender distribution of the participants
The participants' age ranged from 15 to 18 years with a mean age of 17 years.

Figure 2: Age distribution of the participants

Figure 3: The school grades the participants were enrolled for
Most of the learners were living with both parents in their homes (54%), some were living with a single parent (34%), and a very small number lived with either a grandmother or another family relative (12%) - Only a small number of participants were not living with a biological parent at home (see figure 4).

Figure 5: Dating status of the participants
Dating was defined as being in a relationship with an individual of the opposite sex, whether engaging in sexual activities or not. The percentages of the learners who were dating (46%) and the ones that were not dating at the time, (54%) did not differ much. Of those that were dating, (48%) were males and (52%) were females.

![Sexual Abstinence Status of the Participants](image)

**Figure 6: Sexual activity status of the participants**

The proportion of participants who were sexually active was 32% (16) and of those who were sexually abstinent was 68% (34).

### 4.3 Section 2: Themes Identified

The coding was performed and thereafter the researcher came up with the following themes which are presented below.

#### 4.3.1 Abstinence as protection.

Participants were asked to reflect on their understanding of sexual abstinence, if they knew what sexual abstinence was or whether they had any unique way to symbolise sexual abstinence with. The researcher wanted to know the perceptions of the participants, whether they knew of sexual abstinence, heard of it, or practised it. The participants expressed feelings of uncertainty about the
word abstinence. The following statements illustrate the understanding when they hear the word abstinence:

“I would say it is to protect self from many things such as teenage pregnancy things like that…” female learner

“Sexual abstinence is to protect one self and to make sure that you don’t do wrong things…” female learner

“Sexual abstinence is to protect yourself in life so that you won’t have problems such as contracting lots of diseases…” male learner

“I think that teenagers abstain from sex and try to protect themselves because when you have sex you have to know that there are consequences, it’s either you get infected with STDs or you get pregnant…” female learner

Some participants understood sexual abstinence to be a method of preventing unwanted pregnancies and infections.

“…we can use abstinence as a preventative measure because AIDS is everywhere, and mostly people get infected via engagement in sexual activities, and sex also causes teens to have unwanted pregnancies…” male learner

“…we can use abstinence as a preventative measure for teenagers, because when you are sexually active as a grow-up and working, it’s easy to take care of yourself and pay for your own medical needs…” female learner

“Yes, I think abstinence is right as a preventative measure because mostly when girls talk about prevention, they automatically imagine contraceptives. Sexual abstinence will decrease teen pregnancies and many diseases…” male learner
“... and contraceptives have their own consequences, so mostly contraceptives are not good, so sexual abstinence is the best measure...” female learner

“I agree with abstinence as a preventative measure because some teenagers abandon their babies when they are HIV positive and when they can’t take care of their babies...” male learner

“...abstinence is a preventative measure because teenagers would not have sex and they won’t be infected with HIV...” male learner

4.3.2 Abstinence as a way of securing a better future

Some participants viewed sexual abstinence as a way of securing a better future for them. This is because they acknowledged that being sexually active could have negative consequences for their future.

“...But what is more important is that you can prevent many problems and be able to protect your future...” male learner

“...teenagers don’t want to contract diseases and they want to reach their future goals...” female learner

“...Other teenagers look at their future because they want to achieve their goals before they can engage in sex...” female learner

“...Some want to reach their goals and they think if they can have sex now and get pregnant they won’t be able to reach their goals...” female learner

“...When you abstain from sex it means that you have a dream that you want to achieve...” male learner
4.3.3 Advantages of practicing abstinence

Advantages mean the benefit of practising abstinence. The participants were asked about reasons teenagers give for practicing sexual abstinence and what influences teenagers to decide to be abstinent. The following statements illustrate the positive attitudes they have towards sexual abstinence, such as good morals, respect and an HIV-free generation:

“It is good because you will be protecting yourself from many things such as peer pressure, diseases and pregnancy…” male learner

“I think that to abstain from sex helps us to reduce the HIV rate in our country, and also teenage pregnancy…” male learner

“Abstinence helps us to complete school, it make us aware that sex is not right when we are still young…” male learner

“The advantage will be to stop sex and you will leave friends that love sex, friends that go to the taverns and date grownups…” female learner

4.3.4 Challenges of (about) abstinence

Challenges mean all the things that make abstinence hard to practice among teenagers.

Buying her everything the girl wants is one challenge and the following statements indicated this:

“…I think teenagers are faced with challenges because you’ll find that sometimes your friend is dating and her boyfriend is buying her everything she wants, and you on the other side are not dating and you don’t have anything you want, so that becomes a challenge to you and you start doing what your friend is doing so that you can get the things she gets”… female learner
“…Teenagers usually get peer-pressure from their friends. They have sex because their friends have sex.” male learner

“I also say its friends because we talk as friends about what we do in our relationships with our partners. So we judge each other with how often we have sex and that makes us to end up impregnating a girl…” male learner

Enjoyment of sex is the second challenge. This is illustrated by the following:

“I think that many people like to have sex, they are influenced by their friends…” female learner

“Others tell their friends of how much they enjoyed sex. And others watch pornographic movies, especially boys…” male learner

“I think teenagers should abstain because they don’t stop telling us about how much they had sex and how much they have enjoyed sex…” female learner

Lack of experience is the third challenge indicated by the following participant:

“…they tell you that if you don’t engage in sexual activities you’re a stupid and you won’t get enough experience with sex and even when you’re married your partner will divorce you because of lack of experience in sex…” female learner

Influence of myths, which are perceptions teenagers’ link to certain behaviours is the forth challenge indicated by the following statements:

“…Your friends will come to you and tell you to go have sex just like they did and that after sex you will look more beautiful…” male learner

“…because they tell you that if you are a virgin now then you’ll remain as you are and when you reach the age of 18 it will be impossible for you to have sex because your vagina will be blocked…” female learner
“I spend most of my time with boys that like to hurt each other’s feelings by saying if you are a **virgin you are a stupid** so those who have sex with lots of girls they call themselves “Generals” and us who don’t have sex they call us “Idiots”. Sometimes you wish to be like them and you want to try having sex too…” male learner

“…Because our friends who already lost their virginity tell us that if we lose virginity after the age of 18 it **is going to be very painful experience and you can easily fall pregnant** then…” female learner

Lack of knowledge about abstinence was identified as a fifth challenge, indicated by the following:

“I think what pushes teens to change from being a virgin to engaging in sexual activities mostly is friends and lack of knowledge of abstinence because **you do things you don’t know** about and end-up regretting them…” female learner

Influence of alcohol and drugs was the seventh challenge. The following statements indicated this:

“…I think is when you went to a party and end up drinking alcohol, after you are drunk you lose control of yourself…” female learner

“I think it is the taverns, when girls are drunk they end up leaving with people they don’t know. When that person buys you alcohol, you must repay him with your body, by having sex with him…” female learner

“Sometimes you get drugged and you end up sleeping with the person who drugged you even though you don’t want to sleep with them…” female learner
“Lots of boys come to school after smoking ‘nyaope’ and they make you smoke it too and end-up having sex with them…” female learner

Love of money and material things among the teenagers were also identified as a challenge to practicing sexual abstinence. This is illustrated by the following.

“If your friend is rich and you on the other side are always broke, your friend can force you to go with them wherever they go and when you get there they start to have sex you are forced to join in and have sex because your friend is forcing you to…” female learner

“…You then see them with beautiful cars at school and you too get entertained by those things and you want to see yourself in similar cars, the big cars that you don’t have at home…” female learner

“Adding to that, some are attracted to cars and clothes that their friends have, so they end-up having sex in order to have those things…” female learner

“…It’s like today I park a sugar daddy’s car at my gate so I have sex him and he gives me money. I like cars and I can’t hide it. We don’t have a car at home and I want to see myself in an Audi Q7, so obviously I have to make a plan and date a guy who owns one so that I can ride in it too…” female learner

“Families are not the same, some have money and others don’t so the teens that don’t have money at their homes end up having sex in order to get the money…” male learner

Exposure to communication channels was also mentioned by the participants as a challenge to practicing abstinence, this is supported by the following statements.
“…Also facebook and mixit, they make teenagers not to abstain from sex. Because once you start chatting on face book, you see his profile pictures; he shows his cars, his house and his life. You start to want to connect with him so that your life can improve too...” female learner

“ Mostly, teenagers see sex on TV and they also want to have sex just as they saw it on TV...” female learner.

“...teenagers start sending each other pornographic videos with their cell phones and end-up wanting to do what they see on the videos, and have sex...” male learner

“...More teenagers chat on their cell phones using mixit and they meet people on the mixit who bribe them with money. They talk to people they don’t know on their cell phones and they offer sex in exchange for money...” male learner

(i) Pressure from other relatives is the ninth challenge. Some participants indicated that pressure to have sex also comes from relatives, including cousins etc.

“Even at home you’ll find your cousins asking you that why aren’t you dating when you are so beautiful. They will say that you must do like them and have a boyfriend. They will tell you about a certain guy and you will also start being interested. When you meet that guy he will also lie to you and promise you impossible things and you will fall in the trap and get fooled...” female learner

“Our brothers tell us that if you are a person you must have a girlfriend that you can have sex with, but I usually tell my brother that I don’t want to
have sex because I’m still very young so our brothers are the once that pushes us to do things like that…” female learner

4.3.5 Too much information about sex

Information about sex means knowledge about what sex is and its effects to them and their future. The following statements illustrate this:

“… Like at school we are being taught about sex, so you end-up wanting to experience about this thing they teach you about so much, it’s like that…” male learner

“Yes at school they never said we must go and have sex but they teach us about it, therefore teenagers want to know why they are being taught about sex every day, because even if I don’t want to do it now I end-up gaining interest to know how it feels. So I want to know if what they teach me it’s true or not…” male learner

4.3.6 Reasons for abstinence

The participants were asked about reasons that persuade teenagers to say ‘no’ to sex. The following reasons were identified by the participants:

Fear of unwanted pregnancies and diseases such as AIDS. This means that teenagers are afraid of being infected with deceases and having unplanned babies. The following statements illustrate this:

“People abstain from sex because they fear to fall pregnant. Eish, what comes to mind is diseases, I am afraid of diseases…” male learner

“Some teenagers don’t want to be parents, so they are forced not to have sex because of the fear of being young parents…” female learner
“Yes teenagers do abstain because they want to help themselves. But some give diseases as a reason for not having sex…” male learner

“…I don’t want to have unwanted pregnancy therefore I am choosing to abstain from sexual activities…”, female learner

Fear of being hurt and disappointed by their sex partners. This means the emotional harm that might result from being in a sexual relationship. The participants showed the knowledge and understanding of the consequences of being sexually active. This is illustrated by the following statements:

“Things that make teenagers to say they don’t want to have sex mostly is that, if you have been hurt by the first partner and the second partner also hurt you it’s then you realise that they didn’t love you and you start to pull back from sexual activities…” female learner

“…you find your friends having babies and due to that you tell yourself that you don’t want to end-up just like them so you stop engaging in sex…” female learner

“…because the relationship is not progressing or you see that you might get hurt or because of many diseases, or because your partner wants sex and you don’t…” female learner

4.3.7 Barriers to practising sexual abstinence

Throughout the discussions with teenagers, they revealed that there were many barriers to abstaining from sexual activities. These include poverty, lack of money and use of alcohol and drugs. This is illustrated by the following statements from the participants:

(a) Poverty
“I think it’s poverty, if they don’t have money teenagers end up having sex…” male learner

“…I think that teenagers that have sex do it because of child-grants…” male learner

“Some are struggling at home money wise so they want to make money the wrong way; they have sex with sugar-daddies…” female learner

(b) Money

“Some say they do have sex because nobody cares about them at home. When they ask for money to go to school instead they are being told things like “why are you dating if you don’t have money?” that is why they have sex…so they can get money…” female learner

“…because teenagers don’t have relationships with other teenagers but with adults due to the fact that adults work at the mines and they have money…” male learner

“If you don’t have money for school trips you end-up having sex in order to get the money…”, female learner

(c) Proving the strength of your love

“Another reason we give for having sex is that we tell each other as friends that when you have sex you strengthen your relationship with your partner, because it’s not easy to break up the relationship with the person you had sex with…” male learner

“Some have sex to prove to their partners how much they love them…” female learner
4.3.8 Knowledge about secondary abstinence

Secondary abstinence refers to people who are sexually experienced but choose to abstain from sexual activities. The participants were asked about secondary abstinence in order to determine their level of understanding of abstinence. Data showed that all the participants were not aware of secondary abstinence nor did they have understanding of the meaning of secondary abstinence. The statements such as “We don’t know it. It’s for the first time we hear about it” were common in all the focus groups discussions. This is illustrated by the following statements:

“…I think it’s like when you don’t engage in sexual activities at all…” male learner

“… I think that it is people who are addicted to sex…” male learner

“…I think is like controlling yourself for a long time and to give advises to people and telling children not to have sex…” female learner

“…”Is to have sex willingly and unwillingly at the same time…” female learner

4.3.9 Who promotes abstinence?

The participants were asked about how and where they learnt about sexual abstinence and the data showed that the parents, teachers, nurses, religious leaders and guardians play a major role in educating the youth and encouraging them to stay away from sexual activities. The following quotes support that:

“Sometimes teens listen to their mothers when the mother says “don’t do this” they don’t do it because they know that there are consequences …” female learner

“Also at the schools and clinics and our parents tell us too, especially if your parent is a nurse like myself, she will tell me that she sees people
who have AIDS daily and that after AIDS you can't survive…” female learner

“…Even at home they tell me always that if I fall pregnant I am on my own they are not going to help me. So I have to keep that in my mind that I have to engage in sexual activities when I finish school…” female learner

“Many things that make people to stay abstinent is teachers, especially the Life Orientation teachers who teaches children about sex and also that sex is not good for children…” male learner

As in the participants’ community; Christianity is the main religion. It is regarded as a tool that promotes good morals and thereby sexual abstinence. And this is illustrated by the following statements:

“Sexual abstinence helps because when you read the bible it says “sex before marriage is a sin” so if you are afraid of God you will know things that you don’t have to do…” male learner

“Sometimes going to church is right because during the youth ministries you get informed and they tell us that we are not supposed to have sex before marriage and we also help each other with opinions…” female learner

4.3.10 What needs to be done to encourage teenagers to abstain?

The participants were asked about what they thought could be done to encourage teenagers to abstain from sexual activities and they showed interest in talking and learning more about sexual abstinence.

Knowledge of abstinence: Lack of knowledge about sexual abstinence and secondary abstinence was a prominent barrier. This is illustrated by the following
statements from the participants:

“I think the community need to stop telling people about sex but tell them about abstinence instead…” male learner

“Yes, they need to call a teenager’s meeting and explain abstinence to them. They must not tell them about sex but about sexual abstinence instead, and keeping your virginity until you matures…” male learner

“Community must call all youth and tell them about sexual abstinence. That if you choose to abstain, what will you get from it and what is good about it…” male learner

“…I think our own parents should sit us down and talk about sexual abstinence…” female learner

Sports facilities: Another factor was the lack of sport facilities; therefore teenagers indicated that the availability of such will help them to engage less in sexual activities. This is illustrated in the following quotes:

“The community can build sports facilities that we can go to after school and engage in sports, so that we won’t be bored and end-up thinking about calling your lover to visit you…” male learner

“I think the community can form netball, soccer and swimming clubs and there should be boys and girls talks. Because teens today when their bored they take their phones and call their lovers and then engage in sexual activities…” female learner

Discipline among teenagers was also recognised as a factor that needs to be dealt with. And this is illustrated in the following statements:

“…I think the community should just punish them with corporal punishment…” male learner
“Parents at home should give their children a hiding because children don’t listen; the only thing they understand is corporal punishment. male learner

“… The parents must stop buying their children cell phones…” female learner

Reduction of sexual activities. Few participants pointed out that the reduction of sexual activities in people’s lives can encourage abstinence.

“People should reduce sex in their lives…” male learner

“Parents must give teenagers rules to not be with boys and to stop having sex…” male learner

“Teenagers must stop dating in order to avoid unwanted pregnancies and they must go to church and avoid parties…” male learner

Culture, meaning the way people do things. One participant indicated that going back to cultural observation can assist encourage sexual abstinence among teenagers, and this is illustrated in the following quote:

“…There are certain cultures like the Zulu culture where girls from the age of 13 or 14 are subjected to virginity testing. I think that our community can do the same thing because teenagers would stop to have sex due to the fear of being humiliated if they are found not to be virgins…” female learner

We observed confusion over the term “abstinence”, in age, gender and sexual experience. However, the concept of choosing not to have sex, was clear and relevant to the participants. The data shows that the perceptions on sexual abstinence is determined by the (1) individual’s fears, self protection, peers,
morals and knowledge about abstinence; (2) desire for better future and escape poverty; (3) love of material things and attraction to social networks; (4) abuse of alcohol and drugs; and (5) a good communication, warm and close parent-child relationships. Sex is still something powerful and continues to generate inquisitiveness among teenagers.
Chapter 5: Discussions of Findings, Conclusions and Recommendations

5.1 Introduction

This chapter presents a discussion of the findings of the study. The findings are discussed in line with the main aim and specific objectives of the study laid out in Chapter 1. The key factors identified in the presentation of the results in Chapter 4 are used to guide the discussions in this chapter. The key factors include abstinence as protection, abstinence as way of securing a better future, advantages of practicing abstinence, challenges about abstinence, too much information about sex, reasons for abstinence, barriers to practicing sexual abstinence, knowledge about secondary abstinence, who promotes abstinence and what needs to be done to encourage teenagers to abstain.

5.2 Socio-demographic characteristics

Six Focus Group Discussions were conducted with a total number of 50 participants comprised of 26 girls and 24 boys. The mean age was 16 years (range 15 – 17 years) for the girl participants and 17 years for the boy participants (range 15 – 18 years). All study participants were unmarried.

Among the male participants, 48% were currently in a relationship in which they have sex; and 52% among female participants. Among the female participants, 52% had been practising sexual abstinence and 48% for the male participants. The mean age at first experience of sexual activities was 16 years among female participants and 17 years among male participants.

5.3 Discussions of the Results

This section of chapter 5 discusses all the findings presented in chapter 4 according to the themes identified.
5.3.1 Abstinence as protection

Although many participants advocated sexual abstinence because it seems unambiguous; the confusion over the term “abstinence” was clearly noticeable. Even though most participants came from the same district, the degree of confusion observed across participants of different ages, grades and gender suggests a more pervasive issue than a shortage in school-based sex education. The 15 -16 year old participants struggled to come up with a coherent definition of abstinence, whereas the older participants had less difficulty. When asked what comes to mind when they hear of the word abstinence, nearly all participants expressed the fear of diseases (i.e. HIV/AIDS), fear of pregnancy, morals, protection and prevention as a potentially effective influence of practising abstinence.

Knowledge regarding prevention, protection and advantages of practising sexual abstinence was high among both male and female participants. Not all the participants had heard of sexual abstinence but all had heard of AIDS and stated that it is fatal. These study findings are similar to findings by Kabiru and Ezeh (2007) Ott et al., (2006) and Koffi and Kawahara (2005). Most participants agreed that abstinence helps to prevent unwanted pregnancy and reduce HIV infection rate. Some also pointed to sexual abstinence as a means to avoid diseases and often referred to Christianity religion to confirm the meaning of the word. None the less, some participants identified sexual abstinence as an unnatural or even unhealthy practice.

In their explanation, most participants seemed to explain it as the measure one has in order to prevent HIV/AIDS and unwanted pregnancies. In light of this, participants expressed sexual abstinence as an approach leading towards promoting protection against emotional and physical health hazards, rather than primarily leading towards promoting physical health and well-being. Even though the participants seemed to know much more about sexual issues, they showed eagerness to talk about sexual abstinence and the issues around it.
When they were asked further about sexual abstinence, most participants responded with the answer related to protection methods such as condom use and contraceptives. The participants also stated that if one chooses to engage in sexual activities, the only effective way to avoid diseases and preventing unwanted pregnancies is to use condoms. Furthermore, most participants agreed that most of the HIV infections in South Africa are as a result of sexual contact, so they indicated that sexual abstinence would decrease unwanted teenage pregnancies and many diseases in our country, and that condom use is not hundred percent protective, therefore, sexual abstinence is the best method for prevention in their opinion.

Furthermore, the participants felt that falling pregnant within the ‘wrong’ relational situation can have negative implications both for existing as well as for possible future relationships. Echoing their views surrounding the ‘bond’ that the sexual act itself can forge between two people; the participants felt that this reproductive bond could too be a burdensome connection not only health wise but also financially. Specifically, participants felt that an unexpected pregnancy can force an undesirable yet unavoidable long-term connection between two people. Abstaining from sexual relationships was viewed as a means of avoiding this.

Data also shows that the participants fear HIV/AIDS, single parenthood, adolescent parenthood, unemployment, and not having a bright future, as a result they thought that it is necessary for all the teenagers to abstain in order to avoid these. This data supports findings from Abbott (2000) who maintained that with so many diseases and problems facing today’s world, abstinence is the only way to protect us. Therefore, sexual consequences can affect every individual, young and old, and as a result, sexual abstinence is a matter of all, in the participant’s opinion.

5.3.2 Abstinence as a way of securing a better future

Data shows that the participants learnt of sexual abstinence from different sources such as parents, teachers, health workers and the media. Many
declared that it was during their visit to the clinics, school subjects, and at home, that they were equipped with the understanding of sexual abstinence. It has served as their decision making tool to delay sexual activities and to focus on their future goals. Others indicated that there are negative consequences (i.e. unwanted pregnancies and infectious diseases) that follow engagement into sexual activities and that the word abstinence is like refusing to engage in sexual activities even if you don’t want to.

In addition, being young parents and poor to even take care of yourself was worth delaying sex as much as possible. Having a dream to achieve or setting future goals, such as completing school and obtaining a good profession was preferred in contrast to the negative consequences that comes with being sexually active. As the participants described abstinence as a better way to a bright future, it also gave the notion that accomplishment, both in education and good health, is what all are striving to achieve.

5.3.3 Advantages of practicing abstinence

The data indicated that there is a guaranteed prevention and protection from diseases (i.e. AIDS) and unwanted pregnancies, and also a definite long life span when sexual abstinence is practiced. The participants understood and believed that abstaining from sex will help to reduce the HIV rate infections in our country. The feeling of freedom from concerns and psychological freedom were preferred by the participants as they express their opinion on the good that can come out of practising abstinence. Similar findings were reported by Lickona and McDowell (1994) who maintained that even if diseases and pregnancy are avoided, every sexual encounter outside of a mature and marriage carries the risk of negative psychological, relational and social consequences.

Respect, having a good reputation and making your parents proud showed to be good reasons for not having sexual intercourse. This is supported by Ott et al., (2006) and Koffi and Kawahara (2005) in their findings. Therefore, the participants concluded that when practising sexual abstinence it is impossible to
conceive an unwanted pregnancy and by avoiding exposure to sexual intercourse, one may also avoid STIs.

### 5.3.4 Challenges of abstinence

The data shows that peer pressure plays a major role in decision making amongst teenagers. The participants stated that communication about sexual engagement among teenagers is intense and this communication comes with norms made by teenagers themselves to spread to their peers. This indicates that there is still lack of knowledge amongst teenagers about why and when to engage in sexual activities. Subsequently, more teenagers are relying on others’ idle talk and experiences to make their own decisions on whether to engage or postpone. This was also stated by one of the participants who said that this is lack of knowledge on her part because she ends-up doing things of which she is not well informed only to regret them later. Mostly it starts as a pleasurable thought in the mind and then gets changed to communication and idle talk among teenagers, and thereafter manifests as an activity or practice. Therefore, there is more building-up of curiosity among teenagers which builds and interest and then later followed by an action to fulfil that interest, but the biggest motivation of sexual activities among teenagers remains peer-pressure.

Furthermore, alcohol and drugs where mentioned as stimuli of sexual talk among teenagers. Love of material things and poverty where also stated as some of the factors that make teenage girls decide to engage in sexual activities in order to obtain material goods. This is very disturbing, especially now that South African youth are at high risk of HIV infection and also the relative vulnerability of young people to social pressure to have sex.

Many myths were referred to by the participants such as ‘your partner will divorce you if you are inexperienced with sex’; and ‘you need to lose your virginity before reaching the age of 18’, were prevalent and were presented as creating a challenge for the teenagers to practice sexual abstinence. Sexually abstinent teenagers can be subject to stigmatization by peers who conform to dominant
norms which attach value to sexual experience more generally. This was the experience of some of the participants. For example, a male participant, described being labeled an ‘idiot’ by other boys in his class because he is still a virgin, while his classmate is known to be called a ‘general’ just because of his having engaged in sexual activities. As a result, he was left feeling both angry and inferior. In light of this, for a boy, losing his virginity was portrayed as something that actually made him more ‘manly’.

School life was associated with much social competition and isolation. Beautiful clothes and expensive brand-names were perceived as vehicles of attraction to engaging in sexual relationships and also an opportunity to acquire them was taken assertively even if it meant to engage in sexual relation with the person who has them.

Some participants identified some social networks and cell phones as contributing to this challenge of practicing and maintaining abstinence. For example, one girl participant stated that “… ones you start charting on face book, you see his profile pictures, he shows his cars, his house and his life; you begin to want to connect with him so that your life can improve too”. Additionally, the participants indicated that pornography that teenagers are forwarding to each other and also chatting to unknown people on social networks makes it difficult for them to practice and maintain abstinence.

5.3.5 Too much information about sex

One of the participants stated that too much sex education makes him curious to experience it for himself. This boy understood the importance of sex education at schools but to him he felt like his interest in sex starts to develop the more he learns about it. This means that the teenagers are well informed about sex, they talk about it everywhere and they end up being curious to experience it.

But the reality is, sex education is very important in our school curriculum for our teenagers to be able to make well-informed decisions regarding their sexual engagements. Maybe it should also integrate the abstinence aspect more. These
findings support the results by Long-Middleton et al., 2012 which stated that understanding the motivations of adolescents who abstain from or delay first intercourse may provide clinicians with valuable insights that can contribute to the development of interventions to reduce pregnancy and STIs. Therefore, the same motivations can be exploited to provide direction in the development of abstinence education curriculum.

Data also shows that teenagers talk a lot about sex among each other, they tell each other about their sexual relationships and the goings on within those relationships. The findings revealed how the participants are well informed of HIV/AIDS and condom use and these are the most discussed issues among the youth.

5.3.6 Reasons for abstinence

Building on the current study which found strong parent-family connectedness, religiosity, morality, and fear of consequences of intercourse as predictors of abstinence, the response of older adolescents (aged 17 to 18 years) was fear, which may indicate their understanding of potential risks associated with sexual behaviours. Most respondents cited the adverse consequences of sexual intercourse—STIs (predominantly HIV/AIDS) and unwanted pregnancy. Subsequently, these fears of pregnancy, STIs, parental disapproval, getting caught and emotional hurt were mentioned by most participants as the major reasons why teenagers would choose to abstain from sexual activities. Fear is a factor in predicting abstinence; this statement is supported by Kaljee et al., 2007; Loewenson, Ireland, & Resnick, 2004 in their findings. Most girls than boys, expressed these reasons for abstinence.

These are similar to findings by Kabiru and Ezeh (2007). Some participants indicated that the thought of their future and what they want to achieve in the future is reason enough for them to abstain from sexual activities. Others explained that by looking at others’ bad experiences such as being a young
parent and end up leaving school all together, they learn from others’ mistakes and choose to abstain from sexual activities.

5.3.7 Barriers to practising sexual abstinence

The results of the current study revealed that poverty, lack of material things, and love of money are some of the major barriers to abstinence among teenagers. It is very alarming to have noted that some teenagers engage in sexual activities due to the fact that they are in search of care because they don’t get it at home. One participant gave for non-abstinence among teenagers is ‘relationships with adult men’, as the adults work and can provide for their needs.

The participant further explained that adult men have money and good material things and in order for teenage girls to have that money they need to give sex in return. Does this mean that poverty can lead teenagers to not practice abstinence? By implication, these findings point to the need for educational programs that discuss a wide range of the effect of poverty as one of the non-abstinence rationale.

The results further show that there is a poor of body image and self worth among teenage girls. teenage girls need to be shown how important they are in the communities and that they can achieve anything they want for their future through good education, not sex. They need to be shown that they don’t have to sell their bodies in exchange for money and non monetary materials. More work still needs to be done with teenage girls to educate and motivate them to grow up to be independent young women, especially in the rural areas. Moreover, data indicated that majority of the participants reported that myths play a major role in non-abstinence among teenagers. These myths were identified as ‘strengthening the relationship’, ‘proving your love’, ‘painful virginity losses, and ‘becoming mad as a virgin’.

5.3.8 Knowledge about secondary abstinence
When participants were asked about the meaning and understanding of secondary sexual abstinence, all were hesitant and stated that they did not know the meaning of the word and it was for the first time they heard of it. It really was confusing terminology to them. Quotes such as, “I think that secondary abstinence is when young children do grown-ups things”, it proves that there is a need that program planners, policymakers, and clinicians to use the wording that is too vague when discussing sexual abstinence.

The participants showed little understanding of secondary abstinence but it is shown in the data that in one way or the other, some participants have been practicing or they know of someone who has been practising secondary abstinence. Hence the term ‘secondary abstinence’ is not well understood by the participants but the concept is.

5.3.9 Who promotes abstinence?

The data revealed that participants were motivated from different sources to practice sexual abstinence. Most mentioned that parents, especially mothers, play a vital role in educating them about sexual abstinence and that they follow what their parents practice and tell them. A quote from the one of the participants in the current study illustrating this support was, “Sometimes teens listen to their mothers when the mother says “don’t do this” they don’t do it…” and “…Sometimes your mother makes you not to have sex…” and further illustrated the that strong parent-adolescent relationships are a potent predictor of sexual abstinence, also supported by Resnick et al., 1997, in their study. Others pointed to teachers (i.e. Life Orientation teachers) to be the motivators to abstinence.

The data also showed that participants value effective communication as an essential aspect of parent–child connectedness, and associated it with improved developmental, health and behavioral outcomes in adolescents. The current study findings are similar to findings by Ackard, Neumark-Sztainer, Story, & Perry, 2006; Boutelle, Eisenberg, Gregory, & Neumark-Sztainer, 2009. Parental social and emotional support with menarche (first menstrual period) contributes
to emotional wellbeing during adolescence and positive adjustment to puberty among adolescent girls (Greif & Ulman, 1982; Koff & Rierdan, 1995; McPherson & Korfine, 2004; Ruble & Brooks-Gunn, 1982; Swenson & Havens, 1987). It is obvious that communication between parents and children also helps teenagers to acquire the knowledge and skills needed for avoiding sexual risk taking and postponing engagement in sexual activities.

Decision-making around sexual abstinence, and pre-marital sexual abstinence specifically, was also bound up in religious values and moral codes. The high value placed upon the institution of marriage, and values around pre-marital sexual abstinence which were repeated by some participants were clearly fixed. The statement such as “sex before marriage is a sin”…were presented to be teaching, enforcing and encouraging to the participants to refrain from sexual activities. Religiosity or commitment or devotion to religious faith was also found to be another key predictor for adolescent abstinence, by Doss et al., (2007); Halpern et al., (2006); Rostosky, Regnerus, & Wright, (2003) in their studies. Doss et al., (2007) in their study also found religious activities appearing to be a protective factor in delaying intercourse for teens aged 13 to 14 years and reduce the likelihood of coital debut for adolescents aged 15 to 21 years, independent of demographic factors and number of romantic partners.

Also, health facilities such as clinics were pointed out as places where most teenage girls learn more about sexual abstinence. The participants mentioned that the clinics use reading materials such as pamphlets and posters to spread the message of abstinence. Health educators from the local clinic also visit their school regularly to reinforce the education.

The community as whole was identified as a mirror for the teenagers as what happens within the community ultimately will influence teenagers’ behaviour and their attitudes towards sexual abstinence. One participant stated that learning more about sexual abstinence is assisting them as teenagers to remind themselves that sex is not essential in a relationship. Amenities such as sports facilities and more community education about sexual abstinence were identified.
to be good motivators and promoters of sexual abstinence among teenagers. Helpful, stable and integrated family environments, parent-child communication, positive parental role models appeared to play a role in sustaining good practices such as sexual abstinence. This is similar to the findings by Morrison-Beedy et al. (2008), who also found that advice, warning and guidance from an important person were reported to motivate adolescents to avoid or postpone sexual activity. The importance of relationships with like-minded peers, with whom the participants can identify, and find confirmation and acceptance, also appeared to play an essential role in empowering the teenagers to resist pressure to conform to dominant sexual norms.

5.3.10 What needs to be done to encourage teenagers to abstain?

It is clear from the data of the current study that the participants know that effective communication with someone very close to them or a role model will help them in their decision to abstain and also to delay their sexual engagements. These role players were identified as parents mostly, teachers, community leaders and health care givers.

Furthermore, Resnick et al., (1997), found in a seminal study investigating predictors of long-term adolescent health outcomes that abstinence was demonstrated to be associated with a higher level of parent-family connectiveness, and these findings further support the data of the current study. The participants indicated that the positive influence of parental involvement for primary abstainers is the first step in the list of things that can be done in order to achieve such an impediment.

5.4 Conclusions

The findings of this study confirm that concerns surrounding emotional and physical health outcomes associated with sexual understanding were the key driving force behind decision-making around sexual abstinence. Sexual abstinence is an approach for promoting protection against emotional and
physical health hazards. The findings propose the need to review the manner whereby ‘safe’ and ‘unsafe’ sex are conceptualised by sexual health promotion campaigns and interventions. For the participants in this study sexual abstinence leads up to a ‘protective’ relationships and future goals.

Furthermore, interventions need to move beyond the assumption that individuals knowingly have their physical health in mind when they choose to take up certain sexual practices. The understanding and the meaning around sexual abstinence was found to be a protective and preventive decision, linked up in the meaning the participants attached to sex, values and ideology surrounding marriage, as well as signs of morality. Following this, sexual health promotion campaigns and interventions need to be developed with an understanding of the meaning and the value individuals attach to sexual abstinence, rather than viewing sexual abstinence in individualistic, behavioural terms.

There is a need to develop insight into how teenagers can refuse to accept norms which lead to having sex. Sexual abstinence is viewed as protective and preventative measure by the participants, but this was not the case to some teenagers when coming to poverty and lack of material goods.

5.5 Recommendations

Based on the findings of this study, the researcher therefore recommends the following:

An abstinence-based sex education ought to be integrated in the school’s curriculum, such as Life Orientation, to encourage more dialogue around the issues of abstinence. Education on the use of alcohol, poverty and social networks must also be reviewed as they exacerbate the current challenges to practising abstinence. Subsequently, they should be considered when designing abstinence promotion programs. In light of this, sexual health promotion campaigns and interventions need to be developed with an understanding of the meaning and the value teenagers attach to sexual abstinence. This is significant
to note, as such program could form the foundation for resisting to bad peer-pressures among school teenagers.

5.6 Limitations of the Study

The study was conducted basing on a sample of 6 Focus Group Discussions (FGDs) of 8 participants each, at the Meriting secondary school which is situated in the village of Kgabalatsane in the North West Province. Although an attempt was made to include more teenagers as possible, the participants' background was not adequately diverse. Therefore, the findings of the current study cannot be generalised to the whole Meriting secondary school teenagers, the Kgabalatsane community or to the entire South African teenagers.

The data were based on self-reports, which may be inaccurate as a result of socially desirable responding. Further limitations include the use of a small purposive sample of 50 teenagers. Although this sample of teenagers was drawn from 110 adolescent young women and men; the size, the non-probability sampling method, and the predominantly qualitative exploratory approach limit generalisability of the findings.

In addition, the use of interview schedule did not allow for expansive expressions about abstinence. However, anonymity for the participants does facilitate open and honest responses, concise as they may have been.
References


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Wamoyi et al. (2010), Transactional sex amongst young people in rural northern Tanzania: an ethnography of young women's motivations and negotiation. Reproductive Health 7:2. journal.com/content/7/1/2. http://www.reproductive-health


APPENDICES

Appendix A: MREC Certificate

UNIVERSITY OF LIMPOPO
Medunsa Campus

MEDUNSA RESEARCH & ETHICS COMMITTEE

CLEARANCE CERTIFICATE

MEETING: 07/2010
PROJECT NUMBER: MREC/H/167/2010: PG

PROJECT:
Title: Exploring adolescents understanding and attitudes towards sexual abstinence at Mertiing Secondary School, Kgabalatsane

Researcher: Ms M Morabe
Supervisor: Ms S Madiba
Department: Public Health
School: Health Care Sciences
Degree: MPH

DECISION OF THE COMMITTEE:
MREC approved the project.

DATE: 09 September 2010

PROF. GAOGUNBANJO
CHAIRPERSON MREC

Note:

i) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.

ii) The budget for the research will be considered separately from the protocol.

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

African Excellence - Global Leadership
Appendix B: Permission Letter 1

43 Morgenhof
Waterbok Street
Pretoria-North
0116

Meriting Secondary School
Kgabalatsane
Mr. Mokwena (Principal)

Request for Permission to conduct a study in Meriting Secondary School
Please consider my request to undertake a study on exploring adolescents understanding and attitudes towards sexual abstinence.
I am currently enrolled for a Master of Public Health (MPH) Degree at the School of Public Health, University of Limpopo (MEDUNSA Campus), and am therefore required to submit a research report in partial fulfilment of my degree. The study aims to exploring adolescents understanding and attitudes towards sexual abstinence.
My study proposal is still to be reviewed by the Research and Ethics Committee of the National School of Public Health and the MEDUNSA Research and Ethics Committee.
I hope that the findings from the study will assist in understanding the teenagers’ perceptions on towards sexual abstinence. These findings will also help the health professionals and policymakers to effectively address these issues and to shape effective health interventions designed to reduce adolescent’s risk of HIV and unwanted pregnancies.

I hope that my request will receive your favorable consideration.
Yours faithfully

Maria Morabe (Miss)
Mobile: 072 171 2426, Work: 012 421 0130, E-mail: MorabeMM@saps.org.za
Appendix C: Permission Letter 2

43 Morgenhof
Waterbok Street
Pretoria-North
0116
23 June 2010

RE: Provincial Department of Education &
The School Governing Body

Dear Sir

Request for Permission to conduct a study in Meriting Secondary School
Please consider my request to undertake a study on exploring adolescents understanding and attitudes towards sexual abstinence.
I am currently enrolled for a Master of Public Health (MPH) Degree at the School of Public Health, University of Limpopo (MEDUNSA Campus), and am therefore required to submit a research report in partial fulfilment of my degree. The study aims to exploring adolescents understanding and attitudes towards sexual abstinence.
My study proposal is still to be reviewed by the Research and Ethics Committee of the National School of Public Health and the MEDUNSA Research and Ethics Committee.
I hope that the findings from the study will assist in understanding the teenagers’ perceptions on towards sexual abstinence. These findings will also help the health professionals and policymakers to effectively address these issues and to shape effective health interventions designed to reduce adolescent’s risk of HIV and unwanted pregnancies.

I hope that my request will receive your favorable consideration.

Yours faithfully

Maria Morabe (Miss)
Mobile: 072 171 2426, Work: 012 421 0130, E-mail: MorabeMM@saps.org.za
Appendix D: Consent Form

UNIVERSITY OF LIMPOPO (Medunsa Campus)

Statement concerning participation in a Research Project

Exploring adolescents understanding and attitudes towards sexual abstinence in Kgabalatsane

The aims and objectives of the proposed study were explained to me and I was provided the opportunity to ask questions and given adequate time to rethink the issue. I understand that participation in this study is completely voluntary and that I may withdraw from it at any time and without supplying reasons. I know that this study has been approved by the Medunsa Campus Research and Ethics Committee (MCREC), University of Limpopo (Medunsa Campus). I am fully aware that the results of this study will be used for scientific purposes and may be published. I agree to this, provided my privacy is guaranteed.

I hereby give consent to participate in this study.

……………………………………… ………………………………………
Name of participant Signature of participant

……………………………………… ………………………………………
Place Date Witness

Statement by the Researcher
I provided verbal information regarding this study
I agree to answer any future questions concerning the study as best as I am able.
I will adhere to the approved protocol.

……………………………………… ………………………………………
Name of Researcher Signature Date
## Appendix E: Demographic Questionnaire

### English version

Respondent pseudonym: ______________

Date of focus group interview: ____/_____/______

| 1. Age |  
| 2. Gender | Male | Female |
| 3. Current Education Level (select one) | Grade 8 | Grade 9 | Grade 10 |
| 4. I am living with (select one) | Both parents | Single parent | Other (specify) |
| 5. I am currently (select one) | Dating | Not dating | Never dated before |
| 6. I am currently (select one) | Abstinent | Not abstinent |
| 7. How long have you been sexually abstinent? | Years | Months | Weeks | Days |
| 8. How long have you been practicing sexually activities/ not sexually abstinent? | Years | Months | Weeks | Days |

### Tswana version

Leina la motsaya karolo:

Letsatsi la dipuisano: ____/_____/______

| 1. Dingwaga |  
| 2. Kgetha e leng | Mosimane | Mosetsana |
| 3. Boemo ba thutho (kgetha e leng) | Gerata 8 | Gerata 9 | Gerata 10 |
| 4. Ke dula le (kgetha e leng) | Batsadi ba ba bedi | Motsadi a le mongwe | Ba bangwe (hlalosa) |
| 5. Se baka se (kgetha e leng) | Kena le molekane | Ga kena molekane | Ga ke so ka ke ba le molekane |
| 6. Se baka se (kgetha e leng) | Ke ikgatholositse thobalano | Ga ke a ikgatholosa thobalano |
| 7. O na le sebaka se se kae o ikgatholositse thobalano? | Mengwaga | Dikgwedi | Dibeke | Matsatsi |
| 8. O na le sebaka se se kae o ikamaganya le dilo ts ta thobalano? | Mengwaga | Dikgwedi | Dibeke | Matsatsi |
Appendix F: Focus Group Questionnaire

English version
Exploring adolescents understanding and attitudes towards sexual abstinence in Kgabalatsane

Thank you for giving assent to participate in this focus group interview, my name is Maria Morabe; I am a student at the University of Limpopo. I am talking to adolescent school learners who attend schooling at the Meriting Secondary School. I would like to know your perceptions about sexual abstinence. The discussion is about your meanings and your understanding of sexual abstinence. I would like to know circumstances that influence adolescents’ transition from abstinence to sexual activity.

Questions:
1. When you hear of the word sexual abstinence what comes into your mind? Why that.
   Probes
   • What do you associate abstinence with?

2. What is your understanding of sexual abstinence/ What do you know about sexual abstinence?
   Probes
   • How did you learn about sexual abstinence?
   • What kind of information did you received about abstinence?
   • How would you define/describe/explain what sexual abstinence mean/is?

3. What are some of the reasons teenagers give for abstaining?
   Probes
   • What is good about abstinence/not having sex?
   • What influences teenagers to decide to be abstinent?

4. What are some of the reasons teenagers give for not abstaining?
5. In your opinion should teens abstain from sexual activities? Please explain why you say so.

Probes

- Who in your opinion should abstain?
- When is it good or not good for teenagers to abstain?

6. In your opinions are teenagers in your community able to practice abstinence and why say so?

Probe

- What are some of the barriers/challenges for abstinence in your community?

7. What are the situations/issues in your community that push abstinent teenagers to engage in sexual activities?

8. What is your understanding of secondary abstinence?

9. Would you say is possible or not possible for sexually active teenagers to opt for secondary abstinence?

10. What are your opinions of abstinence as a preventative measure for HIV infection and for unwanted pregnancy?

11. What do you think should be done in your community in order to encourage teenagers to abstain from sexual activities?
**Tswana version**

Ke lebogela go ba le dumetse go tsaya karolo mo di patlisisong tse, leina lame ke Maria Morabe; ke moithuti kwa Unibesiti ya Limpopo. Dipatlisiso tse, ke di dira ka go buisana le baituti ba Meriting Secondary School. Ke batla go itse mogopolo kgotsa maiemogelo a lena mabapi le go ikgatolosa thobalano. Ke nyaka go itse gore ke eng se thhotholetsang baswa go fetoga go tswa go ikgatolosa thobalano go ya go ikamaganya le dilo tsa thobalano.

Dipotso:

1. **Ke eng se se tlago fo thlaloganyong ya gago ge o utlwa lefoko le “go se ikamanye le dilo tsa thobalano”?**
   **Dintlha**
   - O tshwantsha go se ikamanye le dilo ts wa thobalano le eng?

2. **O thlaloganya eng ka go se ikamanye le dilo tsa thobalano/o itsi eng?**
   **Dintlha**
   - O ithutile ka go se ikamanye le dilo tsa thobalano jang/neng?
   - O thotse phathlos o e jang ka go se ikamanye le dilo tsa thobalano?
   - O ka thlalosa jang gore go ikgatolosa thobalano ke eng?

3. **Ke mabaka a feng baswa ba a fang go ikgatolosa dilo tse tsa thobalano?**
   **Dintlha**
   - Keng se bothlokwa mabapi le go ikgatolosa dilo tse tsa thobalano?
   - Keng se se thhotheletsang baswa go tsaya tshwetso ya go ikgatolosa dilo tse tsa thobalano?

4. **Ke mabaka a feng a baswa ba a fang mabapi le go se ikgatolose dilo tse tsa thobalano?**

5. **Go ya ka kitsonape ya gago, a baswa ba tshwanetse go ikgatolosa dilo tse tsa thobalano? Thle efa mothlala gore o kaya jalo?**
   **Dintlha**
   - Ke mang go ya ka kitsonape ya gago a tshwanetseng go ikgatolosa dilo tse tsa thobalano go ya ka wena?
   - Ke neng fa go siame kgotsa go sa sima gore baswa ba ikgatolose dilo tse tsa go ikgatolose thobalano?
6. Go ya ka kitsonape ya gago, a go na le baswa ba oba itsing mo tikilogong ya gago ba ba ikgatolosang dilo tse tsa thobalano, goreng o re jalo?

Dintlha

- Ke matsapa a feng mo lefelong la lena a a dirang gore go ikgatolosa thobalano go be bioma?

7. Ke maemo a fe a gapeletsago baswa mo tikologong ya gago ba ba senang boitsanape ka thobalano go simolla dilo tse tsa thobalano?

8. O thlaloganya eng ka go ikgatolosa thobalano ya maemo a kwa godimo?

9. O ka re go a kgonega kgotsa ga go kgonege gore baswa ba ba setseng ba na le boitsanape mabapi le thobalano baka tsibogela go sebedisa mekgwa e meng ya maemo a kwa godimo go leka go ikgatolosa thobalano?

10. Thle re fe maikutlo a gago mabapi le go ikgatolosa thobalano ja ka o mongwe wa mekgwa ya go thibela bolwetsi bja HIV le go thibela pelegi e sa batlagaleng?

11. O nagana gore go tshwanetswe go dirwa eng go rotloetsa baswa go ikgatolosa sengwe le sengwe mabapi le thobalano mo tikilogong ya gago?