

nasengqondweni(15.5%) ibonise iimpawu ezichaza oko (13.7%). Omnye kubafana abahlanu (10.4%) ebenxunguphele kakhulu okanye eneempawu ezibonisa oko (9.4%).

Ukuqatsela kokunxunguphala emphefumlweni nasengqondweni kubonakaliswe kukuba abathathi nxaxheba abahlanu (5) kolu phando baye bazibulala emva kokubuzwa imibuzo yokuqala, yaye abanye baye bazama ukuzibulala. Xa besibabuzwa imibuzo, omnye kwishumi elininabini (8.2%) labafana yaye emnye kwiintombi ezimngamashumi amane (2.6%) bathe bakhe bacinga ngokuzibulala kwiiveki ezine phambi kokubuzwa imibuzo okokuqala. Ukuzibulala ngoyena mbulali kulutsha oluthabatha inxaxheba kolu phando, yaye yeyona nto yenza ukufa ngaphezu kweengozi nobundlobongela.

**Ithetha ukuthini le nto?**

Sikhe sive kusithiwa i-HIV ngoyena nobangela wokuzibulala kolutsha oluluke minyaka. Thina sifumanise ukuba iintombi ezine-HIV zinamathuba amabini nesiqingatha (2.5% times) okuba athi akhe acinga ngokuzibulala kuneentombi azingenayo i-HIV. Kodwa ke akakho namnye one-HIV kwaba bathathi-nxaxheba abathe bazibulala. Izizathu zokuzibulala bezingafani, kodwa uninzi lwazo bezihlangene neengxaki zokuthandana. Abanye beb enxunguphele ngenxa yezinto ezibheleleyo ezinje ngokudlwengulwa. Oku kuchaza ukuba kufuneka kubekwe phambili impilo-ngengqondo yolutsha njengeyona ngxaki ebalaseleyo. Bekufanele kubekho amaziko apho ulutsha lungafumana uthetha-thethwano nonyango ukuphelisa unxunguphalo abanalo. Ootitshala, iitshomi nabazali kufumenaka bayazi into yokuba iingxaki zokuthandana zingajiya ebantwini abangaka ngeminyaka.

#### Ukuxhatshazwa kotywala

Emnye kubafana abathathu (62%) kwaye emnye kisihlanu seentombi (21%) bakhe basela utywala. Uninzi lwabo bebengaseli qho, kodwa abafana abaninzi bekuthi apho basela khona baye ngamandla. Le nto ithetha ukuba basela ngendlela enobungozi. Yile ndlela iindlamanzi ezisela ngayo. Emnye kwisithathu sabafana bebesela utywala ngendlela enobungozi kubo nakwabanye abantu.

**Ithetha ukuthini le nto?**

Ukusela utywala kakhulu kuyingxaki kubafana abaninzi abathatha inxaxheba kolu phando. Izikolo, iintsapho, neenkonzozezempilo zidinga ukusebenzisana ukuzama ukutshintsha iindlela ulutsha olosuleleka ngayo, ingakumbi ukugqininisa ekuyekeni ukokuba ziindla-manzi.

#### Ukusetyenziswa kweziyobisi

Sibuze abathathinxaxheba ukuba bakhe basebenzisa uhlobo oluthile lweziyobisi. Umfana omnye kwabathathu (38.4%) nentombi enye kwangamashumi amabini (6.4%) bakhe basebenzisa iziyobisi. Intsangu nebenzene zezona ziyobisi ebezisetyenziswa.

#### Ulwaluko

Isiqingatha sabafana sele solukile (53.1%). Kwaba bolukileyo sisiqingatha (53%) esoluka, ngaphambi kweminyaka eyi-17 kwaye bathathu kwisine aboluke ngaphambi kweminyaka eyi-18. Phantse bonke boluswe yingcibi yesintu (87%), kodwa emnye kwabasibhozo woluke esibhedlele.

Phantse omnye kwabasibhozo (13.4%) wabanengxaki emva kokwaluka. Iingxaki bezingxhaphakanga kwabo bolukele esibhedlele (7.6%). Mncinane umohluko kwiingxaki abahlangabezene nazo abafana aboluswe yingcibi esebenza ngendlela yesintu (14.3%) nabo boluswe yingcibi exhasa indlela ezilungiselwe amaxesha angoku (12.5%). Abambalwa (3.3%) kwaboluswe yingcibi baye bafumana iingxaki ezifune ukuba baye esibhedlela.

**Ithetha ukuthini le nto?**

URhulumente ukhuthaza indlela yolwaluko ekhuselekileyo, nokuba abafana boluke xa sele beneminyaka eyi-18. Iziphumo esizifumeneyo kolu phando zichaza ukuba kuxhaphakile ukuba abafana boluke phambi kokubaneminyaka eyi-18, kwaye uninzi lusoluswa yingcibi. Ezi ziphumo zibonisa nokuba iingxaki emva kokwaluka azixhaphakanga xa umfana oluke esibhedlele. Kucacile ukuba mninzi umsebenzi odingekayo ukucacisa isikhundla uRhulumente asithathayo kulo mba.

## UKUSETYENZISWA KWAMAZIKO EZEMPILO LULUTSHA

#### Ulutsha olungabazali

Omnye kwisixhenxe sabafana (16.2%) sithi sikhe saxelelwa ukuba simithisile. Enye kwiintombi ezintlanu (21.8%) zikhe zamitha. Lumbalwa ulutsha oluthe lwalufuna ukumitha. Enye kumashumi amabini (4.3%) abafana neentombi (3.6%) bathe babefuna. Le nto ichaza isidingo esingekafezeki sezicwangcisi ukuba mnye nje qha kumashumi amabini (4.2%) eentombi emithe ingafuni ebisebenzisa izicwangcisi ngaphambi kokumitha.

#### Ukusetyenziswa kwezicwangcisi

Ngokubanzi bathathu kwisine (76.8%) seentombi ezilalanayo ezakhe zasebenzisa izicwangcisi. Bangaphezulu kwesiqingatha (55.1%) seentombi ebesebenzisa izicwangcisi besebenzisa i-Nuristerate okanye i-Depo. Emnye kwiintombi ezine (27.2%) usebenzise ii-condoms. Mnye kwishumi (9.9%) leentombi othe usebenzisa iintlobo ezimbini zokucwangcisa, i-condom neepilisi okanye isitofu ngaxesha linye. oku kokunqwenelekayo kubantu abakule minyaka.

**Ithetha ukuthini le nto?**

Kuyakhuthaza ukwazi ukuba ulutsha oluninzi kangaka luyazikhusela kwi-HIV nokumitha ngokudibanisa iintlobo ezimbini zezicwangcisi. Kodwa, sifumanise ukuba ezi zicwangcisi zisetyenziswa sele kudlule ixesha ezidingeka ngalo okanye manqapha-nqapha kakhulu ukuze zinqande ukumitha umntu engafuni.

#### Uhlobo lwentsholongwane kaGawulayo i-HIV.

Uninzi lolutsha lwalukhe lwavavanya igazi luhlola. Omnye kwishumi (10%) leentombi nomnye kumashumi amabini (4%) abafana bakhe bahlola ukuba banayo na i-HIV phambi kolu phando. Bathathu kwisine (73.6%) seentombi kunye nesibini kwisithathu (68%) sabafana abazithathayo iziphumo zabo emva kovavanyo. Isiqingatha seentombi ezaziyo iziphumo sasikhe samithakwaye kungenzeka ukuba kungelithuba baye bazihlola i-HIV ngalo. Kodwa ke omnye kwisixhenxe seentombi ezazikhe zahlowa wayekhe wamitha.

#### Ukusetyenziswa kweecondoms

Lo mfanekiso ukhombisa ukuba sekuxhaphakile ukusetyenziswa kweecondoms apho ababini kwisithathu solutsha babekhe bayisebenzisa i-condom, kodwa ke ixesha elininzi ayisetyenziswa qho. Ixesha elininzi ulutsha luyazikhusela xa lulalana nabantu bexeshana, kunaxa belalana noongqo / oofasti babo. Mnye kwisine sabafana neentombi ochaze ukuba basoloko besebenzisa i-condom noongqo babo. Le nto iyaxhalabisa kakhulu kuba abantu abasemngciphekweni wokusuleleka yi-HIV kucaca ukuba bayifumana koongqo babo, kuba ingabo abasoloko belalana nabo ixesha elininzi. Ukungayisebenzisi i-condom noongqo babo akubakhuseli kwi-HIV.

Xa bebuzwa ngokufumaneka kwee-condoms ezindaweni abahlala kuzo, phantse bonke bathe kulula kakhulu okanye kulula ukuzifumana.

## ULWAZI LOLUTSHA, AMAVA NENDLELA ZOKULALANA

#### Ulwazi nge-HIV nangempilo yokulalana

Ulutsha belusazi nge-HIV ne-AIDS yaye ngaphezulu kwesiqingatha luthe kukho umntu olumaziyo one-HIV/AIDS. okanye osweleke yi-AIDS. Kodwa abaninzi bebengenalwazi olululo nge-HIV. Umzekelo, nangona abantu bebesazi ukuba ii-condoms zingabakhusela kwi-HIV, phantse bonke bebecinga ukuba kufanelekile ukusebenzisa icondom ude umthembe okanye waneliseke ngumntu othandana naye. Abathathu kwabane bavakalise ukuba bangazikhusela ngokuba bangathandani nomntu obesandula kugula yaye phantse ihafu ivakalise ukuba bangazikhusela kwi-HIV ngokhetha abantu abantu abathandana nabo abajongeka bebahle futhi besempilweni. Zininzi izikhewu ezifunyanisiweyo malunga nolwazi ulutsha olunalo ngempilo yokulalana nenzala.

#### Ukulalana

Sifumanise ukuba imnye kwishumi leentombi nomnye kumashumi amabini abafana kolu phando bebengazange bakhe balalane. Uninzi lweentombi baqale ukulalana beneminyaka eyi-15.7 (ukuqala kwi-8 ukuya kwi-22 yeminyaka), yaye uninzi lwabafana luqale lune-14.4 yeminyaka (ukuqala kwi-5 ukuya kwi-21 yeminyaka). Iintombi ezininzi zachaza ukuba ukuqala kwazo ukulalana zazinyanzelisiwe, Phantse ababini kwisithathu (58.1%) seentombi bathi bacenga ngoku babeqala ukulalana nangona babengafuni, yaye omnye kwabasibhozo (13.0%) bathi baqhathwa okanye badlwengulwa ukuqala kwabo ukulalana. Phantse bonke abafana bathi babefuna ukulalana ukuqala kwabo.

#### Ukuthandana ngendlela ebeka ulutsha emngciphekweni

Uninzi lwabafana neentombi bathandana ngeendlela ezibabeka emngciphekweni. Sele sithethile malunga nokusetyenziswa kwe-condom. Abafana bathe banamaqabane amaninzi kuneentombi. Abafana abaninzi bebenamaqabane amaninzi kakhulu xa uthelekisa neminyaka yabo, kodwa oku kungenjalo ezintombini. Omnye kubafana abahlanu (19.2%) uchaze ukuba ulalane namaqabane alishumi nangaphezulu ebomini bakhe, xa uthelekisa neentombi zona ezimbalwa kuzo zithe zilalane namadoda amaninzi kangako. Isiqingatha (49.5%) sabafana sithe silalane namaqabane amathathu nangaphezulu kulo nyaka uphelileyo, xa uthelekisa nomnye kwiintombi ezilishumi (10.5%).

Iintombi zibekwa emngciphekweni wokusuleleka yi-HIV kukulalana namadoda amadala nafundileyo. Isiqingatha (50.5%) seentombi besinamaqabane amadala ngeminyaka emithathu nangaphezulu kunabo ngeliza bebebuzwa imibuzo, yaye omnye kwabane (26%) ebeneqabane elimshiya ngeminyaka emihlanu okanye ngaphezulu ubudala. Omnye kumashumi amabini (6%) abafana ebelalana ebethandana nentombi endala kunaye.

Nangona bebambalwa abafana abane-HIV kolu phando, icacile ukuba abaninzi kakhulu kubo benza izinto ezihlangene nesondo/ ukulalana ezibabeka emngciphekweni omkhulu kakhulu. Ukuba bayaqhubeka besenza kanje, kungenzeka ukuba uninzi lwababafana lubene-HIV kwiminyaka eyi-5 ukuya kwi-10 leminyaka ezayo. Ukuthandana nendoda endala kubonakele kubeka iintombi emngciphekweni omkhulu kakhulu, kwaye le nto ayichatshazelwa konke xa kwinkqubo ezifundisa ngokuzikhusela kwi-HIV. Kubalulekile ukuba kwenziwe amalinge okunika abantu ulwazi ngezinto ezibeka ulutsha emngciphekweni wokusuleleka yi-HIV, futhi nokuba ulutsha lutshintshe iindlela oluziphethe ngayo ngezokulalana nokuthandana.

#### Ukuxhatshazwa ngokubethwa nangokwesondo ngamaqabane

Ukuxhatshazwa ngokubethwa nangokwesondo kuxhaphakile ekuthandaneni. Ngaphezulu komnye kwisithathu (41.7%) seentombi bachaze ukuba bakhe baxhatshazwa ngokubethwa nangokwesondo ngamaqabane awo. Phantse emnye kwisithathu (31.7%) sabafana bachaze ukuba bakhe baxhatshazwa ngokubethwa nangokwesondo ziintombi abathandana nazo.

#### Ukudlwengula noku-streamlina

Omnye kumashumi amabini i (4.2%) eentombi ukhe wadlwengulwa yindoda ebengathandani nayo yaye omnye kwisihlanu (22%) ukhe wazanywa ukudlwengulwa.

**Ithetha ukuthini le nto?**

Ukuxhaphaka okukhulu kweziganeko zobundlobongela ngokubethwa nangokwesondo kubonakalisa isidingo esikhulu sokucacisa ukunganyamezeleki nokungamkeleki kwezi zenzo, ngokuyilwa ezikolweni, kwiintsapho nasekuhlaleni. Kungenzeka ukuba ulutsha lucinge ukuba ukuxhaphaka kokubetha nokuzithathela ngolunya isondo yinto eyamkelekileyo ukuba yenzeke xa abantu bethandana, nokuba umfana angazithathela ngolunya isondo nokuba intombi yakhe ayifuni. Ngenxa yoku, kubalulekile ukuba kubekho iinkonzoz ezizakwazi ukuba ngoobani abadlwenguliweyo okanye ekuzanywe ukuba badlwengulwe, kwanobubaxhasa.

## ISIPHELO

Ezi ziphumo zibonakalisa ukuba kukho isidingo sokufundisa ulutsha olusezilahini e-Mpuma Koloni malunga ngempilo ngokwesondo nange-HIV.

Kuyanxunguphalisa kakhulu ukufumanisa ukuba ulutsha olukunyaka wokugqibela esikolweni luphuma sele losulelekile yi-HIV kwaye kuxhaphakile ukuba ulutsha lube lulalana ngeendlela ezibabeka emngciphekweni. Nangona namazinga e-HIV ebafaneni engaphantsi xa ethelekwa naweentombi, kungenxa yokuba uninzi lwabafana luthandana neentombi ezincinane kunabo ngeminyaka kwaye ezintombi zisencinane azikosuleleki ngeli thuba. Amazinga okosuleleka yi-HIV aphezulu, ikakhulukazi ezintombini, yaye izinga lokulalana ngendlela ezibeka ulutsha emngciphekweni liphezulu. Izinga eliphezulu lokulalana ngendlela ebeka umntu emngciphekweni omkhulu ichaza ukuba eli qela labafana lizakube litemngciphekweni omkhulu wokubane-HIV kule minyaka. embalwa ezayo.

Iintombi zonazisemngciphekweni ngenxa yokubanamaqabane amadala kunazo linzame zokunqanda ukosuleleka yi-HIV kufuneka zikhuthaze iintombi ukuba zithandane nabantu abasondeleyo kubo ngeminyaka.

Izinga lokunxunguphala ngokwasemphefumlweni nokuzibulala lisibeka exhaleni yaye libonakalisa ukuba kufuneka kubekho iinkonzozezempilo ngengqondo ejongana nolutsha olusezikolweni, neenkonzoz ezisebenza ngokuxhasa ulutsha kwiingxaki ezibangela ukuxunguphala emphefumlweni nasengqondweni.

Uninzi lwabafana neentombi lungabazali kwaye kucacile ukuba abaninzi babengekakufuni oko. Kufuneka kwenziwe iinzame zokukhuthaza ukusetyenziswa kwezicwangcisi lulutsha nokufikelela kwazo ezilahini.

Sikhathazekile kananjalo lizinga lokuxhatshazwa kwabantu abatsha, ikakhulu ukuxhatshazwa ngokwesini. Le nto kufuneka ilungisiwe yaye amaziko okunceda ulutsha oluxhatshaziweyo ayadingeka.

Ezi ziphumo ziyayixhasa kakhulu imbono yokufundisa iintombi nabafana ezilahini ngempilo ngokwesondo, ngokuzala kunye nangokwasengqondo, kwakhona kunesidingo sokuzaz neendlela zokungenelela ukuza kulawe ezi zinto zichaphazela ulutsha.

## SIBALULA ABA BALANDELAYO

Esi sifundo sixhaswe ngemali yi-National Institute Of Mental Health, Grant MH 64882-01.

I-Planned Parenthood Association of South Africa ebeliqabane lethu elifundisa ii-workshop.

I-National Institute for Communicable Diseases belusebenzisana nathi ngokutsalwa nokugcinwa kwegazi ngendlela esemgangathweni.

Ilinesi nabadlani-ndlebe (Field nurses and field workers): Leslie Setheni, Sandisiwe Joyi, Veliswa Gobinduku, Yandisa Skweyiya, Mthokozisi Madiya, Bongwekazi Rapiya, Sanele Mdlungu, Ayanda Mxekezo, Lungelo Mdekazi, Nocawe Mxinwa, Andiswa Njengele, Mvuyo Mayisela.

Abancedisi (Data management, data entry and secretarial support): Bomkazi Mnombeli, Engela Gerber, Dikeledi Moti, Alta Hansen, Martie Swart.

Abacebisi bethu (Advisors on biological aspects of the study): Dr Adrian Puren, NICD; Prof Daniel Kayongo, UNITRA. Chief Mtirara nawo onke amalungu eCommunity Advisory Board.

# STEPPING STONES STUDY:

## Fact sheet on young people’s health and sexual practices in villages and townships of the rural Eastern Cape

Jewkes R<sup>1</sup>, Jama N<sup>1</sup>, Nduna M<sup>1</sup>, Levin J<sup>2</sup>, Dunkle K<sup>1</sup>, Khuzwayo N<sup>1</sup>, Duvvury N<sup>3</sup>, Koss M<sup>4</sup>

- Gender & Health Group, Medical Research Council, Umtata & Pretoria;
- Bio-statistics Unit, Medical Research Council, Pretoria;
- International Centre for Research on Women, Washington DC;
- School of Public Health University of Arizona, Tucson, USA

## INTRODUCTION

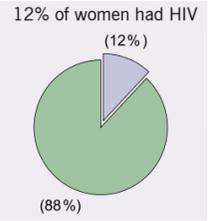
The Stepping Stones Study is being undertaken in order to discover how effective different health promotion interventions are in changing youth sexual behaviour, and preventing HIV infections. In order to investigate this, we have been asking young men and women about their health and lives, and learning whether they have HIV. We have offered these youth one of two interventions on HIV, and are following them for two years with further interviews and blood tests. This fact sheet shares some of the findings.

The 1375 men and 1429 women involved in the study were aged 16-23 years. Almost all of the participants were still in school, most commonly in grade 10, at the time of the first interview. They attended school, or lived, in 70 villages within 1.5 hours drive in any direction from Umtata. Many of them were orphans, with one in three reporting loss of one or both parents.

## HEALTH OF THE YOUTH : HIV

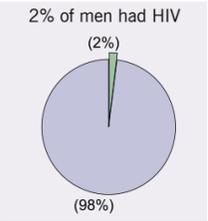
**Women were more likely to have HIV if they:**

- were older
- had a boyfriend who was 3 or more years older than them
- had a boyfriend who had been educated beyond matric
- had 3 or more partners in the last year
- had sex more often (within the last 2 months)



**Men were more likely to have HIV if they:**

- were older
- had not been circumcised
- had ever had sex with a man



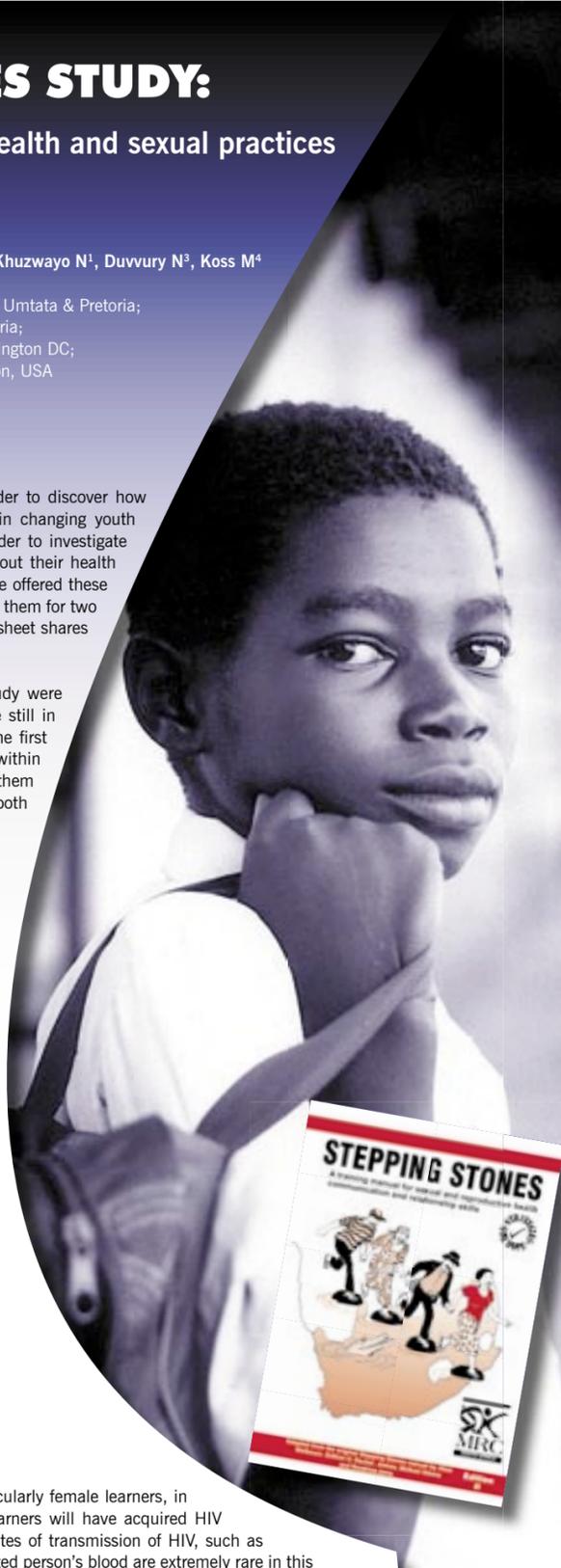
#### What does this mean?

These figures show that there are many learners, particularly female learners, in the highest Grades of school who have HIV. These learners will have acquired HIV through having sex with an infected partner. Other routes of transmission of HIV, such as through blood transfusion or other contact with an infected person’s blood are extremely rare in this age group and the learners are too old to have acquired HIV from their mothers during childbirth.

## HEALTH OF THE YOUTH: MENTAL HEALTH

#### Depression and suicide

We found very high levels of depression amongst the youth in the study. Nearly one in three of the women were either seriously depressed (15.5%) or had symptoms which suggested that they might be seriously depressed (13.7%). One in five of the men were either seriously



Building a healthy nation through research



that complications are much less common if circumcision to be undertaken in hospital. Clearly a lot more work is needed to communicate the Government's position on this issue.

## YOUTH UPTAKE OF HEALTH SERVICES

### Youth as parents

One in seven of the men (16.2%) said they had been told they had made a woman pregnant. One in five of the women had had a pregnancy (21.8%). Very few of the youth said they wanted the pregnancy. One in twenty of the men (4.3%)

and women (3.6%) said they had wanted it. This suggests a very substantial unmet need for contraception. Only one in twenty of the women (4.2%) who had had an unwanted pregnancy had used contraception before they became pregnant.

### Contraceptive use

Overall three quarters (76.8%) of women who had ever had sex had used contraceptives. More than half (55.1%) of the women using contraception were using Nuristerate/Depo. Condoms were used by a quarter (27.2%). One in ten (9.9%) reported dual method use – condoms and the pill/injection – this is a particularly desirable approach in the age group.

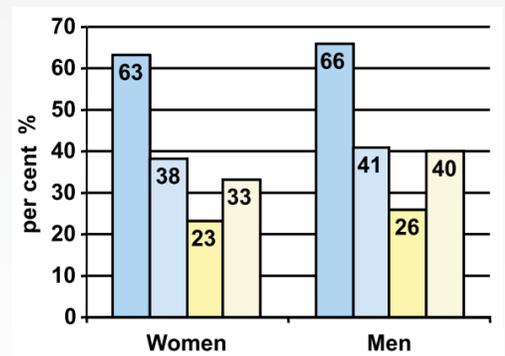
### What does this mean?

It is encouraging that many young people are protecting themselves against HIV and pregnancy by using dual methods. However, our findings show that contraceptives are either being used too late or too intermittently to avoid unwanted pregnancy. There is considerable unmet need for contraception amongst young men and women and it is important that efforts are continued to improve access and use by young people.

### HIV testing

Many of the young people had previously had a HIV test. One in ten of the women (10%) and one in twenty of the men (4%) had tested for HIV before the study. Three quarters of women (73.6%) and two thirds of men (68%) had collected their results after the test. Half of the women who learnt their status had been pregnant and this may have been when they were tested. However only 16% of women who had been pregnant had been tested for HIV.

### Condom use



- Ever used condom
- Correct condom use on last sex
- Always uses condom with main partner
- Always uses a condom with casual partners

This shows that condom use is common now with two in three youth having ever used a condom, but much condom use is irregular. Casual sex is more commonly protected than sex with a main partner. Only one in four women and men always use a condom with a main partner. This is a particular worry as people who catch HIV are most likely to catch it from their main partner, as they usually have sex more frequently with this person. This may not be sufficient to protect them from HIV. Almost all young

people said that it was 'very easy or easy' to get a condom in their area.

## YOUTH KNOWLEDGE, EXPERIENCES AND SEXUAL PRACTICES

### Knowledge about HIV and sexual health

The youth were all aware of HIV and over half said they knew someone who had HIV, or had died of AIDS. Many, however, had incorrect knowledge of HIV. For example, whilst people knew condoms would protect them from HIV, almost all young people felt it only necessary to use a condom until they trusted or felt comfortable with a partner. Three quarters felt they could protect themselves by not dating someone who had been sick recently and nearly half felt they could do so by choosing partners who look plump and healthy. Substantial gaps in knowledge of sexual and reproductive health were also found.

### Sexual activity

One in ten of the women and one in twenty of the men in the study were virgins. The average age at first sexual intercourse for women was 15.7 years (range 8-22 years) and for men, it was 14.4 years (range 5-21 years). Sexual coercion at first intercourse was commonly reported by women. Nearly two thirds of women (58.1%) said they had been persuaded to have sex the first time when they did not want it and one in eight (13.0%) said they had been tricked into sex or raped when they first had sex. Almost all men said they were willing when they first had sex.

### Risky sexual partnerships

Many young men and women engaged in risky sexual partnerships. We have already discussed condom use. Men reported having more partners than women. Many of the men had had very large numbers of partners for their age, but this was very unusual for women. One in five (19.2%) men had had 10 or more sexual partners in their lifetime, compared with less than one in 100 of the women. Half of the men (49.5%) said they had had 3 or more partners in the last year compared with one in 10 (10.5%) of the women

Women were placed at risk of infection with HIV by older, better educated male partners. Half of the women (50.5%) had a current partner who was 3 or more years older than them and one in four (26%) of women had had a partner more than 5 years older than them. One in twenty of the men (6%) had girlfriends who were older than them.

Although few men in the study had HIV, a much larger group was obviously taking a lot of sexual risks. If such risk taking continues, it is likely that these will result in many more of the men getting HIV over the next 5-10 years. Having an older partner was a very substantial risk for women and it is one which is not usually addressed in HIV prevention education. It is very important that efforts to provide information about HIV risks and to change sexual behaviour continue to target teenagers.

### Physical and sexual abuse by partners

Physical and sexual violence were common in sexual relationships. More than a third of women (41.7%) of women had experienced physical and/or sexual violence from a boyfriend. Almost a third of men (31.7%) of men reported having been physically or sexually violent towards a girlfriend

### Rape and streamlining

One in twenty of the women (4.2%) had been raped by a man who was not her boyfriend and one in five (22%) had experienced attempted rape.

### What does this mean?

The high prevalence of physical and sexual violence indicates that there is a need to address the non-acceptability of such acts through schools, families and in communities. It seems likely that many teenagers will be under the impression that this is fairly normal in relationships and that men can have sex with women whenever they want it. It is very important that there are services to identify teenagers who have been raped, or experience attempted rape, and to support them.



## CONCLUSIONS

These findings highlight the need for sexual health promotion and HIV prevention activities amongst youth in the rural areas of the Eastern Cape.

Its very worrying that so many scholars in the final years of school should already be infected with HIV and there should be so much risky sex in this age group. Although the HIV prevalence in men was much lower, this is almost certainly because they mostly date women younger than them and so their girlfriends are less likely to be infected. Levels of HIV are high, especially in women, and high risk sexual behaviour is highly prevalent. The prevalence of risky sex suggests that this group of men will be at very high risk of HIV within a small number of years.

Women are particularly being placed at risk of HIV by having older partners. HIV prevention efforts should specifically encourage women to date men who are close to them in age.

The level of depression and suicide found is extremely worrying and suggests that there is a need for mental health services to focus on youth in schools and for much more work to be undertaken on mental health in this age group.

A high proportion of young men and women were parents and clearly most had not wanted this. There is a need for greater efforts to promote contraceptive use amongst teenagers and effective access in rural areas.

We are also very concerned about the level of violence in the lives of these young people, particularly gender based violence. This needs to be effectively addressed and services provided for youth experiencing violence.

These findings strongly support the need for further efforts to promote sexual, reproductive and mental health amongst young men and women in rural areas and the need to develop effective interventions for this group of youth.

## ACKNOWLEDGEMENTS

This study was funded by the National Institute of Mental Health, grant MH 64882-01.

Planned Parenthood Association of South Africa was our partner in the study intervention. National Institute for Communicable Diseases for quality control, testing and storage of specimens. Field nurses & field workers: Leslie Setheni, Sandisiwe Joyi, Veliswa Gobinduku, Yandisa Sikweyiya, Mthokozisi Madiya, Bongwekazi Rapiya, Sanele Mdlungu, Ayanda Mxekezo, Lungelo Mdekazi, Nocawe Mxinwa, Andiswa Njengele, Mvuyo Mayisela. Data management, data entry & secretarial support: Bomkazi Mnombeli, Engela Gerber, Dikeledi Moti, Alta Hansen, Martie Swart. Advisors on biological aspects of the study: Dr Adrian Puren, NICD; Prof Daniel Kayongo, UNITRA. Chief Mtirara and all the Members of the Community Ad

## STEPPING STONES STUDY:

## Fact sheet on young people's health and sexual practices in villages and townships of the rural Eastern Cape

Jewkes R<sup>1</sup>, Jama N<sup>1</sup>, Nduna M<sup>1</sup>, Levin J<sup>2</sup>, Dunkle K<sup>1</sup>, Khuzwayo N<sup>1</sup>, Duvvury N<sup>3</sup>, Koss M<sup>4</sup>

1. Gender & Health Group, Medical Research Council, Umtata & Pretoria;
2. Bio-statistics Unit, Medical Research Council, Pretoria;
3. International Centre for Research on Women, Washington DC;
4. School of Public Health University of Arizona, Tucson, USA

## INTSHAYELELO

Ufundo luka-Stepping Stones lwenzelwe ukuhlola indlela olusebenza ngayo ungenelelo lokukhuthaza ulutsha ukuba lutshintshe indlela oluziphathe ngayo ngokwesondo kwaye luzikhusele lungosuleleki nguGawulayo. Ukuphanda oku, siye sabuza abafana neentombi ngempilo nobomi babo, sahlola nokuba banaye na uGawulayo. Sibanike iintlobo ezimbini zongenelelo ngentsholongwane ka gawulayo, sabalandelela iminyaka emibini sibabuza imibuzo sitsala negazi. Eli phepha-ncwadi labelana ngesikufumanisileyo kolu phando.

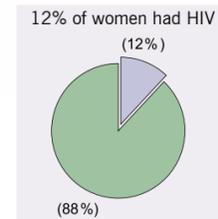
### Ngoobani aba bantu sithetha ngabo?

Sisebenze ne1375 yabafana ne 1429 yeentombi abavume ukuthatha inxaxheba bephakathi kweminyaka eyi-16 ukuya kwi23. Phantse bonke bebesesikolweni, ukuqala kwethu ukubabuza imibuzo, uninzi lwabo luku-Grade 10. Bebefunda okanye behlala kwilali eziyi-70 kangangeyure nesiqingatha ukusuka eMthatha. Uninzi beluziinkedama, emnye kwisithathu echaze ukuba akanamzali omnye okanye bobani.

## IMPILO YOLUTSHA: UGAWULAYO

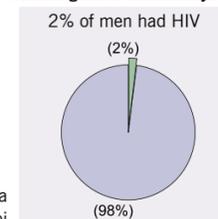
### Amantombazana abonakala entsholongwane kaGawulayo xa:

- bedala
- beneqabane elidala kubongeminyaka emi-3 okanye ngaphezulu
- beneqabane elifunde ngaphezulu kwebanga le-10
- benamaqabane amathathu nangaphezulu ngonyaka ophelileyo
- belalana qho (kwezinyanga ezimbini ezigqithileyo )



### Abafana babonakele benentsholongwane kaGawulayo xa:

- bebadala
- bengolukanga
- babeke balalana nenye indoda



### Ithetha ukuthini lenkcaza ingentla?

Lamanani abonakalisa ukuba abafundi, ingakumbi iintombi, abakumabanga aphezulu esikolweni bane-HIV. I-HIV bayifumane ngokulalana nomntu onayo. Ezinye iindlela zokosuleleka yi-HIV, njengokwethiwa igazi okanye udibane negazi lomntu onayo, azixhaphakanga kwaphela kubantu baleminyaka, kwaye ababafundi badala kakhulu ukuba bangabe bayifumane koomama babo i-HIV.

## IMPILO YOLUTSHA: NGOKWASENGQONDWENI

### Ukunxunguphala emphefumleni nasengqondweni nokukuzibulala

Sifumanise amaqanaba aphezulu okunxunguphala emphefumleni nasengqondweni kulutsha olukolu phando. Phantse enye kwisithathu seentombi inxunguphele kakhulu emphefumleni



Building a healthy nation through research