

John Blevins, ThD
Candler School of Theology

Introduction

Existing research in the health and social sciences reveals the complexities of religion's function in regard to sexual health. While a number of studies point to the ways in which religiosity provides an insulating or protective effect in regard to risk behaviors that lead to HIV infection, others demonstrate a high correlation between religiosity and stigma in regard to those same behaviors. Religion is an important cultural context for articulating values and beliefs in regard to sexuality but religion can also constrain questions and hinder attempts to negotiate the complexity of sexual feelings for young people who receive an inordinate number of contradictory messages regarding sexuality. Keenly aware of this complexity, this study attempted to clarify the functions of religious messages in regard to adolescent sexuality.

Aim/Background/Thesis

The study was comprised of a series of two workshops, one with young people and one with religious and community leaders. The workshops were developed in collaboration between Emory's Religion and Public Health Collaborative and colleagues with the African Religious Health Assets Program (ARHAP) and were carried out in Potchefstroom, South Africa (June 2008); Johannesburg/El Dorado Park, South Africa (July 2008), and Atlanta, GA (March 2009). The research undertaken between the Emory RPHC and ARHAP is grounded in the following assumptions: 1) religious entities are important intrinsic resources for the health and wellness of communities; 2) existing public health research into community-based assets does not pay adequate attention to these religious entities; and 3) any work to identify and understand these religious entities must begin by "mapping" the social demographics and relationships in communities by means of on-the-ground research that elicits the knowledge, insights, and wisdom of the community rather than imparting outsider knowledge derived from a group of so-called experts.

Guided by these assumptions, the workshops elicited from participants their own understanding of the role that religion plays (for good or for ill—the protocol does not assume that all religious practices or perspectives encourage sexual health) in the sexual health of young people. Specifically, the workshops were designed to provide data to increase understanding of the following:

- 1) What are the positive and negative effects of religious expression, and are those effects related?
- 2) What kinds of community structures need to be mobilized or created to maximize the positive effects of religious belief and address the negative effects?

Method/Methodologies/etc.

The guiding assumptions of the collaborative research between RPHC and ARHAP are grounded in assets-based theories of community mapping and in the practices of appreciative inquiry. The workshop curricula for this project are grounded both in adult learning theory—they are interactive, relevant, and focused both on learning and on skills—and in the practices of appreciative inquiry in that they endeavors to lift up the particular strengths and assets that communities intrinsically possess in order to better address the sexual health of their young people rather than to prescribe a singular "solution" from a group of outside experts.

Young People's Workshop in Potchefstroom, South Africa, June 2008.



Young People's Workshop in Atlanta, March 2009.

The first workshop is designed for young people between the ages of 16-23 and consists of six modules:

- Ranking of the sources of information on sex/uality
- Indexing messages about sex/uality
- Perceptions of sexual norms & practices among the group
- Creating a continuum of sexual acts
- Characteristics which constitute a healthy sexual life
- Strategies for young people to achieve a healthy sexual life

The second workshop is designed for a broad cross-section of community leaders and clinical providers in regard to sexual well-being in young adults—high school educators/administrators, HBCU college faculty and health services staff, medical providers, religious leaders, and social service providers—and consists of seven modules:

- Mapping Assets
- Contribution of religion to sexual health of young people
- The assets of religious organization
- Continuum of sexual acts
- Spiderweb: Existing networks
- What constitutes a healthy sexual life?
- Strategies for building a healthy sexual life

Community/Religious Leaders' Workshop in Johannesburg/El Dorado Park, South Africa, July 2008.



Findings

Data from the workshops reveal a high degree of ambiguity in regard to religion and sexuality. Specifically, the data from the third module of the Young People's Workshops, *Perceptions of sexual norms & practices among the group*, revealed broad discrepancies among young people in regard to sexual norms and practices:

Location	Question	# Agree	# Disagree	# Uncertain
El Dorado Park/ Johannesburg	Religion has unrealistic expectations about sex for 21 st century teenagers.	1	5	11
Atlanta	Looking at pornography is healthy.	0	4	8
Potchefstroom	Masturbation is healthy	5	3	12
26, 16, 58				
Atlanta	Having sex with a person of the same sex is acceptable in my community.	3	4	5
Potchefstroom	Religion should teach condom use.	9	6	5

This uncertainty contrasts with the message that **every group** in all three workshops identified as the central religious message regarding sexuality: "no sex before marriage." However, the universality of that message becomes problematic when young people and adults attempt to identify precisely what they understand "sex" to be. In both workshops, participants were asked to identify a broad range of sexual activities and place them on a continuum from "least sexual" to "most sexual." Across the six workshops, 49 separate sexual activities were identified. There was no consensus, however, as to which of these constituted "real sex," which of these activities would be allowable in the context of the religious message of "no sex before marriage," and even which of these activities would be permissible for individual participants as they thought about their own sexual ethics and practices.

This uncertainty also extended to precisely what constituted marriage. While the community leaders did not immediately raise any critical questions regarding the meaning of marriage, the young people in all three workshops asked critical questions in regard to what precisely constitutes a marriage. Was it a legal contract? Was it a covenant between two people made in a religious context? Did it have to occur between two people only? Did it have to be between a man and a woman only? Although the community leaders did not initially identify any uncertainty regarding the definition of marriage, they could not reach consensus on how to answer the questions the young people posed.

Conclusions

Data gathered from the workshops reveal the complexity of religion in regard to sexuality. Specifically, the young people identified a disconnection between the myriad sexual images, messages, practices, and claims that are part of their lives today and the singular message of religion: "no sex before marriage." That message left young people with little capacity to evaluate the complex and contradictory claims in regard to sexual practice and sexual norms that they regularly receive. Young people felt this message was unrealistic and ambiguous, leaving them with little ability to define "sex" or "marriage." This ambiguity was particularly troubling in light of the myriad sexual practices that young people identified as common among their friends and peers, practices they were trying to navigate themselves.

Even as the workshops revealed the complexity and ambiguity of predominant messages in regard to religion and sexuality, they also pointed to the possibility that religion might be mobilized as a resource for providing meaningful messages and norms in regard to healthy sexual lives. In all three workshops, young people could clearly articulate their own beliefs as to what a healthy sexuality entailed, and in each workshop, they named religion as a resource for helping them understand and live out a healthy sexual life. Additionally, both the young people and the community/religious leaders identified resources in their communities that could better support young people in making healthier choices and they could articulate a shared vision for sexual health and identify ways in which religion could contribute to that vision.

In conclusion, the workshops provided evidence that religion indeed functions in a double role in regard to sexual health; it can constrain honest discussions in regard to sexual norms and practices, and it can provide certain ethical standards that support healthy sexuality.

Next Steps

Drawing on the insights gleaned from these initial workshops, researchers at Emory and in South Africa are working on models for community engagement that can mobilize religious communities to support healthy sexuality and take an active role in HIV/STI prevention.

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