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**Exploring the consequences of inadequate sexual education among female  
adolescents in Joza Location Makhanda**

BY

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**(201603254)**

Submitted in partial fulfilment of the requirements for the degree MASTER OF  
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University of Fort Hare  
*Together in Excellence*

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East London

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**DATE:** December 2024

## DECLARATIONS

I Libona Blossom Bower, student number 201603254 declare that this Dissertation titled "*Exploring the consequences of inadequate sexual education among female adolescents in Joza Location Makhanda*", submitted for the award of Masters in Social Science in the Faculty of Social Science and Humanities at the University of Fort Hare, is my own work and has never been submitted for any other degree at this university or any other university.

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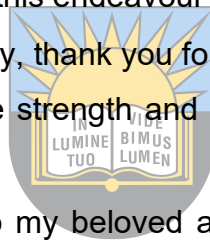
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## ABSTRACT

This study examines the effects of inadequate sexuality education among female adolescents in Joza, Makhanda, focusing on contributing factors, impacts on well-being, and intervention strategies. Using a qualitative, interpretive approach, data from focus groups of girls aged 13–19 were analysed thematically. Results highlight high teenage pregnancy rates, inadequate sexual health knowledge, and mental health issues stemming from cultural taboos, religious constraints, and lack of parent-child communication. The study underscores the need for comprehensive sexual education and collaborative efforts among schools, families, and communities to improve adolescent sexual health and decision-making.



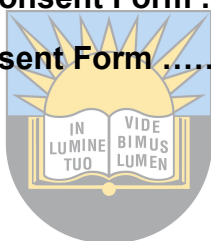
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## **Chapter One: Introduction and Background**

### **1.1 Introduction and Background**

Adolescent females are significantly impacted by the absence of open discussion and freedom of expression regarding sexuality in homes deeply rooted in religion and culture. Teenagers who lack sexual education cannot make informed decisions during sexual experiences, creating new problems that may persist throughout adulthood (Campbell & MacPhail, 2002). Because of this, it is thought that problems such as teen pregnancy, teen fatherhood, and the transmission of sexual infections, among others, result from a lack of sexual communication and inadequate sexual education. Hence, this study seeks to explore the consequences of inadequate sexual education among female adolescents in the Joza location, Makhanda.

This chapter begins by providing an introduction. The research problem, questions, and objectives are also shown in detail. The chapter further explains the rationale, significance, and scope of the study. It highlights the research methodology and ethical considerations in detail and concludes by providing an outline of the entire mini dissertation.

#### **1.1.1 Background to the study**

Many adolescent females find themselves uninformed about the developmental changes linked to adolescence (Cisternas, et al., 2019b). Additionally, they lack the understanding necessary to navigate these changes, primarily due to a deficiency in sexual knowledge. This deficiency in sexual knowledge is a consequence of inadequate sexual education and restrictive cultural norms that deem discussions related to sex as taboo and forbidden (Arjmand & Ziari, 2020). The repercussions of inadequate sexual education in schools, households, and communities are far-



reaching, impacting the physical and mental well-being of individuals and contributing to broader societal issues.

The focus on sexual education arises due to the high occurrence of teenage pregnancy and sexually transmitted diseases among female adolescents in rural South African communities, particularly in Makhanda. According to recent provincial health department statistics, between 2020 and 2023, a significant number of underage girls gave birth at public health facilities. Specifically, 1,841 girls aged 10-14 and numerous teenagers aged 15-19 delivered babies during this period. Notably, despite these pregnancies, only 60 cases of statutory rape were reported or investigated over the same timeframe, raising concerns about potential underreporting and inadequate action (Daily Maverick, 2023). Moreover, findings from the 2019 National Antenatal Survey indicated that the number of young women (15-19 and 20-24) who knew their HIV status before pregnancy was notably lower, with the highest HIV prevalence observed in Kwazulu-Natal and the Eastern Cape (Kufa-Chakezha, Shangase, Singh, Cutler, Aitken, Cheyip, Ayew, Lombard, Manda, and Puren, 2024). Inadequate communication about sexuality or the suppression of sexual expression during adolescence, driven by the fear of rejection, shame, and guilt, may result in future mental health issues and depressive episodes (Izard, 1991; Montesi, Conner, Gordon, Fauber, Kim & Heimberg, 2012).

Insufficient knowledge and partial information concerning physical changes, lack of readiness for sexual activity, anxiety about family members discovering one's sexual experiences, and unmet sexual health counselling and health needs are reported to be the primary stressors associated with sexuality (Punjani, Papathanassoglou, Hegadoren, Hirani, Mumtaz, Jackson, 2022). Additionally, the absence of effective

sexual communication between a child and their parents or other role models also plays a significant role in contributing to these far-reaching consequences (Wallenius & Punamäki, 2008). Hence, the purpose of undertaking this research is to explore the impact of inadequate sexual education on female adolescents in Makhanda and identify potential interventions to address these consequences.

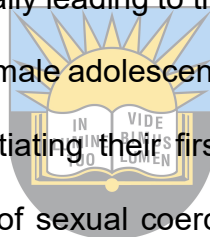
## **1.2 Research Problem**

There is a rising number of teenage pregnancies in South Africa (Mpanza et al., 2024), including in the Eastern Cape, Makhanda. This issue is exacerbated by the fact that conversations about sexuality are often considered taboo in many religious-rooted and culturally ingrained South African communities. Existing studies suggest that adolescents residing in low- to middle-income countries (LMICs) generally have low levels of knowledge concerning sexuality, sexual health-promoting behaviours, and safer sex practices (Santhya & Jejeebhoy, 2015). Even when information sources are available, they are not accessed by these adolescents at the appropriate age (Mudzongo, 2017). This poses a disadvantage to adolescents who should be educated about the dangers of sex and, simultaneously, the advantages of safe sex.

The literature highlights the significant role of inadequate sexual education in the well-being and sexuality of adolescents. Limited parent-adolescent sexual communication restricts how adolescents express their sexuality and can have adverse consequences for their overall well-being (Stanoff, 2010; Fasakin, 2017; Mudzongo, 2017). Research findings reveal that some female adolescents are unprepared for their first menstrual experiences and struggle to identify them when they occur. This lack of preparedness is linked to the intentional provision of unclear or incorrect information about

menstruation by family members, teachers, or friends, resulting in an increased sense of being unprepared for the onset of menarche (Punjani et al., 2022).

In certain instances, adolescents face constraints that make it challenging to explore their sexual orientation due to primitive religious and cultural doctrines that consider sexual discussions taboo (Dahl, & Galliher, 2012). This issue is exacerbated when parents lack the ability to engage in sexual talks with their adolescents, creating difficulties in initiating sexual education conversations (Singh et al., 2023). Adolescents deprived of sexual education may grapple with low self-esteem, experience difficulty expressing themselves, struggle to derive pleasure from sexual experiences, encounter challenges in forming intimate connections with others, and face difficulties socializing, potentially leading to the development of social withdrawal syndrome (Freud, 2017). Young female adolescents deprived of sexual education may encounter challenges when negotiating their first sexual experiences. This places them at risk of becoming victims of sexual coercion, traumatic sexual experiences, teenage pregnancy, and sexually transmitted diseases.



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Dr. Mfundo Mabenge, the head of the Department of Obstetrics and Gynaecology at Dora Nginza Hospital, shared in the Daily Maverick newsletter that in 2007 and 2008, he and a team of nurses visited primary schools in Nelson Mandela Bay to discuss contraception with young teenagers. Despite teachers revealing that half of the school's students were already sexually active (Daily Maverick, 2023), they faced opposition from parents. In 2019, Comprehensive Sexuality Education (CSE) in South Africa faced significant opposition and continued to experience backlash. The Family Policy Institutes of South Africa strongly advocated for the removal of CSE from school curricula (Family Policy Institution, 2019). This indicates that some parents believed

restricting discussions on sexual topics with adolescents served as a protective measure against engaging in sexually risky behaviours. Conversely, without these discussions, there is a heightened risk of teenagers engaging in sexually risky behaviours.

The exploration of sexual feelings and desires is recognized as a natural part of human development. However, the inability to express one's sexuality may be associated with shame and guilt, leading to negative emotions and potential social rejection (Velotti et al., 2016). The delicate balance lies in providing adolescents with comprehensive information and support well before they engage in sexual activity. Unfortunately, existing negative attitudes toward sexual topics rooted in religiosity, traditional gender roles, and societal norms impede effective communication (Bonjour & Van Der Vlugt, 2018). These barriers hinder adolescents from experiencing a healthy and safe development, paving the way for adverse consequences that have lasting effects on communities like Makhanda.



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### **1.2.1 Research questions.**

1. What are the consequences of inadequate sexual education among the female adolescents of Joza Location?
2. What factors lead to inadequate sexual education amongst female adolescents of Joza Location?
3. What possible interventions can be applied to instil positive sexual education amongst the female adolescents of Joza Location?

### 1.2.2 Research Aim and objectives

The study's main aim is to explore the consequences of inadequate sexual education among adolescents in the Joza location in Makhanda.

The objectives of the study were:

1. To identify contributory factors towards inadequate sexual education among female adolescents in Joza Location.
2. To identify the effects of inadequate sexual education among female adolescents' well-being in Joza Location
3. To find out the possible strategies that can be implemented to instil positive sexual education among female adolescents of Joza Location

### 1.3 Rationale of the study



The rising occurrences of teenage pregnancy, sexual abuse, rape, bullying, confusion with sexual orientation, stigmatization, and stereotypes in Makhanda raise concerns, particularly exacerbated by the prevalent drug exposure among youngsters. Additionally, the lack of sexual education in schools and societal taboos around parents discussing the risks of unplanned sex contribute to the perception that insufficient efforts are made by the government and parents to impart knowledge about safe sex practices. Existing literature underscores the significant impact of the lack of sexual education on adolescents' sexuality and overall well-being. Constrained parent-adolescent sexual communication limits how teenagers express their sexuality, leading to negative effects on their emotional and mental well-being, particularly in modern societies (Stanoff, 2010; Fasakin, 2017; Mudzongo, 2017). This study aims to investigate the consequences and systemic errors in various domains—social, educational, cultural, and political—that contribute to inadequate sexual

communication among adolescent females. It also seeks to understand the implications and effects of inadequate sexual communication on their well-being.

#### **1.4 Significance of the study**

This study aims to offer a general rethinking of sex education in homes and schools in the Generation Z era. Mainstream literature seems ambivalent about how to balance the teachings that address the social dimensions of families where these teenagers come from. Therefore, this study contributes to the body of knowledge seeking ways to make interventions compatible with the desired goals of modern societies from an African perspective. It is envisaged that the findings from this study will open an opportunity to identify a sustainable model or framework for repositioning sexual education and the provision of social infrastructure that assists teenagers who find themselves exposed to unwanted pregnancies, diseases, and sexual violations.



#### **1.5 Definition of concepts**

Sexuality:

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Sexual Education: This encompasses comprehensive teaching and learning about various aspects of sex and sexuality, incorporating the exploration of personal values and beliefs. This educational approach aims to equip individuals with essential skills for healthy relationships with themselves, partners, and their community, as well as effective management of their sexual health (Bridges and Hauser, 2014).

Adolescents: The World Health Organization (WHO) defines adolescents as individuals within the age range of 10 to 19 years (WHO, n.d.).

## **1.6 Proposed structure of the dissertation**

### **Chapter One: Introduction**

This chapter forms the broad background and introduction to the study, providing the definition of terms, the problem statement, aim and objectives of the study.

### **Chapter Two: Literature review and theoretical framework**

This chapter focuses on the literature of the topic under study and the theoretical underpinnings of the study.

**Chapter Three: Methodology:** Chapter three explains the research methodology and processes undertaken in this study. It explains how the data was collected and analysed for this study.

### **Chapter Four: Research Findings and Discussion**

Chapter four presents the results derived from this study.

### **Chapter Five: Summary, Recommendations and Conclusion**

In this chapter the researcher provides a summary, recommendations, and conclusion of the research.



## **1.7 Conclusion**

The chapter has provided a discussion on the background and objectives used in the study. Most importantly, the chapter has shown how recent social pressures of the modern world have affected teenagers by altering their behaviors and how the lack of sexual education especially affects teenagers in school. The chapter has also highlighted the importance of psychology in the discourse on sexual education. The next chapter will present a literature review.

## **Chapter Two: Literature Review**

### **2.1 Introduction**

This chapter provides a discussion on the exploration of the consequences of inadequate sexual education among adolescents in terms of its discourse and practice. The chapter begins by discussing the factors behind inadequate sexual education, highlighting the differences and usage. In doing so, the chapter attempts to bring various scholarly views and create an interface of the multiple factors to generate a rational discussion. Generally, sex education literature has tended to focus on the epistemological construction of psychology in terms of its conceptual underpinnings, practice, and ideology. This chapter will begin with the literature review, followed by the theoretical framework that underpins the study. The chapter also gives a detailed background of literature on sex education against the changing social, economic, and political realities, some of which make it impossible or difficult to understand the 21st-century challenges. The chapter ends by providing a discussion of the theories underpinning this study.

### **2.2. Background Literature**

Teenage pregnancy remains a pressing social and educational concern worldwide, affecting developed, developing, and underdeveloped countries alike. Despite advancements in sexual literacy and widespread availability of contraceptives, teenage pregnancy persists as a significant global health issue (Nkosi & Pretorius, 2019). Efforts to address this problem through initiatives such as school-based sex education and community awareness campaigns have been implemented, yet many countries continue to grapple with high rates of teenage pregnancies (Panday et al.,



2009). In South Africa, the proportion of teenage pregnancies hovers around 30%, with the majority of these pregnancies being unplanned (Jewkes et al., 2009). In 2014, about 20000 pregnant students were reported by the Department of Basic Education (DoE). The issue of adolescent pregnancy among schoolgirls is exacerbated by the Ministry's assertion that 223 of the pregnant girls were enrolled in elementary schools (Nkosi & Pretorius, 2019). The Eastern Cape and Gauteng both had over 3,000 pregnancies each, which were the highest figures. The majority of teenage pregnancies—occurred at a Mpumalanga senior secondary school, while 74 occurred at a senior secondary school in the Eastern Cape. 13 pregnancies were recorded at the primary school in Mpumalanga, which is where the majority of pregnancies occur (Nkosi & Pretorius, 2019). As it seems, the high rate of teenage pregnancies has become a significant social and educational concern. According to the aforementioned statistics, the Department of Education cannot resolve the problem on its own; there is a great need for cooperation from various role players. This should include, but not be limited to, parental involvement and a shift in mindset in communities to raise issues and take a stand against teenage pregnancy (Nkosi & Pretorius, 2019). South Africa's legislative reaction to teenage pregnancy and parenthood seems to be rather open-minded (Morrell et al., 2012). The 1996 South African Constitution safeguards every citizen's right to receive reproductive healthcare and the freedom to make reproductive decisions, including that of children.

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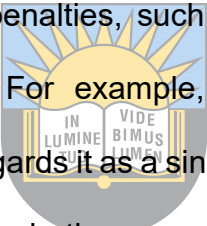
The Choice on Termination of Pregnancy (CToP) Act (No. 92 of 1996), the South African Children's Act (2005) (as amended by the Children's Amendment Act, No. 41 of 2007), and the Criminal Law (Sexual Offences and Related Matters) Amended Act (No. 32 of 2007) are the laws that are especially relevant (Hoffman-Wanderer et al., 2013). In addition to implementing a number of interventions, the National Department of Health (NDoH) and Department of Basic Education (DoE) released several guidelines, booklets, and policies, including the Integrated School Health Policy (ISHP) in 2012, the Measures for the Prevention and Management of Learner Pregnancy (MPMLP) in 2007, a booklet on Preventing Teenage Pregnancy in 2012, and the National Contraception Policy Guidelines (Department of Basic Education, 2016). Although there is a focus on providing support, education, and care for students who are pregnant, there are concerns about competing government policies, as well as the inconsistencies and misunderstandings that result when counselling, information, and services are provided by various role players.

### **2.2.1 Religion**

Research suggests that strong religious beliefs and practices are linked to delayed initiation of sexual activity, often until marriage (Trotman & Willoughby, 2017). This is attributed to "religious commitment," which encompasses the degree to which individuals incorporate their faith's values and principles into daily living (Worthington, 2003). Sacred texts like the Bible and the Torah of other major religions proscribe premarital sex (Finke & Adamczyk, 2008) and encourage abstinence until marriage.

According to Trotman and Willoughby (2017), the myth of the Garden of Eden serves as the foundation for most monotheistic religions, like Christianity. The mythological narrative portrays a powerful, all-knowing deity embodying a strict moral code, which contrasts with humanity's innate desire for understanding. From a psychological perspective, the act of consuming the forbidden fruit symbolizes humanity's irrepressible curiosity and tendency to defy boundaries, representing the primal urge to transcend limitations and explore the complexities of right and wrong. Yet the consequences of this curiosity and its realization led to trouble and embarrassment (Trotman & Willoughby, 2017).

Efrati (2018) argues that religiosity imposes strict moral norms, enforced by influential authorities and potentially harsh penalties, such as banishment or death, shaping believers' thoughts and actions. For example, the Bible forbids having sexual intercourse before marriage and regards it as a sin that leads to death (Hebrews 13:4). Another verse also speaks of masturbation as a sin leading to death (Romans 8:12-34).



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These religious beliefs can foster negative attitudes toward sex and sexuality, intensifying feelings of shame, guilt, and judgment regarding sexual desires and behaviours (Edger, 2012). This can ultimately lead to inadequate or non-existent sexuality education for adolescents, potentially hindering their ability to make informed decisions about their sexual health.

### **2.2.2 Culture**

Culture is defined as a set of guidelines that influence group as well as individual behaviour, values, belief systems, symbols, practices, language, class, and sexuality (Agocha, Asencio & Decena, 2014). The author continues to say that the characterization of sexuality has traditionally been influenced both by religion and

philosophical writing. According to Heinemann, Atallah, and Rosenbaum (2016), culture also influences values, including deciding on suitable partners, appropriate sexual behaviours, the appropriate age of consent, and who determines what is appropriate.

Culture plays a critical and significant role within society and communities and has been used as a yardstick to infringe on the rights of individuals in light of their sexuality (Lane, 2015). Unlike religion, which constitutes a system of norms, beliefs, and values held sacred, culture is more concerned with the values, beliefs, and behaviours shared by a social group (Connell, 2013). From this, it is clear that in Africa, cultural and religious norms emerge as dominant forces influencing individual perspectives and attitudes, particularly in relation to sexuality and its repression (Amoah & Gyasi, 2016). These social institutions play a pivotal role in shaping societal values and beliefs, ultimately impacting how individuals perceive and express their sexuality.

Cultural disapproval of one's sexuality consequently limits access to and rights to basic services (Amoah & Gyasi, 2016). For instance, governments have consistently denied and protected the rights and universal access of sexual minorities by citing cultural and religious beliefs as "common knowledge." Certain sexualities are connected to spirituality in sub-Saharan nations like South Africa (Visser, 2013). For example, same-sex relationships are believed to carry a curse (Adamczyk & Cheng, 2015). The fear of being deemed deviant and eventually sanctioned in one's community could foster repression of sexuality. For example, adolescents who might experience same-sex feelings in a society that has only normalized heterosexual relationships might feel like there is something wrong with them and eventually repress those feelings.

## **Xhosa Culture and Female Sexuality**

Xhosa society is highly structured and relatively complex, though it has undergone considerable change over the years due to colonialism, modernization, and the influence of Western civilization. Traditionally, Xhosa people lived in numerous small "chiefdoms," each fiercely independent, with well-organized and often ritualistic cultural structures and practices in place, such as ukusoma, ulwaluko, intonjane, and ukuhlolwa, among others (Magadla, 2021). Critical rituals for females include intonjane and ukuhlolwa, which play significant roles during their pre-adolescent and post-adolescent years. Intonjane marks the transition from girlhood to womanhood and involves teachings about societal expectations and responsibilities, including aspects of sexuality (Sotewu, 2016). According to Maluleke and Troskie (2003), "the rite [intonjane] encourages the girls to maintain their virginity by stressing no sex before marriage." A woman's virginity has always been integral to her worth in Xhosa culture, as it was in many societies worldwide before the 1960s. A woman who had premarital sex was widely viewed as morally lax and unworthy of respect.

Another important and sacred ritual in Xhosa culture is the process of ukuhlwa, meaning virginity testing. The ukuhlolwa process is seen as playing a critical role in the upbringing of girls in Xhosa culture, controlling their sexuality and contributing to the minimization of teenage pregnancy (Made & Breakfast, 2023). While many areas within the Xhosa community have discontinued traditional rituals, such as in Makhandla, this background literature serves as a foundation for understanding why women are often afforded limited or no sexual rights within Xhosa culture. Consequently, discussions surrounding sexuality are commonly considered taboo.

### 2.2.3 Parenting Style

According to Simons et al. (2015), family is the most vital aspect in determining child behaviour. Children learn various behaviours and attitudes from their parents, and as such, sexuality should not be an exception (Smith, 2019). How a child views or interprets sexuality, to some extent, depends on the teachings they have acquired at home. Bronfenbrenner (2005), for example, discusses the bidirectional relationship between the parent and child, bringing to light the integral role parenting styles play in the developing microsystem (Hesse, 2019).

According to Bronfenbrenner (2005), Bandura's social cognitive theory suggests that individuals learn appropriate behaviours by observing role models, particularly those with similar characteristics. This observational learning is reinforced when rewards are involved, shaping attitudes and behaviours related to sexuality. Research supports a strong link between parent-adolescent attachment styles and their corresponding attitudes and behaviours toward sexuality (Hesse, 2019). Hoskins (2014) notes that Baumrind identified three distinct parenting styles: authoritative, authoritarian, and permissive. Baumrind defined parenting as the process by which parents encourage children to integrate into the family through maturity expectations, supervision, discipline, and confronting disobedience, ultimately shaping the child's development. Bronfenbrenner (2005) says Maccoby and Martin added another dimension, including parental warmth, support, and involvement (Hoskins, 2014).



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Baumrind, Maccoby, and Martin's (1977) research categorizes authoritative parents as highly responsive and demanding, utilizing supportive rather than punitive methods. These parents foster open communication, explain rules, and employ reasoning, guidance, and positive reinforcement (Gonzalez, Holbein & Quilter, 2002). According to Bornstein (2002), this parenting style yields favourable adolescent outcomes and is often deemed the most effective approach. Research shows that open parent-child dialogue reduces the likelihood of sexually risky behaviours among adolescents (Smith, 2019).

The authoritative parenting style creates a safe and conducive environment for adolescents to communicate openly in a non-judgmental or non-condemning space. This means that when the adolescent is experiencing sexual thoughts, feelings, and interests, the parents become the source to confide in. According to Markham et al. (2010), effective parent-child communication is vital, as it fosters family cohesion and connectedness, which, in turn, facilitates parental monitoring and awareness of a child's activities, social circle, and whereabouts.

Research in the United States found that adolescents who reported stronger communication with their parents were less likely to initiate sexual activity or engage in risky sexual behaviours (Karofsky, Zeng & Kosorok, 2001). Furthermore, adolescents with authoritative parents exhibited fewer externalizing behaviours, including a reduced likelihood of substance abuse, compared to those with uninvolved parents.



However, for an adolescent raised by authoritative parents who score low in responsiveness yet demanding, talking about sexual-related topics might be difficult. Baumrind, Larzelere, and Owens (2010) describe authoritarian parents as emphasizing obedience and compliance without explanation, creating a cold and unresponsive environment. These parents display low trust, minimal engagement, and discourage open communication, instead relying on strict control. Specifically, research highlights verbal aggression and psychological manipulation as the most harmful aspects of authoritarian parenting. Consequently, adolescents from such families often exhibit impaired social skills, diminished self-esteem, and elevated depression levels (Milevsky et al., 2006).

Adolescents growing up in authoritarian households may turn to their peers or social media as sources for sexual-related issues, which is not always a good idea. With the high level of peer pressure during adolescence, the lack of sexual-related communication, connection, and cohesion between adolescents and parents could result in adolescents partaking in risky behaviours like drug use and unprotected sex.

#### **2.2.3.1 Permissive style of parenting**

High levels of nurturing, low expectations for children's development, and low levels of control and communication between parent and child are traits of the permissive parenting style (Vasiou et al., 2023). Permissive parents are very involved with their kids but don't impose too many rules or demands on them. These parents don't do anything to teach their kids to be more self-reliant. Children of lax parents are given little parental control and are free to do as they like. Permissive parents frequently let their kids make decisions for themselves when they're not yet ready to do so (Simangunsong & Sihotang, 2022).

### 2.2.4 Sexuality Literacy

Sexuality literacy, according to UNFPA (2015), encompasses a comprehensive understanding of the emotional, cognitive, social, interactive, and physical dimensions of human sexuality. This educational process begins in early childhood and continues throughout adolescence and adulthood, fostering a lifelong appreciation of sexual well-being. The author continues, “for children and young people, it aims at supporting and protecting sexual development. It gradually equips and empowers children and young people with information, skills, and positive values to understand and enjoy their sexuality, have safe and fulfilling relationships, and take responsibility for their own and other people’s sexual health and well-being” (UNFPA, 2015).

In South Africa, Comprehensive Sexuality Education (CSE), introduced in 2000, faces implementation challenges. Key barriers include inadequate teacher training, conflicting personal and community values, and stigma surrounding sexuality education (Pieterse, 2019). CSE is mainly confined to Life Orientation classes, but its effectiveness is limited due to cultural diversity influencing curriculum content (Chaka, 2017). Parents' cultural and religious beliefs often restrict adolescent-parent discussions on sexual health, perpetuating a culture of silence, particularly among adolescent girls, who struggle to access, discuss, and express concerns about sexual issues.

A study in the Free State province revealed that while teachers acknowledged the importance of sexuality education, many believed it fell outside their responsibility (Chaka, 2017). Teachers' cultural and religious backgrounds significantly influenced their perceptions and approaches to sexuality education, with younger teachers more likely to accept responsibility and older teachers expressing discomfort.

Furthermore, sexuality literacy faces challenges due to widespread reliance on inadequate abstinence-only approaches. A 14-country UNFPA study found that at least half employed abstinence-based programs (Haberland & Rogow, 2015). Although these programs adequately addressed communication skills and age appropriateness, significant gaps existed in covering essential topics such as condom use, contraception, reproduction, STIs, abortion, service access, male circumcision, and puberty.

### **2.3 Effects of Teenage pregnancy**

In South Africa, inadequate sex education contributes to alarming rates of teenage pregnancy. Annually, approximately 16 million girls aged 15-19 give birth, accounting for 11% of global births (WHO, 2014). Despite declining adolescent fertility rates, 18 million girls under 20 give birth each year, with 2 million being under 15 (UNFPA, 2013). Early sexual activity, fuelled by peer pressure and media stereotypes, increases the risk of unwanted pregnancies and STIs (Chandra-Mouli et al., 2013). Teenage pregnancy has dire consequences, including inadequate maternal and perinatal health outcomes. Complications during pregnancy and childbirth are the second leading cause of death among 15-19-year-old girls globally, with 3 million undergoing unsafe abortions annually.

Adolescent mothers face increased risks, including school dropout, poverty, child marriage, pregnancy-induced hypertension, and abortion (Ayanaw Habitu et al., 2018). Their babies are more likely to die than those born to women over 35. Additional consequences for the foetus include preterm delivery, low birth weight, stillbirth, and high fatal and neonatal mortality (Macleod & Tracey, 2009).

In South Africa, adolescents often lack comprehensive and accurate knowledge about reproductive processes and sexuality, indicating a critical need for improved education and awareness. The reasons for this could be the unwillingness of parents or guardians to engage in sexual topics with adolescents due to these topics being deemed taboo or unholy. Additionally, sexuality literacy in schools is hindered by a lack of trained educators to discuss these topics. Research has identified a gap between contraceptive knowledge and practice, suggesting that familiarity with contraceptive methods does not necessarily translate to effective use (Macleod & Tracey, 2009).

#### **2.4 Inadequate Sexuality Education and School Dropout**

In South Africa, school dropout rates remain relatively low (<5%) between ages 6-15, complying with compulsory education laws (Timæus, Simelane & Letsoalo, 2013). However, rates significantly increase (15% to >50%) after age 16, coinciding with adolescence. Research by Stoner et al. (2019) in rural South African schools revealed a significant correlation between teenage pregnancy and school dropout. The study found that adolescents who experienced pregnancy during or before the study period were more likely to drop out of school compared to their peers without pregnancy experience. Furthermore, the study indicated that dropping out of school increased the risk of subsequent pregnancy, with young women who left school during the study period facing a higher likelihood of pregnancy compared to those who remained enrolled (Stoner et al., 2019).

##### **2.4.1 Antisocial behaviours**

Antisocial behaviour in childhood and adolescence encompasses various issues, including behavioural disorders, impulsivity, theft, vandalism, aggression, bullying, truancy, and running away from home (Farrington, 2005). Early sexual initiation (ages

11-14) poses additional risks, such as adjustment problems and unsafe sexual practices (Schofield et al., 2008). Parenting plays a crucial role in mitigating antisocial behaviour, with monitoring becoming increasingly important during adolescence (Gaik et al., 2010). Research reveals a strong correlation between parental monitoring, adolescent delinquency, and association with deviant peers. Inadequate parental supervision contributes significantly to the development and persistence of antisocial behaviour from middle childhood through adolescence.

An adolescent raised by authoritarian parents, in a less warm environment, with low levels of engagement and trust toward their child and discouragement of open communication (Baumrind, Larzeler and Owens, 2010), might be prey for peer pressure and depression. For example, a female adolescent starting to explore dating might be raped by their partner. However, because this female adolescent has no prior knowledge about sex, contraceptives, condoms, or the morning-after pill, they might be at risk of contracting a virus or unwanted pregnancy. Moreover, because the adolescent comes from an authoritarian home, openly communicating about the rape might be difficult. This can lead to suppression or repression, which could result in a high risk of developing major depression and substance use disorders, generalized obsessive-compulsive disorder, anxiety disorder, and eating disorders (Brown et al., 2009).

#### **2.4.2 Consequences of early sexual activities**

Adolescent sexual health is compromised by alarming rates of teenage pregnancy, rising sexually transmitted disease (STD) prevalence, and elevated abortion-related mortality. Medical conditions connected to adolescent sexual behaviour significantly

strain Nigerians' health (UNFPA, 2017). The development of cervical abnormalities in adolescents and subsequent infertility are two further issues besides pregnancy. Young people face harmful effects from early sexual involvement. Teenagers who start having sexual relations enter a world of risky behaviour that can hurt them physically and psychologically. Millions of adolescents disregard those hazards every year because of a mix of immaturity, a lack of direction (or inadequate guidance and false information), and ignorance, and they pay the price (UNFPA, 2017). Young males who have intercourse with other men run a greater risk of contracting HIV and other STDs. According to research, those with an STD are at least 2.5–5 times more likely than those who don't to contract HIV if exposed to the virus through sexual intercourse (UNFPA, 2017). According to one study (Centers for Disease Control and Prevention. (n.d.) younger men had the greatest rates of rectal Chlamydia and gonorrhoea among gay male clinic patients who had STD screenings. These results point to the necessity of adequate sex education for children.



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## **2.5 Theoretical Foundation**

### **2.5.1 Sexological Systems Theory (An ecosystemic approach in understanding sexuality)**

Sexological Systems Theory (SST) is a comprehensive framework used to understand the development of human sexuality and sexual behaviour. It views sexuality as a complex interplay of biological, psychological, social, and cultural factors within various systems, including individual, interpersonal, and societal levels (Jones et al., 2011). This theoretical approach emphasizes the interconnectedness of these factors and explores how they influence sexual attitudes, desires, and behaviours. SST is grounded in Urie Bronfenbrenner's Bioecological System Theory (BST). BST conceptualizes human development as an outcome of dynamic and mutually

reinforcing interactions among different systems (Jones et al., 2011). Upton and Upton (2011) identify these systems within environmental contexts as the microsystem, mesosystem, exosystem, macrosystem, and chronosystem, as categorized by Bronfenbrenner (1979). Influences such as norms, values, myths, policies, and the beliefs of individuals within the system in which children are raised can impact their development (Mahoso, 2020). By examining the dynamic interactions between different elements, Sexological Systems Theory provides a holistic understanding of human sexuality, allowing researchers and practitioners to address diverse issues related to sexual health, relationships, and identity (Jones et al., 2011).

The relevance of this study lies in acknowledging the presence of sexological factors in the environment and their impact on individuals' sexual growth. Within the context of Makhandia, adolescents may encounter challenges related to sexual education due to the interplay of factors within the sexological system at different levels. Examining these interactions offers an opportunity for the researcher to uncover the causes and consequences of insufficient sexual education among adolescents in Makhandia. This investigation aims to identify suitable interventions based on a thorough understanding of these dynamics.

### **Microsystem**

The microsystem, as outlined by Ryan (2001), is the closest system to the child and includes environments like home, school, and peer groups. This system holds significant influence on a child's development due to the direct relationships the child has within it. Mahoso (2020) underscores the importance of experiences within the microsystem, emphasizing that home, school, and peer group interactions collectively shape a child's development, given the substantial time spent in these settings. Jones

et al. (2011) highlight the family as a particularly impactful microsystem concerning sexual socialization. Parents' perspectives on sexual behaviour and gender significantly shape their children's beliefs about sex.

According to research by Fisher (1982) on parent-child communication and adolescent sexual knowledge and attitudes, effective communication about sexual values plays a pivotal role in shaping children's beliefs regarding sexual behaviours. Fisher (1982) asserts that adolescents who receive sexual education from their parents tend to exhibit more conservative behaviours, such as delaying the initiation of sexual relations and being more likely to use contraception. This underscores the crucial role of parental communication in influencing adolescent attitudes and behaviour towards sexuality.



## Peers

Peers constitute a vital component of the microsystem, significantly impacting an individual's attitudes, choices, and actions concerning sexuality. Buhi and Goodson (2007) emphasize that perceived norms, often communicated through peer networks, play a crucial role in shaping the sexual behaviour of adolescents. The influence of peers can lead individuals to conform to these norms as they seek social acceptance within their peer groups.

According to Peçi (2017), peers may exert influence by either encouraging or pressuring individuals to engage in sexual activities, whether promoting sexual behaviour or advocating for delaying such activities. Friends and peers also serve as sources of information about sex and relationships. However, Peçi (2017) warns that certain peer groups may endorse risky sexual behaviours, such as unprotected sex or substance use in sexual contexts, with potential adverse consequences.



Moreover, adolescents and young adults might utilize sexual behaviour to establish their identity or enhance self-esteem, guided by the influence of their peer groups. Sterk, Klein, and Elifson's (2005) study underscores the connection between low self-esteem and increased involvement in HIV risk among female youth. This further emphasizes the profound impact of peer dynamics on various facets of sexual behaviour and health outcomes.

### **Mesosystem**

A mesosystem comprises the interactions that take place among various microsystems within an individual's life (Jones et al., 2011). These interactions may involve connections between the child's school and family or between the child's school and religious environment (Mahoso, 2020). The mesosystem illuminates the ways in which these microsystems can mutually influence each other, thereby shaping the individual's sexual development and experiences.

Mahoso's (2020) research conducted in Zimbabwean schools suggests that a harmonious relationship between a child's family and school, or between a child's religion and school, can contribute to the effective delivery of Comprehensive Sexuality Education. This educational approach aims to empower the child, fostering assertiveness, communication skills, and improved judgment and decision-making abilities in navigating issues related to sexuality.

Conversely, discordant relationships between these elements, such as family-school or religion-school discordance, may hinder the provision of Comprehensive Sexuality Education. In such instances, the lack of alignment between these influential systems can result in gaps in the child's understanding, potentially leaving them uninformed or with misconceptions regarding sexuality matters (Mahoso, 2020). Recognizing the

impact of these relationships is essential for shaping effective sexuality education strategies and ensuring a well-rounded and informed sexual development for the child.

## **Exosystem**

The exosystem, as conceptualized by Bronfenbrenner (1977), represents a level of environmental systems that indirectly impact an individual's life, even when the individual is not directly involved in those settings. This tier of the ecological model encompasses elements such as government policies, community resources, the availability of social services, schools, churches, media, and recreational institutions. While the individual may not have direct, physical participation in these environments, events occurring at the exosystem level can significantly influence their microsystem.

In alignment with this perspective, Suárez, Núñez, and Castro (2022) further emphasize that the exosystem comprises external factors that operate outside the immediate experiences of the individual but can have consequential effects on their microsystem. This recognition underscores the importance of considering broader environmental influences, policies, and community resources when examining the factors that shape an individual's development and experiences within their more immediate surroundings.

## **School**

Sex education in schools serves as a crucial initial opportunity for individuals to acquire accurate information about sexual matters. The approaches employed in sexual education can wield significant influence over children's attitudes towards sexual behaviour, marriage, and condom use (Jones et al., 2011). Various methods of sex education have been identified as impactful in shaping beliefs about these aspects (Jones et al., 2011).

However, as highlighted by Mahoso (2020), the effectiveness of Comprehensive Sexuality Education can be hindered if a child is enrolled in a school with a non-supportive school development committee. In such cases, conflicts may arise if the school attempts to provide this education without the committee's agreement. The school committee, in turn, might propose policies that restrict or prohibit the instruction of Comprehensive Sexuality Education. This underscores the importance of collaboration and agreement between educational institutions and their governing bodies to ensure the successful implementation of comprehensive and accurate sexual education programs.

Another prevalent issue in schools is the exclusive focus of some sex education programs on abstinence, neglecting essential information on contraception and safe sex practices. The absence of this crucial information can have severe consequences, contributing to negative sexual experiences for students who become sexually active (Jones et al., 2011). Conversely, individuals who receive comprehensive sexual education, encompassing information on contraception and safe practices, are more likely to make positive and responsible sexual choices. This knowledge empowers them to engage in safer sexual encounters, fostering a more informed and satisfied approach to their sexual health (Jones et al., 2011). This highlights the importance of comprehensive and well-rounded sex education programs in schools to address the diverse needs and realities of students.

### **Healthcare and Community**

Accessing sexual health services in South Africa poses significant challenges for young people, attributed to various reasons. Dissatisfaction with the standard care provided at government clinics is a notable concern among adolescents, as

highlighted by Smith et al. (2018). Issues such as rigid clinic operating hours, impolite and judgmental staff members, frequent disrespect, and a failure to maintain confidentiality contribute to their dissatisfaction. These challenges present obstacles to young people seeking sexual health services, as the negative experiences may deter them from accessing the care they need (Smith et al., 2018).

Moreover, the availability of contraception for women is closely tied to the presence of adequate healthcare resources. Jones (2011) notes that when these resources are insufficient in a community or within the healthcare system, it can significantly impact development and sexual choices. The barriers encountered by adolescents in accessing sexual health services underscore the need for improvements in service delivery, addressing issues of convenience, staff behaviour, and confidentiality to ensure that young people can access essential sexual health resources and support.

### **Guardian's Occupation and Social Status**

Another noteworthy example of an exosystem is the employment status of children's parents. Although children are not directly involved in their parents' workplace dynamics, the events occurring during the parents' employment can significantly impact the microsystem—the core system where the child is present, as elucidated by Mahoso (2020). If there is misinformation or miscommunication among parents at work regarding the objectives of Contextual Sexual Education, this can translate into a reluctance to discuss such topics with their adolescents or even interference with the teaching of sexual education to their children. This places the adolescents at risk of navigating their adolescence without adequate information and guidance (Mahoso, 2020).

Conversely, Mahoso (2020) notes that children whose parents work for companies that promote sexual education tend to have better access to the resources they need and feel more comfortable engaging in open conversations with their parents about such topics. This highlights the influential role of the employment context in shaping the availability of sexual education resources and the communication dynamics within families, reinforcing the interconnected nature of systems in the broader ecological model.

## **Media**

While adolescents often identify their parents and friends as primary sources of sexual information, mass media plays a significant role in shaping their understanding of sexuality (Bleakley et al., 2009). Concerns arise from the nature of media depictions of sexuality, with worries that excessive exposure to these portrayals may foster stereotypical or casual attitudes toward sexual relationships, create distorted expectations, and contribute to irresponsible sexual decision-making (Ward, 2003). Misinformation presented in television and magazines can contribute to feelings of sexual inadequacy (Jones et al., 2011) and foster unrealistic beliefs about sex and gender roles, ultimately negatively impacting an individual's sexual development.

## **Macrosystem**

Macrosystems, as defined by Suárez et al. (2022), encompass generalized patterns created by a complex network of larger and interconnected systems. Examples of components constituting macrosystems include culture, religion, societal values and norms, politics, and the national economy in which a child grows up. These cultural, societal, and ideological interactions significantly influence individuals and their sexual

development. Despite the macrosystem being distinct from the microsystem where children are regularly present, its impact on the child can be profound (Mahoso, 2020).

When examining sexuality within the macrosystem framework, the focus involves considering how cultural norms, values, laws, and societal attitudes influence individuals' sexual experiences, behaviours, and identities. The macrosystem provides the broader context within which microsystems operate, shaping the overall environment and influencing the factors that impact an individual's sexual development. This acknowledgment underscores the importance of understanding and addressing the broader societal and cultural influences on sexual development to promote a comprehensive and nuanced approach to sexual education and well-being.

### **Culture and ethnicity**



Culture serves as a fundamental framework that shapes acceptable attractions, norms for sexual relationships, and the appropriate times and settings for sexual activity, as highlighted by Jones et al. (2020). These cultural messages about sexuality are often transmitted from parents to children, inherited from broader societal and cultural influences. While culture can have positive impacts on society, it may also impede open discussions on topics related to sex between adults and adolescents.

In various African cultures, there is a common phenomenon of adults being reluctant to engage in discussions about sexuality with their children (Sida, 2016). This lack of communication puts adolescents, who seek guidance, at significant risk, as they may lack trustworthy sources for advice. This communication gap can hinder the development of a healthy understanding of sexual health and relationships.

Moreover, certain cultural values may negatively impact female adolescents, with an emphasis on virginity as a symbol of purity, self-worth, morality, and adherence to

cultural norms for females. This emphasis on virginity may contribute to stigmatization, shame, and sexual guilt for those who feel ready to engage in sexual intercourse, hindering the overall well-being and sexual development of these adolescents (Azende, 2018).

## **Religion**

Across various religious affiliations, there are commonly prescribed guidelines regarding the timing and purpose of sexual intercourse. Numerous faiths disapprove of premarital sex, homosexuality, or engaging in sexual activity for reasons other than procreation, impacting the sexual behaviour of young adults (Uecker, 2008). The influence of religious beliefs can either increase or decrease the importance of sexuality. For instance, individuals who participate in sexual acts contrary to their religious traditions may encounter feelings of guilt related to their sexual behaviour (Jones et al., 2011).



## **Chronosystem**

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The chronosystem, a component of Bronfenbrenner's ecological theory, considers the temporal context influencing a child's development. This system encompasses external events, such as parental loss, and internal changes, like physiological maturation, that unfold over time (Ryan, 2010). This concept acknowledges that individuals undergo development within a dynamic socio-historical context, and life events and transitions over time can have a substantial impact on their development. For example, shifts in societal views on sex education policies in schools could be considered part of the chronosystem, moving from previously deeply held beliefs that teaching children about sex may cause experimentation (Mahoso, 2020). If parents caution their child that sexual intercourse is "negative and impure" before introducing

a biological perspective in sex education, the child might not internalize the idea that sexuality is a natural and normal process (Jones et al., 2011). Sexual abuse can significantly impact an individual's sexual development, representing a chronosystemic influence. The severity of dysfunction varies depending on factors such as the victim's developmental stage and the duration of the abuse (Jones et al., 2011).

## **Summary**

Understanding sexological systems theory is essential in assessing and addressing how different aspects of an individual's environment can work together or conflict with each other. It is a crucial concept within ecological systems theory as it recognizes that an individual's experiences and development are not solely determined by a single microsystem but are shaped by the interactions between multiple microsystems in their lives.



## **2.6 Conclusion**

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In summation, this chapter has provided a discussion of sex education and the consequences of inadequate sex education through a literature review and an empirical review. The literature has established that inadequate sex education is not only a problem but also has severe consequences, such as exposing adolescents to diseases and pregnancy when they should be pursuing education. Additionally, the need to draw connections to the South African situation, culture, socialization, parenting style, and peer pressure has been discussed as factors influencing inadequate decision-making by adolescents regarding matters of sex. The next chapter will discuss the methodology of the study.



## **Chapter Three: Research Methodology**

### **3.1 Introduction**

Following the comprehensive literature review presented in Chapter 2, this chapter outlines the methodology employed to collect and analyse data for the study on sexual education among female adolescents. It covers three key research aspects: research design, data collection, and data analysis. Additionally, ethical considerations during data collection are addressed. The chapter begins by situating the study within a specific research paradigm, building upon the theoretical frameworks and empirical evidence presented in the literature review. This provides a solid foundation for investigating the research questions and hypotheses. The study's research design is then explained, along with the rationale behind the chosen approach. The data collection strategies employed in the study are subsequently outlined, including participant recruitment and sampling methods. The data collection instruments used are also described, ensuring transparency and replicability. Furthermore, the procedures for processing and interpreting data are detailed, providing a clear understanding of the data analysis methods utilised. The stages and processes involved in the study, from participant recruitment to data interpretation, are meticulously outlined to provide a comprehensive understanding of the research methodology. By aligning with the literature review, this methodology chapter provides a robust framework for investigating the complex issues surrounding sexual education among female adolescents.

### 3.2 Research Methodology

Research methodology refers to the systematic and structured approach employed to investigate a research problem (Rajasekar, 2006). This study adopted a qualitative research methodology, suited to the research problem, questions, and theoretical orientation. The primary objective was to explore the consequences of inadequate sex education among adolescents in Joza, Makhanda. A qualitative approach enabled in-depth examination of the complex social, economic, and political factors influencing adolescents' experiences. This methodology facilitated unpacking specific scenarios and underlying structures contributing to the issue. Quantitative methods, focusing on numerical data, would not have captured the nuances of the Makhanda context. The qualitative methodology allowed for an exploratory and descriptive investigation, ideal for understanding the consequences of inadequate sex education (Limb & Dwyer, 2001). By moving beyond surface-level issues, this approach revealed the intricate systems and processes shaping social outcomes in Makhanda. The chosen methodology aligned with the study's goals, providing a comprehensive understanding of the research context. Through qualitative inquiry, the researcher aimed to gain rich insights into the experiences and challenges faced by adolescents in Makhanda, ultimately informing strategies for improved sex education.

### 3.3 Research Paradigm

Research methodologies are embedded within philosophical contexts, driven by underlying assumptions (Cameron, 2011). Different paradigms vary in their epistemological, ontological, and methodological positions (Van Thiel, 2014). The choice of paradigm influences research strategies, designs, objectives, and purposes (Alasuutari et al., 2008; Babbie & Mouton, 2010; Engel & Schutt, 2012). This study

employs a qualitative methodology rooted in the interpretive paradigm (Van Thiel, 2014). This paradigm posits that reality consists of individuals' subjective experiences of the external world (Maree et al., 2016). It adopts an intersubjective and empathetic epistemology, utilising qualitative and interactive methodologies.

Interpretivism assumes that understanding social phenomena requires grasping the social world constructed and reproduced through participants' actions and activities (Blaikie, 2007). This worldview enables the researcher to contextualize adolescents' choices regarding sexual issues, recognizing that participants continually interpret and reinterpret their world. Characteristics of the interpretive paradigm include: emphasis on "verstehen" (understanding); holistic meaning and relations; inductive description and understanding; and qualitative data.

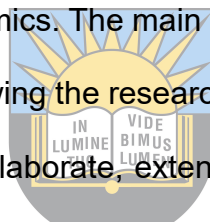
This paradigm assumes that meaning and ideas are socially constructed, focusing on relevant aspects of social action (Blaikie, 2007). Social reality is viewed as a product of its inhabitants, with pre-existing interpretations of the social world. Power asymmetries within institutional, political, economic, social, cultural, and legal contexts are acknowledged. Participants' views are considered factual, providing insights into emotions, perceptions, and beliefs associated with social, economic, and political conditions. By exploring participants' perspectives, this study aims to inform welfare policies addressing adolescents' needs.

### **3.4 Research Design**

A research design serves as a strategic blueprint, connecting research questions to implementation (Creswell, 2009). It integrates various study elements into a cohesive, meaningful whole (Babbie, 2010). The primary function of a research design is to ensure that gathered evidence clearly addresses the research question, minimising

ambiguity. Effective research design involves a reflexive process, spanning all project stages (Maxwell, 2012). This iterative approach enables researchers to adapt and refine their methodology, ensuring alignment with research objectives.

This study employed an explanatory research design, aimed at uncovering underlying causes, relationships, and effects related to the social phenomenon under investigation (Engel & Schutt, 2010; Marlow, 2010; Thomas & Pierson, 2010). Explanatory research seeks to identify causal factors, explore connections between variables, determine the impact on behaviour, and predict relationships between variables. By adopting this design, the study aimed to provide in-depth insights into the complex interactions influencing the phenomenon, shedding light on the underlying mechanisms and dynamics. The main use for explanatory research was to explain why events occurred, allowing the researcher to understand the phenomenon in depth and efficiently, to build, elaborate, extend, test, or revise an existing theory (Babbie & Mouton, 2010). The researcher used this method in an attempt to respond to research questions that addressed “how” and “why” there was inadequate sexual education among female adolescents of Joza Location, Makhanda, and how they were affected by this phenomenon (Malina et al., 2011). According to Mouton (2001), research design commences with the research problem and questions, focusing on the ultimate outcome of the investigation. Consistent with Aberdeen (2013c) and Yin (2009), this study utilised an explanatory design to systematically document and analyse the outcomes of various interventions. By adopting this approach, the study facilitated a contextualised exploration of the research phenomenon, providing a deeper understanding of the complex issues at hand.



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### 3.5 Data collection methods

According to Creswell (2009), data collection methods comprise the procedures selected by researchers to gather data. Similarly, Mligo (2016) defines these methods as systematic and precise tools tailored to address specific research sub-problems. These tools include interviews, participant observations, focus group discussions, narrative analyses, and case studies, which enable researchers to collect relevant data in a structured and methodical manner.

The research instrument that was utilized in this research was an interview guide. Interviewing was the leading method of data collection in qualitative research. Information was collected through direct interaction with a group or individual whom the researcher knew to have the required information (DePoy & Gilson, 2008). Interviews were used to examine the opinions, understanding, beliefs, and/or motivations of the participants on a particular matter (Gill et al., 2008).

According to Ellis and Levy (2009), interviews involve asking individuals about their attitudes towards a specific subject through a structured set of questions. Babbie (2010) further defines interviews as deliberate, in-depth discussions designed to explore participants' perceptions on a particular topic in a neutral, non-intimidating setting. Successfully conducting an interview requires refined skills to ensure that all participants respond thoughtfully (De Vos et al., 2011).

The reason why the researcher chose this method was that interviews were advantageous to use since one could mostly utilise open-ended questions which gave the researcher more information about the area of study. They were also not confined to asking questions and the participant giving an answer, but the participant was able to freely contribute even with unquestioned answers. Data collection during interviews

involved taking detailed notes and observing participants' non-verbal cues and emotional expressions. This multi-faceted approach aimed to enhance the study's credibility, reliability, and validity by capturing both verbal and non-verbal responses.

### **3.6 Research Instrument**

According to Babbie (2010), a data collection instrument refers to the tool used by researchers to gather information from participants. In this study, a semi-structured interview guide served as the primary data collection instrument. This approach, as described by DiCicco-Bloom and Crabtree (2006), allowed for flexibility in exploring specific areas of interest while maintaining focus. The semi-structured interviews were conducted using the guide provided in the Appendix. With participants' consent, a tape recorder was used to capture the discussions, ensuring accurate documentation of the valuable insights shared.



### **3.7 Research domain**

The research setting, also known as the research domain, encompasses the specific context and environment in which the study was conducted (Creswell, 2009). This research was conducted in Makhanda, an administrative area under Makana Local Municipality, Sarah Baartman District Municipality, Eastern Cape, South Africa. This geographic and social backdrop played a crucial role in shaping the research outcomes, as it influences the participants, data collection processes, and overall research dynamics. Makhanda is a multi-racial town, with most of its population comprising Xhosa-speaking inhabitants. In essence, this research domain provided the ecological validity necessary for generalising findings to similar settings. Understanding the research domain is vital for contextualising the study's results, acknowledging potential biases, and ensuring the transferability of findings to other

comparable environments. Makhanda was regarded as a community that struggled with high unemployment rates, high teenage pregnancy, inadequate educational levels, and significantly inadequate health (Cramm & Nieboer, 2011). Hence the researcher identified the community of Makhanda as a research site.

### **3.8 The study population and sampling**

Identifying the appropriate population was crucial in this study as it ensured that participants could provide valuable insights into the consequences of inadequate sex education among adolescents in Makhanda. Following Burns and Grove's (2005) guidelines, careful consideration was given to selecting participants with expertise in this area. Consistent with Bowling's (2009) definition, the population referred to the broader group of individuals from which a sample would be drawn and to which the findings could be generalised. Hassan (2014) further clarified that a research population comprises a well-defined group of individuals sharing common characteristics, traits, or features. In this context, the population consisted of individuals possessing expert knowledge on the consequences of inadequate sex education.

To ensure a rich and nuanced understanding, the study targeted adolescents with first-hand experience in addressing the consequences of inadequate sex education among adolescents. By engaging this specific population, the study aimed to gather credible, reliable, and generalisable data that could inform effective strategies for mitigating the negative impacts of inadequate sex education. The population of this research study was made up of twelve black female adolescents, who were between the ages of 13-19, residing in Joza location, Makhanda. The reason why this age group was selected was because it is the age group which is sexually active. Though immature, the age

group experiences hormonal changes in the body which pushed most girls within that age range to want to experiment sexually and as such, the researcher hoped that that age range would provide the most vital information.

### **3.9 Sampling Procedure**

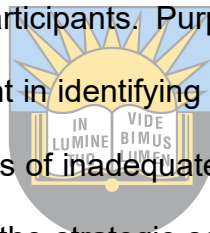
A sample represents a subset of the larger population, comprising individuals, events, or objects that are the focus of a research study (De Vos et al., 2011). Sampling involves selecting participants from the population to serve as representatives (Welman, Kruger, & Mitchell, 2006). Researchers employ two primary sampling methodologies: probability and non-probability sampling. Probability sampling, as described by Marlow (2010), ensures that every element in the population has an equal chance of selection, facilitating unbiased representation. Conversely, non-probability sampling enables researchers to deliberately select participants based on the research problem's specific requirements and the phenomenon under investigation. This flexible approach allows for targeted data collection, often focusing on specific characteristics, experiences, or expertise.

The choice between probability and non-probability sampling depends on the research objectives, population characteristics, and desired generalisability of findings. By understanding these sampling methodologies, researchers can select the most suitable approach to ensure reliable and meaningful data. For the purpose of this study, a non-probability sampling method was used. Non-probability sampling has four types: snowball, self-selection, quota sampling, convenience sampling, and purposive sampling.



For the purpose of this study, the researcher utilized purposive sampling since it is a type of non-probability sampling that is more effective when researchers need to study a certain phenomenon, as suggested by Samuel-Rosa, Anjos, and Vasques (2014). According to Bless, Higson, and Kagee (2006), purposive sampling involves the deliberate selection of research participants from the population who exhibit specific characteristics relevant to the investigation. Similarly, Babbie (2010) defines this technique as a conscious decision-making process where researchers choose individuals and research sites that can provide valuable insights into the phenomenon under study.

In this study, female adolescents aged 13-19 years from Joza location in Makhanda were intentionally selected as participants. Purposive sampling was employed to leverage the researcher's judgment in identifying participants who could provide rich, in-depth data on the consequences of inadequate sexual education (Burns & Grove, 2005). This approach allowed for the strategic selection of participants with specific characteristics, experiences, and perspectives that could shed light on the research questions. By focusing on this particular demographic, the study aimed to gather comprehensive data that would illuminate the complex issues surrounding inadequate sexual education among adolescents in this specific context. As emphasized by Burns and Grove (2005), purposive sampling enables researchers to concentrate on the most relevant characteristics of the study population, ultimately yielding data that directly addresses the research questions and objectives. This targeted sampling approach facilitated the collection of nuanced and contextualised data, providing a deeper understanding of the consequences of inadequate sexual education among female adolescents in Joza location.



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### **3.10 Data Collection Process (Focus group discussion).**

The focus group meeting was conducted at the Joza location Duna library hall and was divided into two parts. The first session lasted 1 hour and 30 minutes, after which participants had a break with refreshments. The second session also lasted 1 hour and 30 minutes before concluding. Participants were thoroughly briefed on consent, their right to discontinue participation at any time if they felt uncomfortable, and the limitation of confidentiality. They were assured that their identities would remain confidential, and pseudonyms would be used in the paper. All participants had been sexually active, with varying levels of experience.

Discussion rules were established regarding language use, ensuring no disrespect, humiliation, or inappropriate humour to manage the age difference within the group. The focus group comprised a diverse group of participants. Some were open and comfortable to engage, while others were more reserved and required probing, particularly the younger ones. Initially, most participants were shy and giggly when the purpose of the focus group was being thoroughly discussed. This behaviour suggested a level of discomfort, although they used humour and laughter to cope. Participants were all from the same neighbourhood and were familiar with each other, as some attended the same schools. This familiarity helped them become more comfortable engaging in the discussion.

No incidents requiring a breach of confidentiality arose during the focus groups, as the nature of the discussion did not delve into deep personal disclosures, typical of one-on-one interviews. While participants shared to some extent, the depth of sharing was limited compared to one-on-one interviews.

### 3.11 Data Analysis

This study employed focus group interviews as the data collection method and utilised thematic analysis, a qualitative data analysis approach, to examine the gathered data. Throughout the analysis process, the research questions served as reference points to identify, examine, and interpret themes, ensuring alignment with the study's objectives. The research questions guided the exploration of interrelationships among the emerging themes, as suggested by Creswell (2009). The thematic analysis involved deriving themes from the collected data and presenting them in a logical and coherent manner. Theoretical frameworks provided valuable insights and guidance during data analysis, informing the interpretation of findings. Consistent with Welman and Kruger's (2006) perspective, the qualitative data analysis process was iterative, fluid, and continuous, spanning data collection, entry, and presentation stages.

Throughout this cyclical process, research theories and questions served as guiding tools, ensuring that the analysis remained focused and aligned with the study's objectives. By integrating theoretical perspectives with empirical data, the study aimed to provide a comprehensive understanding of the research phenomenon. The thematic analysis approach enabled the identification of patterns, relationships, and meanings within the data, ultimately shedding light on the study's central research question

The initial step in data analysis involved data reduction, where the researcher distilled the voluminous raw data from participants, distinguishing significant from insignificant and infrequent responses (Creswell, 2013). This process facilitated the identification of recurring patterns and themes within the data. By recognising these patterns, the researcher constructed a conceptual framework to interpret the underlying meaning of the collected data. Subsequently, similar responses were categorised into themes, imparting structure and coherence to the data (Braun & Clark, 2006). This

methodology aligns with content thematic analysis, as described by Guest, Macqueen, and Namey (2012). They define this process as the systematic compression of extensive textual data into concise content categories, governed by explicit coding rules.

In essence, content thematic analysis enabled the researcher to systematically organise and condense the data, uncovering underlying themes and patterns that provided insight into the research phenomenon.

To analyse the data, the researcher began by transcribing audio recordings into written form. Subsequently, Creswell's (2009) eight-step data analysis framework, based on Tesch's methodology, was employed to systematically examine the data.

- 
- The analysis commenced with planning, involving careful reading of all transcripts and noting initial impressions related to the research topic. This stage laid the groundwork for making sense of the raw data.
  - Next, the researcher conducted an in-depth examination of two transcripts, representing the focus group discussions. This involved randomly selecting a transcript, reading it thoroughly, and recording thoughts and questions in the margins. As emphasized by Tesch (Creswell, 2009), the focus shifted from the surface-level content to uncovering underlying meanings.
  - Concurrently, the researcher identified and listed emerging topics from the data. Similar topics were grouped and categorised into "major topics," "unique topics," and "leftovers." This process facilitated the organisation of key themes.

- The abbreviating stage involved re-examining the data, assigning codes to each topic, and annotating relevant text segments. Preliminary organising schemes were explored to identify new categories and codes.
- During the description phase, the researcher refined topic descriptions, transforming them into categories. Related topics were consolidated, and interrelationships between categories were established. This coding strategy entailed generating categories, themes, and patterns. Text data was systematically organised into categories, labelled with vernacular terms in IsiXhosa, the participants' native language. Hennink, Hutter, and Bailey (2011) term such labels "in vivo terms," emphasizing the importance of using participants' own language to ensure contextual accuracy.
- By employing this rigorous eight-step analysis framework, the researcher ensured a comprehensive and nuanced understanding of the data. The systematic approach facilitated the identification of key themes, patterns, and relationships, providing a rich foundation for interpreting the research findings.

Upon finalising the abbreviations for each category, the researcher organised the codes in alphabetical order, facilitating a systematic analysis. This coding process yielded several themes that comprised the study's primary findings, which were presented as distinct headings in the findings section (Miles, Hubberman, & Saldana, 2014).

The analysis progressed through two additional stages:

- Preliminary Analysis: At this juncture, the data began to reveal order and meaning. The researcher conducted a preliminary examination of the data

within each category, scrutinising the material to identify patterns, relationships, and nuances.

- **Reporting:** Following a satisfactory preliminary analysis, the researcher compiled the research findings into a comprehensive report. This involved documenting the study's results in a clear and concise manner, presented in the subsequent chapter. The reported findings provided an in-depth exploration of the research phenomenon, grounded in the thematic analysis.

By completing these stages, the researcher ensured a rigorous and transparent analysis process, culminating in a robust presentation of the study's findings. Tesch (Creswell, 2009) mentioned that the qualitative researcher conceded that bias and error might influence the process of data interpretation, and as such, the researcher took steps to correct this by ensuring that evidence for the analytical findings existed in the data and that different interpretations of the data could be reconciled. By so doing, the research conclusions were grounded in the real-world patterns that emerged from the research findings. It was therefore crucial for the researcher to document the process of analysis thoroughly so that the logic of the analysis could be tracked even by an independent observer.

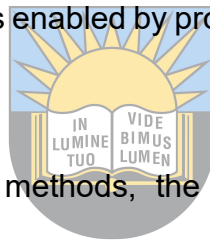
### **3.12 Method of Data verification**

Ensuring the reliability and validity of research findings is crucial in qualitative research, which Creswell (2009) refers to as qualitative validity. This involves employing procedures to verify the accuracy of the study's findings. In this study, the researcher utilised both constructive and post hoc verification methods to ensure data trustworthiness. Constructive verification occurred during data collection, where

strategies such as audio recording and transcription verification were employed to ensure accuracy. Additionally, an audit trail was maintained to document decision-making processes and rationales, aligning with empirical research standards.

Post hoc verification took place during preliminary analysis, where the researcher cross-checked interpretations against collected data to assess the alignment between findings and empirical evidence. The study prioritised four essential facets of trustworthiness, or data verification, to enhance the research's credibility. Credibility was ensured by verifying that findings accurately reflect participants' experiences. Dependability was achieved through documenting the research process to facilitate auditability. Confirmability was established by verifying findings through objective analysis. Finally, transferability was enabled by providing thick descriptions to facilitate generalisability.

By integrating these verification methods, the researcher enhanced the study's trustworthiness, ensuring that findings are reliable, valid, and generalisable.



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### **3.11.1 Truth-value**

In this study, the truth-value paradigm, a crucial facet of qualitative validity, was paramount during data collection and analysis. Truth-value refers to the extent to which the researcher establishes confidence in the study's findings, contextualised within the research environment (Creswell, 2009). In qualitative research, truth-value emerges from the nuanced exploration of human experiences as perceived and lived by participants. Creswell (2009) emphasizes that researchers must represent multiple realities comprehensively while preserving the accuracy of individual participants' social realities. This entails accurately describing and interpreting participants'

accounts to create a synchronised, meaningful version that retains the original truth and meaning of each narrative.

To ensure truth-value in this study, the researcher employed various interviewing techniques, including reflection, probing, and follow-up questions, to delve beyond superficial responses. Participants were engaged for 30-40 minutes per session, striking a balance between data saturation and maintaining concentration. Prolonged engagement helped detect response sets, where participants consistently agreed or disagreed with questions, potentially indicating superficial or inaccurate responses (Miles et al., 2014). By fostering an immersive and focused discussion, the researcher minimised the likelihood of inaccurate or false responses. This approach also enabled the identification of inconsistencies or contradictions in participants' narratives, allowing for clarification and verification. The researcher's active listening and empathetic stance further facilitated participants' openness, promoting richer, more authentic data.



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Through these strategies, the study aimed to establish confidence in the findings, ensuring that participants' experiences and perceptions were accurately represented. By doing so, the research findings provide a reliable and trustworthy foundation for understanding the phenomenon under investigation.

### **3.11.2 Applicability**

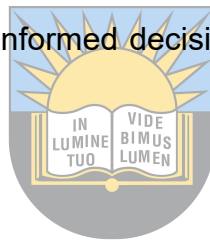
The study's second trustworthiness criterion was applicability, which refers to the degree to which findings can be transferred from the research group to another group without compromising accuracy (Creswell, 2009). Applicability encompasses the



extent to which findings can be applied to different contexts, settings, or populations, essentially facilitating generalisation from the sample to larger populations.

Creswell (2009) posits that applicability is achieved through transferability, emphasizing that this responsibility lies with the individual seeking to apply the findings to a new situation or population, rather than the original researcher. To enable transferability, the study provided rich, descriptive data, allowing other researchers to assess the parameters for applicability and comparison.

By presenting detailed contextual information, the researcher facilitated the evaluation of findings' relevance and adaptability to other settings. This transparent approach enabled potential users of the research to determine the applicability of the findings to their specific contexts, promoting informed decision-making and potential replication or adaptation of the study.



### **3.11.3 Consistency**

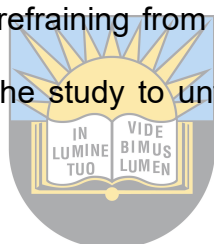
The third trustworthiness criterion focused on consistency, which refers to the likelihood of replicating the findings if the study were repeated with the same subjects or in a similar context (Creswell, 2009). Consistency is ensured through dependability. To achieve consistency, the study provided a detailed description of the research context, sampling methods, data collection, analysis, and interpretation procedures. This comprehensive documentation enables replication and facilitates future researchers' understanding of the study's uniqueness. By disclosing the specifics of the study's methodology and participant characteristics, the researcher established a clear audit trail.

This transparent approach allows for the assessment of the study's dependability, ensuring that future researchers can evaluate the findings' reliability and potential for

replication. The dense description of methods also contextualizes the study's findings, acknowledging the temporal and spatial specifics of the research setting.

#### **3.11.4 Neutrality**

The final trustworthiness criterion was confirmability, defined by Creswell (2009) as the degree to which findings remain unbiased by the researcher's perspectives. This ensures that findings are solely derived from participants' responses and research conditions, uninfluenced by external motivations or biases. De Vos et al. (2011) expand on this concept, emphasizing that neutrality encompasses not only researcher objectivity but also the unbiased nature of the data itself. Throughout this study, the researcher maintained neutrality, refraining from imposing preconceived notions on the research topic. This allowed the study to unfold organically, unencumbered by biases.



By upholding neutrality, the researcher ensured that findings reflect the participants' authentic experiences and perspectives, rather than being shaped by external influences. This rigorous approach enhances the study's confirmability, reinforcing the credibility of the research findings.

#### **3.12 Ethical Considerations**

Ethical considerations are fundamental moral principles guiding research, distinguishing right from wrong (Best & Kahn, 2006). These principles ensure researchers adhere to professional standards when conducting studies and interacting with participants. This research prioritised ethical integrity, adhering strictly to the University of Fort Hare's ethical protocol. To ensure compliance, the researcher obtained permission from the University Research Ethics Committee, receiving a

clearance certificate (MAK011SBOW01) attached in the appendix. Informed consent was a critical aspect, providing participants with comprehensive information to make informed decisions about participation. Participants were fully briefed on the study's purpose, objectives, and their rights, including the option to refuse participation or withdraw at any time.

Confidentiality and privacy were upheld to safeguard participants. To achieve this, names were not disclosed, and data remained anonymous. Maintaining participant anonymity and confidentiality was crucial to fostering trust and ensuring open communication. By keeping personal information private, the researcher protected participants from potential harm or exploitation. The researcher implemented rigorous ethical standards, ensuring participants' protection and trust. This included respecting participants' autonomy and right to self-determination. By prioritising ethical considerations, the researcher ensured a morally sound and responsible study, upholding the rights and dignity of participants:



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### **3.12.1 Parental Consent**

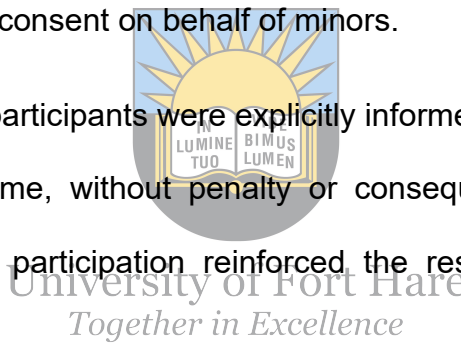
To ensure ethical integrity, family members played a vital role in obtaining consent for minor participants. In accordance with established protocols (Hardwick & Worsley, 2011), the researcher engaged with the participants' current caregivers to obtain informed consent. Prior to conducting interviews, the researcher thoroughly discussed the study's details with the caregivers.

Additionally, parents or guardians were provided with parental consent forms, which granted permission for the researcher to interview minors under the age of 18. This systematic approach ensured that all necessary consents were obtained, respecting the rights and well-being of vulnerable populations.

### **3.12.2 Informed Consent**

In accordance with ethical standards, participants have the right to be fully informed about the research, its potential impact, risks, benefits, and their freedom to decline participation (Bless et al., 2006). Informed consent serves as a crucial procedure to ensure participants comprehend the research, their involvement, and potential risks (Hardwick & Worsley, 2011). To uphold this principle, the researcher provided participants with a comprehensive explanation of the study in isiXhosa, despite the consent form being written in English. This verbal explanation ensured participants possessed a clear understanding of the research. The study's information was thoroughly disclosed, and consent forms were obtained from participants of legal age, while guardians provided consent on behalf of minors.

Prior to the focus group, participants were explicitly informed of their right to withdraw from the study at any time, without penalty or consequence. This emphasis on autonomy and voluntary participation reinforced the researcher's commitment to ethical conduct.



### **3.12.3 Privacy, Confidentiality, and Anonymity**

The researcher prioritised the protection of participants' personal information, upholding the principles of privacy, confidentiality, and anonymity. Privacy entailed respecting individuals' personal boundaries, while confidentiality ensured the secure handling of collected data (Hardwick & Worsley, 2011). To maintain confidentiality, the researcher safeguarded information, preventing any identification or tracing back to individual participants.

Anonymity, as emphasized by De Vos et al. (2011), guaranteed the privacy of participants by removing identifiable information. To achieve anonymity, pseudonyms

were used during data analysis and interpretation, eliminating any link to participants' personal information. This rigorous approach ensured that no identifiable data would be published, protecting participants' identities and maintaining their trust.

By adhering to these ethical standards, the researcher created a secure and trustworthy environment for participants to share their experiences, free from concerns about privacy breaches or personal exposure.

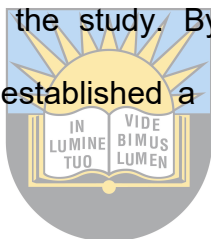
#### **3.12.4 Avoidance of Harm**

De Vos et al. (2011) emphasized that social research must prioritise the well-being and safety of participants, ensuring that no harm or injury is inflicted, regardless of their voluntary participation. The researcher diligently safeguarded against potential dangers, including physical, emotional, and psychological harm. In line with Hardwick and Worsley's (2011) perspective, the study focused on mitigating psychological distress, recognising its potential impact on participants' mental health and well-being. This cautious approach acknowledged that research-related harm can manifest emotionally or psychologically, rather than solely physically.

To minimise potential harm, the researcher implemented rigorous protocols, ensuring a supportive and non-threatening environment for participants to share their experiences. This ethical consideration reinforced the study's commitment to protecting participants' dignity, autonomy, and overall well-being. The protection from harm was about avoiding exposing participants to physical or mental distress from any form of danger or harm. For this research study, the researcher ensured that the research questions in the interview were not going to make the participants feel uncomfortable in any manner.

### 3.13 Conclusion

This chapter provided an in-depth examination of the methodological procedures employed in the study, encompassing the qualitative methodology, research paradigm, and research design. The discussion also focused on the population, sampling techniques, and data collection methods utilised. The chapter highlighted the significance of methodological awareness in research, emphasizing the importance of careful consideration in the research process. Building on this foundation, the subsequent chapter presents a comprehensive analysis of the findings derived from interviews and secondary sources. Preceding the presentation of findings, critical aspects such as ethical considerations and trustworthiness were thoroughly addressed, lending legitimacy to the study. By meticulously attending to these essential elements, the research established a robust framework for credible and reliable results.



The following chapter elaborates on the study's findings, providing an insightful exploration of the data collected, and shedding light on the research questions and objectives.

## **Chapter Four: Discussion and presentation of findings**

### **4.1 Introduction and discussion of emergent themes**

#### **Table 2: Personal details of the participants for sample**

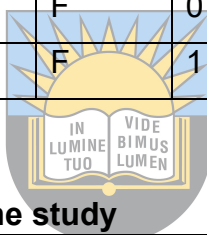
In this chapter, the researcher discussed the findings of a qualitative study focused on exploring the consequences of inadequate sexual education among adolescent girls aged 13-19 in Joza Location, Makhanda. The study involved 12 participants who were still in school during the data collection. The major themes that emerged from the data included cultural and religious influences, relationships with parents, preferences, sexual education facilitation, life orientation effectiveness, lack of knowledge, and the relevance of African and Xhosa cultures.



The sample was interviewed through focus group interviews, providing valuable insights for data analysis and ensuring the validity of opinions. The chapter was structured around these major themes, with sub-themes discussed under each main theme. The themes were derived from the study's objectives, aligning with the information needed for main themes and sub-themes. A two-tier approach was adopted by the researcher, focusing on discussing and contrasting or comparing findings simultaneously for each theme.

To protect participant anonymity and confidentiality, numbers were used instead of names.

| N<br>o | Pseudon<br>ym | Age | Place of<br>residence | Gende<br>r | Dependen<br>ts | Type of<br>marriage | Source<br>of<br>income |
|--------|---------------|-----|-----------------------|------------|----------------|---------------------|------------------------|
| 1      | P1            | 14  | Joza                  | F          | 0              | Not married         | None                   |
| 2      | P2            | 18  | Joza                  | F          | 1              | Cohabiting          | None                   |
| 3      | P3            | 16  | Joza                  | F          | 0              | Not married         | None                   |
| 4      | P4            | 17  | Joza                  | F          | 0              | Not married         | None                   |
| 5      | P5            | 13  | Joza                  | F          | 0              | Not married         | None                   |
| 6      | P6            | 18  | Joza                  | F          | 0              | Not married         | None                   |
| 7      | P7            | 17  | Joza                  | F          | 0              | Not married         | None                   |
| 8      | P8            | 15  | Joza                  | F          | 0              | Not married         | None                   |
| 9      | P9            | 16  | Joza                  | F          | 1              | Cohabiting          | None                   |
| 10     | P10           | 19  | Joza                  | F          | 1              | Cohabiting          | None                   |
| 11     | P11           | 19  | Joza                  | F          | 0              | Not married         | None                   |
| 12     | P12           | 17  | Joza                  | F          | 1              | Not married         | None                   |



#### 4.1.1 Outline of the findings of the study

| Research objective                                                                                                                         | Main theme                                                                                           | Sub-theme                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| To explore the consequences of inadequate sexual education among adolescents in the Joza location in Makhanda.                             | Unplanned Pregnancy<br>Risk of diseases                                                              |                                                                                                                                                                                                            |
| To identify contributory factors towards inadequate sexual education among female adolescents in Joza Location                             | Theme 2:<br>Societal/Community beliefs and values<br><br>Theme 3:<br>Lack of comprehensive education | Culture, religion, lack of resources, lack of comprehensive education, parental involvement and stigma and societal attitudes, Culture and religion<br>Parental involvement<br>Societal attitude<br>Stigma |
| To find out the possible strategies that can be implemented to instill positive sexual education among female adolescents of Joza Location | Theme 4:<br>Curriculum review<br>Workshops                                                           |                                                                                                                                                                                                            |



**Objective 1:** To explore the consequences of inadequate sexual education among female adolescents in the Joza location in Makhanda.

#### **4.2.Theme one: Pregnancy & and sexually transmitted diseases**

The most notable findings of this study on the consequences of inadequate sexual education were teenage unintended pregnancies and sexually transmitted diseases. These challenges, compounded by factors such as poverty, inequality, and the difficulty in resisting peer pressure, contributed to the negative consequences experienced by female adolescents of Joza Location.

Literature established that a lack of sufficient sexual education and knowledge was closely linked to teenage pregnancy and sexually transmitted diseases. This correlation was also evident among the participants from Joza location. Insufficient knowledge about contraception methods and reproductive health rendered female adolescents more susceptible to unintended pregnancies. This lack of understanding resulted in misconceptions about contraception, impacting educational opportunities, mental health, and overall well-being.

For instance, P12 noted that, *“When I started having sex, I didn’t know much about contraceptives. We only used a condom, and if my partner didn’t have one, he would pull out. I only learned about contraceptives after becoming pregnant.”* P4 added that, *“My school friend had an STI but did not realize it was an STI until it became severe, and only then did she seek help at the clinic. The nurses were concerned about why she had waited so long, but she was unaware that it was an STI.”*

The narrative of P12 highlights a notable absence of prior sexual education, underscoring a critical knowledge gap before engaging in sexual activity. Empirical

evidence supports the significance of comprehensive sex education, demonstrating its positive correlation with delayed sexual initiation, increased contraceptive use, and reduced risk of sexually transmitted infections (Kirby, Laris, & Rolleri, 2007; Mueller, Gavin, & Kulkarni, 2008). In essence, receiving timely and effective sex education can empower individuals to make informed decisions, adopt healthier behaviours, and mitigate potential risks associated with early sexual activity.

P7 added, *“I do not think the type of sexuality education we get at school helps that much because people keep on getting pregnant at school and others also risk getting diseases. My friend fell pregnant last year and she dropped out of school after her child was born. I don’t think she will come back because she needs to find a job.”*

Even though schools were the perfect environment for improving students’ knowledge and behaviour while encouraging them to practise responsible sexuality (Kirby, 2002), the response by P7 in the above extract highlighted that adolescents were not satisfied with the sexual education they received at school. To support P7’s view, a study by UNESCO (2015) reported that obstacles like teachers’ lack of expertise in sexuality issues and their inability to effectively address these topics, the sporadic use of educational content that was insufficient to address students’ needs, and opposition from parents and educational authorities, hampered the delivery of proper sexual education to students. It had been shown that sex education-trained teachers could be change agents by giving students high-quality knowledge, which in turn helped students avoid risky behaviours that could lead to pregnancy (Nguyen et al., 2019). Given these issues, it was crucial to promote initiatives for teenage sexual education and track their success.

The current study suggested that adolescents in Joza affirmed that sex education in this culture might provide the information and skills to make healthy and informed decisions regarding their sexual relationships, so that unfavourable consequences like pregnancies and diseases could be prevented.

**Objective 2: To identify contributory factors towards inadequate sexual education among female adolescents in Joza Location**

**4.3 Theme 2: Societal/Community beliefs and values**

The second objective of the study was to identify the factors that led to inadequate sexual education among female adolescents in Joza Location. The study revealed that the lack of comprehensive sexual education for female adolescents could be attributed to various factors, with societal and cultural taboos around discussing sex and reproductive health being a common issue. Many communities deemed these topics inappropriate for young people, hindering open conversations.



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**4.3.1 Culture**

Cultural beliefs often restricted or limited sexual education by only prioritizing abstinence-only approaches. This limitation failed to equip young girls with essential knowledge for informed decision-making about their sexual health. For instance, P10 expressed, *“Our culture, shaped by my mother’s teachings, discouraged early engagement in sex. However, at the age of 18, I started being sexually active, thinking it was an appropriate time because my mother never told me what the appropriate time is. Despite this decision, I lacked sufficient knowledge about the potential risks, such as the possibility of pregnancy, viewing it more as a form of enjoyment rather than recognizing the associated responsibilities.”*

P3 shared, *“My mother used to share with me the importance of maintaining virginity until adulthood or marriage in our Xhosa culture, recounting her own experience when virginity tests were prevalent during her time. She expressed fear of embarrassing her family. However, times have changed, and nowadays, there are no virginity tests or ritual schools for girls.”*

P10 and P3 in the above extracts revealed that their mothers taught them about sex, even though it was more focused on abstinence. This finding was supported by Hofstede et al. (2010), who noted that culture, transmitted within the family, neighbourhood, and community, partially shaped individuals' sexuality. P4, on the other hand, was concerned about the extinct cultural rituals that were meant to educate girls about different aspects of sexuality.

*“I’ve only seen rituals like Intonjane and Inkciyo on television, but I’m not entirely sure what they’re for. I think they might have something to do with virginity and marriage, but I’ve never felt comfortable asking my grandparents about them. I wouldn’t want them to think I’m being disrespectful or naughty.” (P4)*

P4 highlighted the discontinuation of traditional practices aimed at facilitating the transition of young girls from girlhood to womanhood, such as “Inckiyo” and “Intonjane,” in this specific region of the Eastern Cape. She, however, felt hesitant to ask her elders about them due to the prevailing taboo surrounding such topics. This reluctance stemmed from the understanding that discussing such matters was often considered uncomfortable and socially sensitive.

None of the participants reported personal participation in these experiences; rather, they indicated that these traditions were conveyed to them through stories shared by their elders. This absence of traditional rites posed a challenge for young female

adolescents, as they appeared to receive criticism for perceived inadequate sexual behaviour from their elders without receiving adequate guidance and support in navigating their sexual journey.

Participant 11 further contributed to the discussion by stating, *“In my family, we don’t engage in cultural practices because we are Christians. However, I am familiar with the Xhosa phrase ‘ikhaya lentombi lisemzini,’ which translates to ‘the home of a girl is in her in-law’s home.’ This phrase conveys the expectation that I should abstain from sex or getting pregnant before marriage, as it is believed to secure my future eternal home.”*

Despite identifying as a Christian, P11 was aware of Xhosa culture regarding abstinence to be presented to the in-laws as a dignified bride.

The study’s findings underscored the significant influence of culture on sexual education, particularly among adolescent females in Joza. It was clear that sexually explicit topics were not openly spoken in the South African Xhosa tradition; however, older people did so inadvertently (Okechi 2018). The discontinuation of culturally educational rituals for girls also contributed to the lack of sexual education. This made it difficult for teenagers to get the high-quality information they needed to improve their sexual education.

#### **4.3.2 Religion**

Religiosity emerged as a protective factor in reducing sexual risk behaviours, as supported by a growing body of research. It encompassed organised beliefs, doctrines, rituals, and moral guidelines that guided individuals towards leading virtuous lives. Factors such as regular attendance at youth activities and religious services, increased importance of religious sentiments in daily life, and a stronger adherence to

religious teachings were all associated with lower rates of voluntary sexual initiation among both male and female teenagers (Rostosky et al., 2003).

Uncertainties arising from diverse religious perspectives on social phenomena, particularly romantic relationships within the context of sexual education, presented a significant challenge. While various religions shared the common principle that sexual relations should occur within the institution of marriage, there existed nuanced variations in teachings related to romantic relationships and sexuality. The information imparted within religious communities often revolved around core principles such as “self-preservation” and “maintaining purity.” These teachings typically emphasized abstaining from sexual activities outside the bounds of marriage. However, challenges arose when individuals encountered conflicting messages or differing interpretations within their religious community.



For instance, P11 expressed, *“In my church, courtship (godly dating) was allowed but not openly. We were encouraged to maintain a friendship-like relationship and avoid situations where we could be alone together or engage in sexual activity or sex before marriage. But sometimes I got confused because I noticed that different churches had different teachings about dating, some allowing open dating and sexual relations without considering it sinful. I thought my church teachings were positive because none of my friends from church had unplanned pregnancies or sexually transmitted diseases.”*

P1 added, *“I went to Methodist church. We occasionally had youth services that talked about relationships and the negative impacts of sexual sins, abstinence, and purity. But we didn’t talk about sex, contraceptives, or condoms. I thought our youth leaders avoided such topics to prevent ‘Ukusikwa’ excommunication.”*

The above extracts suggested that within and across various religious traditions, there could be a wide range of interpretations and beliefs regarding sexual education. Some religious communities might take a more conservative stance, promoting abstinence until marriage and providing limited information about contraception or safe sex practices. Others might adopt a more progressive approach, acknowledging the importance of sexual education, communication, and responsibility within the context of committed relationships.

P9 expressed, *“I didn’t like going to church because the pastor didn’t want us to date, drink alcohol, or have sex. I felt like they were being hypocritical because they did these things when they were young like us, but now they were judging us and scaring us about going to hell.”*

P12 added, *“I also didn’t go to church anymore because church people made themselves better and wanted to control others. I wasn’t sure if they talked about sex or not. But I knew they judged us who were having children because they thought they were better.”*



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P9 and P12 perceived a lack of accommodation for their development within religious contexts. They felt pressured to choose between their religious beliefs and aspects of their youth, leading to a sense of conflict and identity crisis. Some adolescents felt compelled to suppress their sexual identity to align with religious teachings, while others distanced themselves from spirituality altogether. This dilemma posed a significant challenge during a crucial period of identity formation, potentially exacerbating feelings of confusion and disconnection from oneself.

Addressing these challenges often involved fostering open and respectful dialogue between religious leaders, parents, and educators. It was important to create spaces

where individuals could explore and understand their beliefs while also receiving comprehensive and accurate information about sexual health. Finding common ground that respected religious values while promoting a holistic and evidence-based approach to sexual education was crucial.

#### **4.3.2 Absence of Standardised and Inclusive Sexual Education**

The absence of standardised and inclusive sexual education was another factor that had a great effect on the curriculum in schools. This lack of comprehensive education left young girls uninformed about important topics such as contraception, sexually transmitted infections, and consent.

The issue of sex education was still divisive in many Joza homes for several reasons as shown in the extracts below.

For instance, P1 expressed, *“I never talked about sex with my parents or with my sister since talking was considered taboo. Moreover, this was reinforced by the Christian background that was rooted in my family.”*



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P11 said, *“I believed Life Orientation (LO) had a positive impact because it taught about important topics like teenage pregnancy, HIV, and rape. However, I felt that we often covered the same material repeatedly. We were not taught about other topics that could be helpful to students.”*

P4 added, *“Some teachers reacted angrily when we asked questions during Life Orientation (LO) classes and may have accused us of being disrespectful in front of the class. They didn’t feel comfortable talking about sex with us.”*

The perspectives shared by participants highlighted the complex challenges surrounding sexual education in Joza Location, particularly within the context of



cultural, religious, and societal beliefs. The ingrained taboo associated with discussing sex, reinforced by cultural and religious backgrounds, created barriers to open communication between parents, educators, and students. While Life Orientation (LO) classes aimed to address crucial topics like teenage pregnancy, HIV, and rape, there was a notable repetition of material and a lack of comprehensive education on broader aspects of sexuality. Additionally, the reluctance of some teachers to engage in discussions about sex in LO classes further impeded students' access to information and support.

#### 4.3.4 Parental Involvement

Parental engagement in sex education was vital for an adolescent's comprehensive understanding of sexuality, relationships, and boundaries. Reluctance among some parents to have their children educated about sex in schools could hinder its impact. Increased interaction between parents and adolescents regarding sexual topics could mitigate adolescent sexual risk behaviours. However, the absence of parental involvement could have adverse effects.

For instance, P5 expressed, *"I was not comfortable talking about sex with parents and I did not think it showed respect to openly communicate with my parents about sex, even though with my gogo and my mother we talked, but the conversation did not last long because I had great respect for them and I couldn't open up."*

Although there was some communication about sex in P4's family, she indicated that the conversation was cut short due to the respect she had for her elders. Lefkowitz et al. (2004) supported P4's assertion by arguing that the potential of parent-adolescent sexual communication to affect teenagers' sexual cognitions, and consequently their

intentions and behaviours, might vary significantly depending on the interpersonal dynamics, frequently described as the degree of comfort and openness.

P3 expressed, *“My mother is a single parent, and we are close but discussions about sensitive topics like sex often became lessons based on her personal experiences. These discussions became about her past mistakes and the consequences she faced, and warnings on how to avoid similar situations. However, conversations about deeper aspects of sexuality and relationships did not happen.”*

For P3, talks about sexual education seemed to become instructions by her mother on how to avoid mistakes she herself made.

As noted from the above extracts, the precise paths (mechanisms of change) through which this communication reduced sexual risk behaviour were less evident in study and theory. Researchers were beginning to view parent-adolescent sexual interaction as a strategy for lowering teenagers' sexual risk behaviour. According to a recent meta-analysis, adolescents who had open communication with their parents about sexuality often engaged in safer sexual behaviours (used condoms more frequently) (Widman et al., 2016). Further, the quality of these dialogues (the level of respect, comfort, and openness) might affect how receptive teenagers were to their parents' sexual signals (Rogers et al., 2015). These specific traits and their links to teenagers' sexual outcomes had not yet been thoroughly analysed in any studies.

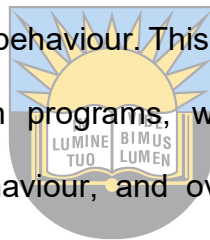
#### **4.3.5 Lack of Resources**

Limited funding and resources could restrict the availability and quality of sexual education programs in schools and communities. For example, one participant noted, *“Poverty in most of the schools of Joza was rampant because these schools*

*themselves were located in poverty-stricken areas and the outcomes of sexuality education itself were inadequate.” (P12)*

P11 added, *“Joza was a poor community and had limited recreational activities to keep us busy. Most youth were bored and often engaged in alcohol and drug use. But alcohol sometimes led to risky behaviours such as unprotected sex, rape, and involvement in criminal activities.”*

Poverty and various socioeconomic factors could exacerbate the likelihood of teenagers, including those attending school, engaging in risky sexual behaviours. The absence of recreational opportunities, coupled with economic hardships, might push adolescents towards seeking excitement through potentially harmful activities like substance abuse and risky sexual behaviour. This reality undermined the fundamental objectives of sexuality education programs, which aimed to promote informed decision-making, responsible behaviour, and overall sexual health among young people.



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#### **4.3.6 Stigma and Societal Attitudes**

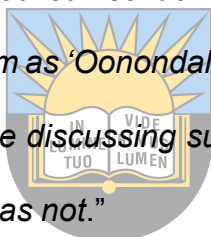
Negative attitudes and stigma surrounding sexual education could create barriers and resistance to implementing comprehensive programs. Despite the prevalence of stigma and embarrassment surrounding sexual discussions, particularly within household settings, participants across various age groups - including adolescents, adults, parents, and teachers - consistently identified a crucial factor in facilitating open sexual communication: the strength of the mother-daughter bond. Notably, almost all participants emphasized the significance of mutual intimacy and closeness between mothers and daughters in creating an enabling environment for sexual discourse. This

suggests that a nurturing and trusting relationship can overcome traditional barriers to sexual conversation, allowing for more open and honest exchanges.

P1 noted that “sometimes, my mother was embarrassed to discuss sexual issues, personally it was difficult for me to open up to her.”

P7 added that *“Adolescents needed to know how to protect themselves from HIV/STDs and premature pregnancies, for this sex education was the best way, however the problem was having an open conversation with my parents to talk about this. My parents were cultural and were deep conservatives, so it was difficult to talk about sex since they regarded such talk as taboo.”*

P2 expressed, *“When we discussed our sexual experiences amongst ourselves at school, some teachers labelled them as ‘Oonondala,’ implying that we were too mature for our age. These teachers felt like discussing such topics at our age was shameful and inappropriate even though it was not.”*



P9 added, *“When I was pregnant, my friend’s mother didn’t want her to continue being friends with me because she believed I was too mature for my age and feared that I might influence her daughter towards engaging in negative behaviours, even though she was already having sex.”*

The above findings suggested that discussing sex was indeed taboo in Joza, leading to a lack of vital sexuality education among adolescents. This taboo nature of the topic contributed to many young people missing out on crucial information and support. Additionally, stigma and societal attitudes played a significant role in shaping sexuality education in Joza, as many viewed the subject as taboo and believed it should only be discussed among older individuals. These societal perceptions created barriers to

open communication and hindered efforts to provide comprehensive sexual education to adolescents in the community.

**Objective 3: To find out the possible strategies that can be implemented to instil positive sexual education among female adolescents of Joza Location**

#### **4.4 Theme 3: Curriculum Review & Seminars**

The study aimed to explore participants' perspectives on strategies to address challenges arising from insufficient sexuality education. Implementing effective sexual education strategies was crucial, with schools being an ideal platform. Sexual education encompassed various disciplines and required a multidisciplinary approach.

When the participants were asked what interventions they would need to make sexuality education effective, P12 noted that:

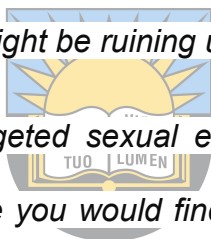
*“Interventions for sexual education might have involved workshops at schools to train teachers on how to address topics about sexuality effectively. Another thing that might have helped was community engagements and group discussions where we could talk freely about sex and ask the questions we really needed to know about growing up and sex.”*

P11 added, *“LO needed to stop teaching the same thing right through all the grades. When we were in grades like 10 upwards, we should have talked about personal things like how to know when you are psychologically ready for your first time or how to negotiate sex safely so that we prevent unwanted pregnancy and diseases. We needed to know those things, not just that we needed to use condoms.”*

P5 expressed, *“LO should have been taught by younger teachers who were less judgmental so that we could be free to express ourselves and ask questions in class.”*

The above extracts highlighted the importance of teacher training and openness in educating adolescents about sexuality. The recommendation by P5 for LO to be taught by younger teachers who might have been more liberal and willing to accommodate students’ concerns and worries was a welcome suggestion. Apart from teachers, parents and other sectors of society like churches and community clinics also played a role in adolescent sexual education.

P1 noted that, *“Parents should also have received training and been taught about the benefits of openly talking about sex with us, without making it weird or frightening. I think they were scared that they might be ruining us.”*



P3 indicated, *“Programs that targeted sexual education should also have visited churches because that was where you would find most young people. They should also have visited events or parties where most young people gathered to drink and have fun.”*

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P2 said, *“Nurses from the Joza clinic once visited my school to talk about HIV and STIs. I think that visit was helpful but maybe they could have done it more frequently and allocated enough time for us to ask some questions about things like contraceptives and abortions, etc.”*

The above extracts suggested that addressing inadequate sexual education in Joza Location necessitated a multidisciplinary approach involving the home, community, school, and church. While the issue manifested across various levels of an adolescent’s social environment, schools appeared to hold significant influence in fostering the desire for quality and effective sexual education. Most of the interventions

proposed by the participants focused on empowering and training teachers, as well as improving the content of sexual education taught in schools.

## **4.5 Discussion**

### **According to the Sexological Systems Theory**

The research aimed to investigate the negative consequences of inadequate sexual education among female adolescents residing in Makhanda's Joza Location. The Sexological Systemic Theory was pivotal to this study as it sought to comprehend the intricate interaction of psychological, biological, social, and cultural factors across various systems, including individual, interpersonal, and societal levels (Jones et al., 2011), contributing to the deficiency in sexual education in Joza Location, consequently leading to negative and undesired repercussions. Upton and Upton (2011) described these systems within environmental contexts as the microsystem, mesosystem, exosystem, macrosystem, and chronosystem, as categorized by Bronfenbrenner (1979).

#### **Microsystem**

The issue faced by adolescent females in Makhanda had complex roots, as suggested by the theoretical framework underlying the study. The primary cause of inadequate sexual education appeared to originate within the microsystem. Many participants reported being raised in households where discussing sex was considered taboo. This finding resonated with the sexological systems theory, which posited that the microsystem significantly influenced a child's development due to the direct interaction the child had with it. The perspectives of parents on sexual behaviour and gender profoundly shaped their children's beliefs about sex. When parents perceived sexual

education or communication as taboo, it resulted in limited sexual education within the household, and adolescents felt inhibited from seeking information. Consequently, these young individuals made uninformed decisions, which seemed reckless to older generations but were likely due to a lack of knowledge.

## **Exosystem**

According to Jones (2021), the exosystem consisted of external factors that operated beyond the immediate experiences of the individual but could significantly impact their microsystem. These factors encompassed community resources, government policies, the availability of social services, schools, churches, media, and recreational institutions.

The approaches utilised in sexual education within schools wielded significant influence over children's attitudes towards sexual behaviour, marriage, and condom use. Schools that solely advocated abstinence-based sexual education put young adolescents at a disadvantage and created gaps in their knowledge, predisposing them to make uninformed decisions regarding sex. Findings from the study highlighted that sexual education was primarily taught in a protective manner, with abstinence being prioritised. Additionally, the study revealed that there were no organized and endorsed teacher preparation programs for sex education in Joza. Despite the presence of coordinated subjects such as Life Orientation (LO), it remained questionable whether teachers were adequately competent and motivated to implement associated sex education programs.

The consequences of poverty represented a significant challenge faced by the entire country. In Makhanda, adolescents raised in inadequate black communities often encountered inadequate healthcare services, which contributed to adversities such as



sexually transmitted diseases, teenage pregnancy, and school dropouts. The theoretical framework guiding this study highlighted that factors such as the unavailability of contraceptives or condoms, as well as insufficient clinics or healthcare providers, significantly influenced sexual choices and development among adolescents (Jones et al., 2011). Additionally, the absence of healthy recreational activities to engage these young individuals in healthier lifestyles suggested systemic challenges within the community.

### **Macrosystem**

Another significant finding pertained to the interaction between the microsystem and the macrosystem. The macrosystem encompassed cultural and religious elements, as well as societal attitudes and beliefs, all of which served as fundamental frameworks shaping acceptable sexual behaviour. According to the sexological systems theory, while culture and religion could have positive societal impacts, they also hindered open discussions on sexual topics between adults and adolescents. In many African cultures, there was a prevalent reluctance among adults to engage in discussions about sexuality with their children (Mahoso, 2020). Consequently, it was challenging for teenagers to access high-quality information essential for improving their sexual education from their elders or guardians. This observation aligned closely with the findings of the study. Despite the Makhanda community not adhering consistently to certain Xhosa cultural rituals regarding female sexuality, there persisted a strong emphasis on virginity as a symbol of purity and worth, often coupled with teachings that stressed abstinence. According to Azende (2018), this cultural emphasis significantly contributed to stigmatization, shame, and sexual guilt among adolescents, ultimately hindering their overall well-being and sexual development. Adolescents from religious households particularly noted a lack of comprehensive sexual education

both at home and in church, where they expected to receive guidance for life. Some expressed confusion and distrust stemming from conflicting teachings on sexuality.

The study's findings clearly indicated that inadequate sexual education had detrimental effects on young female adolescents, including unintended pregnancy and the transmission of sexual diseases. It was evident that this phenomenon was influenced by various social factors. It was not solely the responsibility of the individual, often perceived as the adolescent, but rather a systemic issue involving multiple interacting systems. Therefore, interventions should target all these interconnected systems contributing to inadequate sexual education and work collaboratively to mitigate the negative consequences faced by adolescents.

#### **4.6 Conclusion**



The study provided a detailed discussion and presentation of findings as they appeared from the field. The chapter focused on in-depth discussions of the findings of the study. These findings were discussed in four major categories. Additionally, the chapter established connections between the theoretical framework guiding the study and the actual findings obtained. Various findings emerged from the study, and the next chapter will provide a more precise presentation of the findings, including recommendations where applicable.

## Chapter 5: Conclusion

### 5.1 Introduction

The concluding chapter synthesized the findings of the study. It offered recommendations for policy implications and future research based on the analysed data and results presented and interpreted in the preceding chapter. Various findings were discussed in the study, which centred on addressing the research questions, aims, and objectives. These findings were also contextualized and linked to previous research findings provided in the literature review and to the theoretical framework which underpinned the study.

### 5.2 Summary of findings

The study highlighted the severe consequences of inadequate sexual education, such as unintended teenage pregnancies and sexually transmitted diseases, which were exacerbated by poverty, inequality, and peer pressure. Female adolescents were particularly vulnerable due to a lack of knowledge about contraception and reproductive health. Schools failed to provide adequate sexual education, hindered by untrained teachers, insufficient content, and opposition from parents and authorities. Additionally, poverty and limited recreational opportunities increased the risk of risky behaviours, undermining the goals of sexual education programs. Adolescents in Joza believed that sex education could help them make informed decisions, underscoring the need for improved initiatives.

The research also emphasized the influence of culture and religion, where abstinence-only approaches limited young girls' access to comprehensive sexual health knowledge. The reluctance to discuss sexually explicit topics further restricted access to accurate information. The study suggested refocusing on culture to enhance



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sexuality-related services and acknowledged diverse religious views on sexual education, which could lead to confusion. While religion could deter risky behaviours, it also caused feelings of isolation.

Lastly, the study identified shortcomings in Life Orientation (LO) classes, which lacked comprehensive sexuality education. Teachers' reluctance to engage in discussions and the stigma surrounding sexual education in Joza hindered effective program implementation. The study recommended a multidisciplinary approach involving homes, communities, schools, and churches. Schools were seen as crucial in delivering quality sexual education, and proposed interventions included empowering teachers and parents, enhancing educational content, and increasing involvement from the Department of Health. Addressing these challenges required collaborative efforts and culturally sensitive strategies tailored to the community's needs.

### **5.3 Limitations of the study**

- One limitation of the study was the absence of personal in-depth interviews. Some participants may not have felt comfortable sharing deeply personal or sensitive information in the group setting.

### **5.4 Recommendations**

#### **1. Training educators and improving curriculums in schools**

Training courses for potential implementers of school-based sex education programs ought to have included a variety of subjects, including knowledge, attitude, values, and behaviours related to teenage sexuality considering the specific cultural environment. However, from interviews held, these seemed to have been absent. Training programs were essential for the success of programs around positive youth development.

## **2. Family and Community Involvement**

Another recommendation highlighted in the study involved the active involvement of parents and guardians in fostering homes with open communication for adolescents. Organizing workshops or discussions within communities to raise awareness about the benefits of comprehensive and open discussions about sex could have assisted in allaying parental fears and equipping them with the skills to initiate these conversations in a manner that did not jeopardize their adolescents' well-being.

Additionally, communities, particularly those following Xhosa tradition, could have considered embracing and passing down ancient cultural traditions to their young girls. Despite changes in society and traditions, there were still valuable wisdom and teachings embedded within ancient traditions that could have been beneficial to young girls. Exploring ways to adapt these traditions to provide guidance and support to girls in navigating their lives could have proved valuable in addressing the challenges they faced.



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## **3. Target Sexual Health Programs to Adolescent Spaces**

Another recommendation was for Sexual Health Programs to target the areas where most adolescents spent most of their time. Churches and recreational events were highlighted as sites where these programs should have taught and raised awareness about sexual health.

## **4. Public Health school visitations**

Lastly, Makhanda adolescents emphasized that there was a need for regular school visits by local clinic members to educate students about sexual health. While such programs occasionally took place at local schools, they were not consistent or open

enough for students to engage, ask questions, and address the issues that truly mattered to them.

## **Future research**

The findings of this study were consistent with previous research, underscoring the need for recommendations aimed at policymakers, community leaders, and governmental departments such as the DoE and the Department of Health in South Africa. It was imperative to conduct further research studies not only in Joza but also in other rural communities across South Africa to examine the impact of inadequate sexual education on female adolescents, who often bore the brunt of responsibility in sexual matters.

These findings could offer the Department of Education and other relevant authorities a deeper understanding of the underlying causes contributing to the prevalence of teenage pregnancies and the spread of sexually transmitted diseases. Moreover, the insights gleaned from this study could serve as a foundational component of a strategy aimed at promoting an ecological approach. Such an approach would involve adolescents, families, schools, and the broader community in promoting and delivering comprehensive, effective sexual education to young teenagers, thereby empowering them to make informed choices for their future.

## **5.5 Conclusion**

This chapter effectively synthesized the study's key conclusions and provided robust justifications for the proposed recommendations. Through succinct yet comprehensive discussions, each topic was thoroughly addressed, culminating in a cohesive narrative. Moreover, the chapter explored the profound implications of the findings on the study's overarching conclusions. Upon reflection, the researcher was confident

that the chapter's objectives, as well as the research's broader aims, had been satisfactorily achieved. The preceding chapters provided a robust foundation, substantiating this assertion through a meticulous presentation of evidence.



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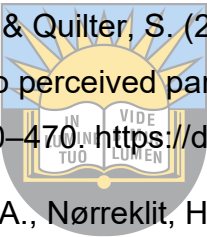
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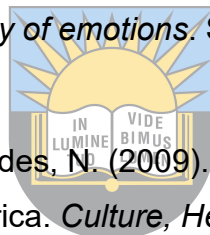
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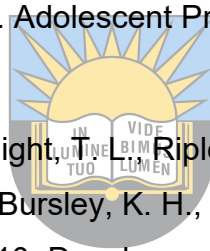
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**ETHICS CLEARANCE**  
**REC-270710-028-RA Level**  
**01**

Project Number: MAK011SBOW01

**Project title:**

A study exploring the consequences of inadequate sexual education among female adolescents in Joza Location, Makhanda.

Qualification:  
Psychology

**University of Fort Hare**  
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Master of Social Science: Counselling

Student name: Libona Blossom Bower

Registration number 201603254

Supervisor: Dr M Makupula

Department: Counselling Psychology

Co-supervisor: N/A

On behalf of the University of Fort Hare's Research Ethics Committee (UREC) I hereby grant ethics approval for MAK011SBOW01. This approval is valid for 12 months from the date of approval. Renewal of approval must be applied for BEFORE termination of this approval period. Renewal is subject to receipt of a satisfactory progress report. The approval covers the undertakings contained in the above-



mentioned project and research instrument(s). The research may commence as from the 08/02/22, using the reference number indicated above.

Note that should any other instruments be required or amendments become necessary, these require separate authorisation.

Please note that UREC must be informed immediately of

- Any material changes in the conditions or undertakings mentioned in the document;
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research.

The student must report to the UREC in the prescribed format, where applicable, annually, and at the end of the project, in respect of ethical compliance.

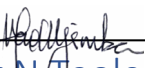
UREC retains the right to

- Withdraw or amend this approval if
  - Any unethical principal or practices are revealed or suspected;
  - Relevant information has been withheld or misrepresented;
  - Regulatory changes of whatsoever nature so require;
  - The conditions contained in the Certificate have not been adhered to.
- Request access to any information or data at any time during the course or after completion of the project.

Your compliance with Department of Health 2015 guidelines and any other applicable regulatory instruments and with UREC ethics requirements as contained in UREC policies and standard operating procedures, is implied.

UREC wishes you well in your research.

Yours sincerely

  
Dr N Taole-Mjimba

**Chairperson: University Research Ethics Committee**

08 February 2022





**University of Fort Hare**  
*Together in Excellence*

#### FOCUS GROUP INFORMATION SHEET AND CONSENT FORM<sup>1</sup>

(18 YEARS AND ABOVE)

***Please note:***

***This form is to be completed by the researcher(s) as well as by the interviewee before the commencement of the research. Copies of the signed form must be filed and kept on record***

***(To be adapted for individual circumstances/needs)***



**Title of Research:**

**University of Fort Hare**  
*Together in Excellence*

**A study exploring the consequences of inadequate sexual education among female adolescents in Joza Location Makhanda**

**Who we are**

Hello, I am Libona Blossom Bower from the University of Fort Hare.

**What we are doing**

We are conducting research on the consequences of inadequate sexual education among female adolescents in Joza Location Makhanda. My research study is about the contributory factors that shape sexual well-being, the effects of inadequate sexual education amongst Joza Location female adolescents, and possibly outline intervention strategies to curb psycho-sexual problems subsequently arising due to inadequate sexual education.

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<sup>1</sup> Approved by UREC (13 November 2019)

## Your participation

We are asking you to participate in a focus group discussion. A focus group is when a group of people are asked about their perceptions and knowledge on a particular issue or product. While every effort will be made by the study team to protect the confidentiality of your information, we cannot guarantee that other participants in the focus group will respect confidentiality, even though every member will be asked to do so. For this reason, you are advised not to disclose personally sensitive information in the focus group. This focus group discussion will take approximately 1 hour

Please understand that **your participation is voluntary**. If you choose not to take part, you will not be affected in any way whatsoever. If you agree to participate, you may stop participating in the research at any time and tell me that you don't want to go continue. If you do this, there will be no penalties and you will not be prejudiced in anyway.

## What we are asking you to do?

We are asking you to share your perceptions and experiences on sexual education among female adolescents and contributory factors that shape sexual well-being.

## Confidentiality

All the information collected from you and all recordings will be kept in an electronic computer file with a password that will be given to only a few researchers on the study. The password will not be available to others and will be kept confidential to the extent possible by law. The records from your participation may be reviewed by people responsible for making sure that research is done properly, including members of the ethics committee at the University of Fort Hare. (All of these people are required to keep your identity confidential.) Otherwise, records that may identify you will be available only to people working on the study, unless you give permission for other people to see the records.

We are asking you, where required, to give us permission to tape-record the focus group so that we can accurately record what is said.

Your answers will be stored electronically in a secure environment and used for research or academic purposes now or at a later date in ways that will not reveal who you are. All future use of the stored data will be subject to further Research Ethics Committee review and approval.

We will not record your name anywhere and no one will be able to connect you to the answers you give should you request non-disclosure of your identity. Your answers will be linked to a fictitious

code number or a pseudonym (another name) and we will refer to you in this way in the data, any publication, report or other research output.

### **Confidentiality for focus group cannot be guaranteed**

### **Risks/discomforts**

At the present time, we do not see any risk of harm from your participation. The risks associated with participation in this study are no greater than those encountered in daily life.

### **Benefits**

There are no immediate benefits to you from participating in this study. However, this study will be extremely helpful to us in that we hope will outline and improve intervention strategies to curb psycho-sexual problems subsequently arising due to inadequate sexual education.

### **Who to contact if you have been harmed or have any concerns**

This research has been approved by the Inter-Faculties Research Ethics Committee (IFREC) as per delegated authority of the University Research Ethics Committee (UREC). If you have any complaints about ethical aspects of the research or feel that you have been harmed in any way by participating in this study, please call the IFREC Administrator, [insert name and phone number], on email [insert email address].

### **Reporting and Complaints**

University of Fort Hare  
*Together in Excellence*

If you have questions at any time about this study, or if you have concerns/questions you may contact the researcher/project leader whose contact information is provided on the first page. If you have questions regarding your rights as a research participant, or if problems arise which you do not feel you can discuss with the researcher/project leader, please contact the IFREC Chairperson, Prof. Pumla Gqola on [insert phone number and email address] or UREC chairperson, Prof. Renuka Vithal on [insert phone number and email address].

If you have concerns or questions about this study please feel free to contact the project coordinators:

### **Researcher/Project Leader:**

**Name:** .....

**Faculty/Department:** .....

**Address:** .....

Phone: .....

Email: .....



## PARENTS' INFORMATION SHEET AND CONSENT FORM<sup>2</sup>

### ***Please note:***

***This form is to be completed by the researcher(s) as well as by the interviewee before the commencement of the research. Copies of the signed form must be filed and kept on record***

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***(To be adapted for individual circumstances/needs)***

### **Title of Research:**

**Conversation on sexuality amongst South Africans: A study exploring the ripple effects of inadequate sexual education among female adolescents in Joza Location Makhanda**

### **Who we are**

Hello, I am Libona Blossom Bower. I am studying at the University of Fort Hare.

### **What we are doing**

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<sup>2</sup> Approved by UREC (13 November 2019)

We are asking you to allow us to conduct one interview with you about the contributory factors and effects of inadequate sexual communication among female adolescents and what are the possible mechanisms to instil positive sexual education among black female adolescents? This study aims to study aims to examine factors that shape sexual well-being, the effects of inadequate sexual communication and sexual education amongst Joza Location female adolescents, and possibly outline intervention strategies to curb psycho-sexual problems subsequently arising due to inadequate sexual education. The interview will last for 2 hours.

### **Your child's participation**

We are asking your permission for your child to be part of an interview as well as to participate in a focus group with other children of the same age. The questions will look at what are the contributory factors leading to inadequate sexual communication and sexual education amongst female adolescents of Joza Location? What are the effects of inadequate sexual communication and education among the female adolescents of Joza Location? What possible interventions can be applied to instil positive sexual communication and sexual education amongst the female adolescents of Joza Location?

A focus group is when a group of people are asked about their perceptions and knowledge on a particular issue or product. While every effort will be made by the study team to protect the confidentiality of his/her/their information, we cannot guarantee that other participants in the focus group will respect confidentiality, even though every member will be asked to do so. This focus group discussion will take approximately 1 hour

Please understand that **your child's participation is voluntary** and they are not being forced to take part in this study. You can decline consent for the child to participate. If he/she/other chooses not to take part, they will not be affected in any way whatsoever. If he/she/other agrees to participate, they may stop participating in the research at any time and tell me that they don't want to go continue. If he/she/other does this, there will be no penalties and he/she/other will not be prejudiced in any way.

### **Confidentiality**

All identifying information about your child will be kept in an electronic computer file and will have a password which will be given to only a few researchers on the study, and will not be available to others and will be kept confidential to the extent possible by law. The records from his/her/other participation may be reviewed by people responsible for making sure that research is done properly, including members of the ethics committee at the University of Fort Hare. (All of these people are

required to keep your identity confidential.) Records that identify you will be available only to people working on the study, unless you give permission for other people to see the records.

We are asking you to give us permission to tape-record the interview so that we can accurately record what is said.

Your child's answers will be stored electronically in a secure environment and used for research or academic purposes now or at a later date in ways that will not reveal who you are. All future users of the stored data are required to apply for further Research Ethics Committee review and approval for secondary use of the stored data.

We will not record his/her/other's name anywhere and no one will be able to connect your child to the answers he/she/they give. Their answers will be linked to a fictitious code number or a pseudonym (another name) and we will refer to him/her/they in this way in the data, any publication, report or other research output.

### **Risks/discomforts**

At the present time, we do not see any risk of harm from your child's participation. The risks associated with participation in this study are no greater than those encountered in daily life.

### **Benefits**

There are no immediate benefits to your child's participation in this study.

### **Who to contact if you have been harmed or have any concerns**

This research has been approved by the University of Fort Hare Research Ethics Committee (UREC) and Inter-Faculties Research Ethics Committee (IFREC) as per delegated authority by UREC. If you have any complaints about ethical aspects of the research or feel that you have been harmed in any way by participating in this study, please contact the UREC Administrator, [insert name and contact details here]

If you have concerns or questions about the research you may call the researcher/project leader

*(Libona Bower - 0836408630)*



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## CONSENT

I hereby agree to allow my child to participate in research on Conversation on sexuality amongst South Africans: A study exploring the ripple effects of inadequate sexual education among female adolescents in Joza Location Makhanda. I understand that my child is participating freely and without being forced in any way to do so. I also understand that I or my child can stop participating at any point should I not want him/her to continue and that this decision will not in any way affect us negatively. I understand that this is a research project whose purpose is not necessarily to benefit myself or my child personally in the immediate or short term. I understand that my child's participation will remain confidential.

.....

**Signature of participant**

**Date:** .....

## CONSENT FOR AUDIO RECORDING

I hereby agree to the audio-recording of my child's participation in the study.

.....

**Signature of participant**

**Date:** .....

I understand that the information that my child provides will be stored electronically and will be used for research purposes now or at a later stage.

.....

**Signature of participant**

**Date:** .....

## INFORMED CONSENT FORM

*(Edit as Required)*

I, (name of participant).....have been informed about the study by *(provide name of researcher/project leader/fieldworker)* .....

I understand the purpose, procedures, and risk-benefit ratio of the study.

I have been given opportunity to ask questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any procedurals that I would usually be entitled to.



I have been informed about any available compensation or medical treatment if injury occurs to me as result of study-related procedures

I understand that I will be given a copy of this informed consent.

I understand that if I have any questions or complaints about my rights as a study participant, or if I may have concerns about any aspect of the study or the researcher/s then I may contact the Inter-Faculties Ethics Committee (IFREC) or the University Research Ethics Committee (UREC).

**Participant signature:** .....

**Consenting for Audio** – when necessary

YES / OR

**Participant signature:** .....

**Witness signature:** ..... (to be altered according to the study)

**Translator signature:** ..... (to be altered according to the study)



**Data curation** – I understand that the information that I provide will be stored electronically and will be used for research purposes now or at a later stage (to be altered according to the study)

**Participant signature:** .....

**Date:** .....

## Libona's Research

### ORIGINALITY REPORT

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