

Assessing the Auntie Stella Sexual health education material in relation to Life Skills in the Life Orientation learning area in the Further Education and Training (FET) phase in South African schools

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Declaration of originality

I declare that this dissertation is my own work. All references, citations and borrowed ideas have been appropriately acknowledged. It is being submitted for the degree of Master of Social Science in the College of Humanities, School of Applied Human Sciences, University of KwaZulu-Natal, Pietermaritzburg campus, South Africa. None of the present work has been submitted previously for any degree or examination at any other university.

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Abstract

Inadequate education and support for young people are contributing factors for rapidly spiralling sexually transmitted infections (STIs) and unwanted pregnancies in South Africa. Sexual health education is part of Life Skills in the Life Orientation curriculum for school children in South Africa. However, research indicates that the sexual health education needs of children are still not met with the Life Skills curriculum in South Africa. The primary aim of the research was to examine how the Auntie Stella material, which was developed in Zimbabwe, could be utilised to improve sexual health education in the Further Education and Training phase (FET) phase. To achieve the objective, this research compared the aims, content and methodologies of Life Skills in the Life Orientation curriculum and the Auntie Stella sexual health material. Additional goals of the study were to identify the value of the Auntie Stella activity cards in South Africa and to identify the issues in the translation of the Auntie Stella activity cards from English to isiZulu. A combination of primary and secondary research was employed to address the research problem. The primary research method was a focus group with six female students. The findings from the study indicate that the aims, content and methods of the Auntie Stella material have advantages over the Life Skills in the Life Orientation curriculum. In the Auntie Stella activity cards, there is more focus on sexual and reproductive health aspects examined from a real-life point of view. On the other hand, Life Skills focusses on broad skills and general aspects of sexual and reproductive health, with limited connection to practical life. The translated Auntie Stella material was identified as easier to understand, especially if it is adapted to the South African context. However, the translation needs to be carefully done.

Chapter 1 Introduction

1.1 Background

The increase in the incidence of HIV and AIDS in South Africa continues to be a major issue due to denial, deprivation, indifferent leadership and illiteracy (Warwick & Aggleton, 2004). Sexual health education among young people is crucial as they become sexually active at an early age (Hindin & Fatusi, 2009). Inadequate education and support for young people in relation to sexual and reproductive health may result in young people making uninformed decisions and poor lifestyle choices. According to the International Technical Guidance on Sexuality Education (United Nations Educational, Scientific and Cultural Organization (UNESCO, 2009), only a few young people are able to get enough information that will prepare them for sexual maturity. Without this information, they are exposed to sexually transmitted diseases, HIV and AIDS, sexual abuse and unplanned pregnancy.

Jewkes and Morrell (2012) argued that lack of proper communication and knowledge among young people around sexual and reproductive health results in lack of respect for women, submissiveness of women and controlling practices of men. In a study conducted in Thailand, Thato, Jenkins and Dusitsin (2008) noted that students who have received comprehensive, school-based sexual education programmes have greater knowledge about sexual health and are more likely to intend to refuse sex or decrease their frequency of sex than students who have not received such education. The teaching of the Life Skills section is one strategy for enhancing the sexual health knowledge and communication skills of young people in South Africa. Life Skills in the education curriculum in South Africa is a large-scale programme developed and implemented as sexual education material for youth (Harrison, 2010) to address the increasing rate of HIV among youth in South Africa (Statistics South Africa, 2013).

The focus of the Life Skills section in the Life Orientation (LO) subject is to increase knowledge about sex and provide skills-based solutions necessary for healthy relationships, effective communication and responsible decision-making in order to create behavioural change (Harrison, 2010). However, sexual health education in the LO subject has not been fully implemented and

there are still unmet needs (Naidoo, 2006). Lack of creative and interesting teaching methods, lack of accessibility to resources, and time constraints were identified as the main problems with sexual health education in the LO subject (Naidoo, 2006). This study aims to assess how the Auntie Stella material developed in Zimbabwe relates to sexual health education in the Further Education and Training (FET) phase. The Auntie Stella material is potentially a useful participatory resource for young people which can be utilised in South Africa in improving sexual health education.

1.2 Problem statement

Auntie Stella is a sexual education programme developed in Zimbabwe which aims to increase the knowledge of teenagers on a wide range of issues related to gender relations, sexual and reproductive health, and sexually transmitted infections (Welbourn & Hoare, 2008). The activity involves communication and discussion among peers and teachers about the content of a letter, supposedly written by an adolescent and addressed to Auntie Stella, a set of questions related to the topic and Auntie Stella's reply to supply expert information. In addition, there are suggestions about how to apply this knowledge in real life and discussions about how to change teenagers' behaviour (Welbourn & Hoare, 2008). Considering the lack of creativity in the teaching methods of the Life Skills section (Naidoo, 2006), its failure to effectively address the sexually risky behaviour among adolescents in South Africa (Desmond & Gow, 2002), and the inequalities in the sexual health knowledge transmitted in different institutions, it is important to adopt suitable strategies to address sexual health issues among young people in South Africa. The Auntie Stella sexual health education programme has been used in Zimbabwe to address behaviour change in young people (Welbourn & Hoare, 2008).

Paul-Ebhohimhen, Poobalan and van Teijlingen (2008) argued that the effectiveness of a sexual health programme depends on the comprehensiveness of the information taught about sexual health and HIV-related knowledge and practices. They further argued that there is a gap in the evaluation of school-based sexual health education programmes in sub-Saharan Africa (). Life Skills in the LO subject in South Africa has not yet proved to be effective, as there are issues with the achievement of the ideal model (Jacobs, 2011). The Auntie Stella sexual health education programme has been successful in enhancing sexual health behaviour among young people. This

study aims to explore the usefulness and value of the Auntie Stella material in relation to the Life Skills section of the Life Orientation subject.

There are 11 official languages in South Africa (Abraham & Barksdale, 2018). In order to adapt the Auntie Stella cards, it is necessary to translate the material. In this study, some of the Auntie Stella cards were translated from English into isiZulu which is one of the official languages. This was done in order to examine the effectiveness of the translated material in meeting the needs of young people in South Africa. Some of the cards were also adapted for the South African context. The translated Auntie Stella cards were used to examine the perceptions of young people about the Auntie Stella material. . Thus, the research also aimed to examine the challenges in the translation of the Auntie Stella cards into isiZulu, and their adaptation.

1.3 Significance of the research

The significance of the research relates to identifying the benefits of using the Auntie Stella material in the South African context. Piloting the translated and adapted cards with university students provided insight into the responses of young people to the adapted and translated Auntie Stella material. Furthermore, reflecting on how the Auntie Stella material and Life Skills section are similar or different assists in identifying the strengths and weaknesses in the Life Skills section and suggests areas for improvement.

Enhancing the Auntie Stella material through translation from English to isiZulu could assist in the use of the Auntie Stella material in rural areas in South Africa. Furthermore, the Auntie Stella activity pack is designed to support already existing school-based programmes in the Zimbabwean context (Kaim & Ndlovu, 2000). If the Auntie Stella material is identified as beneficial and valuable in South Africa, it could potentially supplement Life Skills in the LO subject. In the context of an increasing number of HIV infections in South Africa, promoting sexual and reproductive health among adolescents has become a top priority of the South African government (Jewkes, 2010). This research could contribute to enhancing sexual health education for young people in South Africa.

1.4 Structure of dissertation

This research is divided into seven chapters. Chapter one presents the background of the study and the motivation for conducting the study about sexual health education. Furthermore, it clearly explains what the research signifies and how the whole thesis is structured. Chapter two provides a review of literature on sexual health education, the Auntie Stella material and the Life Skills section in the LO subject in the FET phase. Chapter three explains the rationale for conducting the study, aims and research questions. Chapter four outlines the research methodology, qualitative design, sampling, data collection tools, data analysis and ethical considerations. Chapter five presents the findings of the study about the challenges in the translation of the adapted Auntie Stella material, as well as participants' responses to the material. Furthermore, the chapter highlights the findings of the qualitative study and themes which emerged from the focus group discussion about the Auntie Stella material. It also provides comparisons of the aim, content and methodology of both the Auntie Stella material and the Life Skills section. Chapter six describes the significance of the findings of the research in relation to previous studies on translation, sexual health-related issues, the Auntie Stella material and the Life Skills section. The value of the Auntie Stella material in the Life Skills section in the LO subject will also be discussed. Chapter seven highlights the conclusion, the strengths and limitations of the study and makes recommendations for further research using the Auntie Stella material.

Chapter 2 Literature Review

2.1 Introduction

Educational transformation is one of the central elements to address issues of equity and economic development in South Africa (McGrath, 2000). The rapid increase in the number of South African youth affected by the HIV and AIDS epidemic is a major issue that adversely affects economic development in South Africa (Magnani et al., 2005). In the absence of proper knowledge about sexual health risks, youth engage in risky sexual behaviour (Desmond & Gow, 2002), which increases the rate of sexually transmitted infections (STI's), including HIV (Rogow & Haberland, 2005). HIV statistics show that women are a particularly vulnerable group, with HIV prevalence being almost twice that of men, while new infection rates amongst 15-24 year old women account for 25 percent of new infections in South Africa (Shisana et al., 2014).

Mathews (2010) argued that the sexual risk behaviours of young people in South Africa needed to be addressed to obtain a better sexual health outcome in terms of reducing or preventing unintended pregnancy and HIV infection. The major response by the South African government in tackling the HIV and AIDS epidemic was to implement mandatory Life Skills and HIV and AIDS education in secondary schools (Magnani et al., 2005). The Further Education and Training (FET) level institutions were seen to be making a major contribution to addressing issues of public concern, such as crime, social issues and violence, through education and training of disaffected and unemployed youth (McGrath, 2000). This literature review critically examines sexual health education in South Africa, the main areas of sexual health education, the Life Skills section in the Life Orientation subject and the Auntie Stella material.

2.2 Further education and training

The Further Education and Training (FET) policy in South Africa was refined with the establishment of a national committee on further education formed in 1996 (McGrath, 2000). A multidisciplinary team of professionals from community education, business initiatives, and South African trade unions were part of the National Committee on Further education (NCFE), which balanced the need of community responsiveness and also addressed industrial skills concerns

(McGrath, 2000). Furthermore, the committee's work also included gathering information about the experiences of high-income countries such as Australia, Britain and The Netherlands, as well as middle-income countries such as Ghana and Kenya. The final report of the NCFE was followed by a Green Paper in which individuals from different departments participated. Subsequently, the Further Education and Training Act 98 was passed in 1998. The significance of FET for the development of South African youth increased sharply by the year 1998 (McGrath, 2000). The primary aim of the act was to provide a legal framework that effectively responds to the human resources, economic and development needs of the Republic of South Africa. In addition, these measures were considered important for curbing issues of racism, sexual violence and sexual harassment.

2.3 Sexual health education

Sexual and reproductive health education has become increasingly significant with the rapid changes in the environment in which young people make decisions related to sexual and reproductive health (Hindin & Fatusi, 2009). There is a rapid increase in the rates of early sexual initiation among young people in many countries which increases the risks associated with sexual activity, for example, the risk of HIV and AIDS (Hindin & Fatusi, 2009). In addition, young people in developing countries are at higher risk of sexually risky behaviour due to poverty, lack of knowledge, gender inequality and sociocultural factors (Michielsen et al., 2010). The report on the global AIDS epidemic in 2004 identified that the HIV prevalence among young people in sub-Saharan Africa is significantly higher than in any other part of the world (Joint United Nations Programme on HIV and AIDS (UNAIDS), 2004). In the context of poor sexual decision-making among young people in sub-Saharan Africa and the increasing risk of sexually transmitted diseases, there is an increasing recognition of the importance of school-based sexual and reproductive health education (WHO, 2005). Adolescence is an age of development and change in sexuality and in the absence of proper education, adolescents may engage in sexual exploration and experimentation (Harrison, 2010).

School-based sexual health education has to be comprehensive to be effective and it needs to focus on a wide range of issues rather than just HIV prevention (Hindin & Fatusi, 2009). Sexual health

education programmes are effective if they result in the enhanced acquisition of skills, enhanced condom use, delay in the onset of sexual activity, reduction in the number of sexual partners and improved communication about sexual issues (Goldstein & Morewitz, 2011). Several studies have identified the positive impact of sexual health education on the sexual behaviour of adolescents. Studies have found that adolescents who have received sexual health education have greater knowledge about sexual and reproductive health risks, more favourable attitudes towards HIV-preventative behaviours and higher rates of condom use (Akpabio, Asuzu, Fajemilehin & Ofi, 2009; Thato et al., 2008). However, a study conducted by Doyle et al. (2010) found that in sub-Saharan Africa there is lack of a structured methodology to effectively prevent HIV and to instil attitude and behavioural change to ensure strong sexual health among young people. Delius and Glaser (as cited in Chappell, 2015) commented about the management of sexual development of young people in a traditional rural context before colonisation and Christianity. They argued that this management allowed youth to practice non-penetrative sex when they reach puberty. The practices included thigh sex and fondling, and these minimised unintended pregnancy.

2.4 Areas of sexual health education

Identifying the main areas of sexual health risk and educating young people about the right choices in different situations can ensure a comprehensive sexual health education. A comprehensive sexual health education programme in South Africa needs to incorporate all the issues that contribute towards poor sexual and reproductive health. This section discusses the main issues related to the sexual and reproductive health risks among young people in South Africa. Although it is divided into separate topics, there is clearly considerable overlap between the various aspects discussed.

2.4.1 Unprotected sexual activity

Unprotected sexual activity is a major factor that leads to negative sexual and reproductive health outcomes (Dixon-Mueller, 2008). Unprotected sex is associated with unwanted pregnancy, childbearing and abortion, and transmission of HIV and other sexually transmitted infections (Hindin & Fatusi, 2009). Kiene et al. (2008) conducted a study to examine the factors that influence the higher rate of unprotected sex among HIV-infected individuals in South Africa. The study

found that the rate of unprotected sex among some HIV-infected individuals increased because of moderate and high-risk drinking (Kiene et al., 2008).

Unprotected sexual activity is a major issue in South Africa due to the conservative social norms in which favour abstinence when, in practice, young people in South Africa become sexually active even by the end of their teenage years (Mantell et al., 2006; Phillips & Mbizvo, 2016). Due to the different ages at which young people engage in sexual activity, sexual health education that promotes both risk avoidance in the form of delay in sexual activity, and risk reduction in the form of condom use, can protect the sexual and reproductive health of young people (Mantell et al., 2006). Ackermann and de Klerk (2002) noted that women in South Africa are in an unfavourable position to negotiate safer sex or to insist on condom usage, due to the high rate of rape, their unfavourable economic position, inability to negotiate the timing of sex and the conditions under which sex occurs.

2.4.2 Cultural beliefs and myths about sex

Cultural beliefs and myths have a significant impact on South African youth's engagement in unprotected sexual activity. The conservative sociocultural norms in South Africa value virginity and promote the ideal of abstinence; this limits the prevention options for young people in South Africa (Harrison, 2010). Harrison (2010) further noted that too much emphasis on virginity may be harmful to young women as they might feel pressurised to 'prove their virginity' by engaging in sex or may engage in anal sex to preserve their virginity. According to Leclerc-Madlala, Simbayi and Cloete (2009), the virginity testing that is encouraged in many communities in South Africa, including Zulu and Swazi communities, promotes the practice of abstinence and results in many women engaging in unprotected anal sex to maintain their virginity while still satisfying their boyfriends. There is a need for education on the positive and negative aspects of cultural practices to promote independent sexual decisions among young adults in South Africa.

Another cultural belief in South Africa that encourages unprotected sexual activity is the importance of fertility; this increases the desire of young women to fall pregnant in their first

relationship to prove that they are fertile. Similarly, men want to prove their potency and virility by making a woman pregnant (Leclerc-Madlala et al., 2009). Both these cultural traditions encourage unprotected sexual activity at an early age and increase the risk of HIV infection for young people (Wechsberg, Luseno & Lam, 2005). The cultural norms also allowed men to have multiple partners and to engage in unprotected sex (Harrison, Kubeka, Morrell, Monroe-Wise & O'Sullivan, 2006). Ogana (2006) conducted a study in South Africa in one of the townships in Durban called Umlazi. This study examined the effects myths have on the reproductive and sexual health of adolescent girls in relation to HIV and AIDS. The results indicated that some of the participants had a misconception that a girl cannot get pregnant if she is having sex for the first time and that even if she has had sex, she can keep her virginity by putting a cube of ice in her vagina (Ogana, 2006). Another myth that was found was that one's libido is 'uncontrollable', especially when boys reach puberty (Ogana, 2006). In the study by Ankomah, Mamman-Daura, Omoregie and Anyanti (2011), which was conducted in Nigeria on reasons for delaying or engaging in early sexual initiation among adolescents, results showed that the teenagers who were not sexually active were given names such as '*mumu*' (a fool) to refer to boys and 'virgin Maria' to refer to girls. These misconceptions can be misleading as they put young people at risk of contracting HIV.

2.4.3 Sexual coercion and gender-based violence

Gender-based violence is a major determinant that influences HIV infection (Abdool Karim, 2010). An examination of the conditions under which young women enter into sexual relationships shows that these are often determined by the male partner's use of violence and the gender role expectations within South African society about love, sex and compliance with man's desires (Abdool Karim, 2010). The study conducted by Jewkes and Morrell (2012) in South Africa found that gender-based violence is highly prevalent in South Africa and young women are vulnerable to sexual abuse and gender-based violence arising from gender inequalities in the country. Varga (2003) noted that rape and forced sex are widespread in South Africa as women are seen as inferior to men and treated with a lack of respect. Sexual abuse and gender-based violence arising from sexual inequality need to be addressed in an effective sexual health education programme.

The age gap between sexual partners also creates a favourable environment for sexual coercion by men. According to Harrison (2010), the woman's power to negotiate safer sex decreases as the age of the partner increases. Thus, women become vulnerable to engaging in unsafe sex due to their gender, age and inexperience in comparison to their male partners. In addition, a study by Minnis et al. (2015) on relationship power, communication and violence among couples in South Africa found that gender-based violence and forced sex result from a lack of communication between couples. They further argued that this increases the risk of HIV.

2.4.4 Peer influence to engage in sex

Lefkowitz, Boone and Shearer (as cited in Lubinga, Maes & Jansen, 2016) conducted a study in Netherlands on peer communication with best friends and how this affects the adolescent's behaviour. The results showed that adolescents influence each other's behaviour during their conversations. They feel more comfortable talking to peers about sexual issues and find information from peers more useful than from parents. Similar findings are reported in the study of Lebesse, Rachel, Maputle, Ramathuba and Khoza (2013) conducted in Limpopo province in South Africa on how peer influence contributes to young people making sexual decisions. This indicates that young people consult their friends before they make decisions related to their sexual issues.

2.4.5 Unintended pregnancy

Unintended pregnancy is a major issue in many developing nations including South Africa (Michielsen et al. 2010). The increased teenage pregnancy rate reflects the high level of unprotected sexual activity amongst young people (Harrison, 2010). The level of unplanned pregnancy among teenagers and young adult women in South Africa is very high (Harrison, 2010). The increased gap between puberty and marriage has increased the incidence of premarital sex and the risk of unintended pregnancy (Abdool Karim, 2010). The high rate of adolescent pregnancy in South Africa has severe adverse social and health consequences. Adolescents who get pregnant are less likely to complete school, and adolescent pregnancies carry significant adverse pregnancy outcomes (Phillips & Mbizvo, 2016). Adolescent pregnancy is identified as a major cause of death among young women in Africa (Patton et al., 2009).

2.4.6 HIV and AIDS

The risk of HIV and AIDS infection is high in sexually active young people (Harrison, 2010). Several studies have identified the rapid rise in HIV infections among young people in South Africa (Michielsen et al. 2010; Statistics South Africa, 2013; UNAIDS, 2010). Women are at a higher risk of becoming HIV infected compared to men. Despite the implementation of sexual health education programmes in South Africa, HIV still remains a major threat to the health of young people in South Africa (Mantell et al., 2006). Harrison (2010) noted that HIV and AIDS has become an epidemic amongst young people in South Africa, with an estimated 10 to 15% of people in the age group of 15-24 years infected. In 2016, new HIV infections among young women between the ages 15 and 24 were 37% in South Africa; this puts the HIV prevalence almost four times higher than that of men (UNAIDS, 2017).

The unique characteristics of the sexual partnership are a risk factor for HIV infection among South African youth. For example, women have partners who are three to five years older than themselves and men have the practice of having multiple partners (Abdool Karim, 2010). The rate of HIV infection for men becomes 20% only in their 30s (Mantell et al., 2006). One of the major reasons for increased risk of HIV infection among young women is due to having an older partner (Shisana, Peltzer, Zungu-Dirwayi & Louw, 2005). Another study conducted by Pettifor et al. (2005) in South Africa found that young women in South Africa were the ones who were vulnerable to HIV infection.

Knowledge and awareness about HIV is very high among adolescents in South Africa. Despite widespread education and associated high levels of knowledge among young people and adolescents, there is no decline in the HIV prevalence in South Africa (Harrison, 2010). One major issue with the awareness and knowledge of adolescents about sexuality and HIV/ AIDS is that the source of knowledge is peers which results in numerous myths about sexuality (Harrison, 2010). There are several myths in relation to the spread of HIV in South Africa and these myths have a significant role in the spread of HIV (Mantell et al., 2006). One myth is that condoms contain HIV and can be harmful rather than protective. The second myth is that condoms should not be used with steady partners and a woman who carries a condom is labelled a bad person (Morrell, Moletsane, Karim, Epstein & Unterhalter, 2002). In South Africa, most men and women who are

sexually active report having regular partners, and using condoms is considered to be offensive to the partner as it suggests that the partner is untrustworthy and ‘unclean’ (Beksinska, Smit & Mantel, 2012). These myths result in negative attitudes towards the use of condoms which increases the risk of HIV. Thus, infrequent and inconsistent use of condoms is one major risk factor for HIV infection of young people in South Africa (Harrison, 2010). Contrary findings emerged in a study conducted in South Africa in schools that are in rural areas of the North of KwaZulu-Natal. Harrison, Xaba and Kunene (2001) explored influences on sex behaviour on young people. The results show that women saw condom use as important for protection, as they feared pregnancy and HIV and AIDS.

2.4.7 Sexual behaviour and sexual debut

Sexual behaviour refers to the set of behaviours and practices which include partnership characteristics, sexual networking and the time and experience of sexual initiation; these may all contribute towards the risk of HIV (Harrison, 2010). The initiation of sexual intercourse at a very young age puts young people at very high risk of HIV and unplanned pregnancy (Harrison, 2010). Early sexual debut in South Africa is identified as between aged 15 and 17 years for both men and women (Harrison, 2010). Sexual debut at a young age is a great risk factor as young people are unlikely to use condoms, and have limited knowledge, fear, uncertainty and lack of negotiating ability (Mathews, 2010).

2.4.8 Gender roles and gender inequality

The gender norms that currently exist in South African society make women vulnerable in relationship with limited power for negotiation and communication (Harrison, 2010). The highly patriarchal society and inequality in South Africa disempower women in terms of negotiating safer sex and thereby increase the risk of HIV infection (Shisana et al., 2005). In South Africa, the gender norm is that women should be subservient to men. From a very young age, girls are taught that men are in charge of sex, and physical coercion is used to insist on unprotected sex (Abrahamse, 2010).

Knowledge and awareness about sexual health and HIV and AIDS are not effective when women do not have power in decision-making and negotiating safer sexual practices (Harrison, 2010). The

girls in South Africa are still overpowered by men in making informed decisions in relation to sexual activity, as the girls' decision to be involved in sex is influenced by the decision of their partners (Mantell et al., 2006). This makes them vulnerable to sexual coercion and violence. A study by Varga (1997) noted that women in South Africa are at a disadvantage when negotiating sex with their partners. Harrison (2010) comments on the pervasive gender inequality in South Africa which is reflected in the way that men make most decisions related to sexual activity, including the timing of sex. Warwick and Aggleton (2004) noted that sexual health education programmes and projects for young people should have safe and supportive environments where they can be provided with knowledge about HIV and AIDS, and also provided with opportunities to clarify and apply skills which they have learnt.

Gender inequality is a major issue in South Africa as it is emphasised from a very young age. There are gender biases when parents communicate about sexually responsible behaviour. This is because parents educate daughters about adopting sexual responsibility but at the same time do not educate their sons about adopting sexually responsible behaviour (Makiwane, Nduna & Khalema, 2016).

All of these issues in South Africa suggest that there is an urgent need for sexual health education programmes for young people in South Africa that encompass all these issues. The next section explains the Life Skills in the Life Orientation subject in South African education.

2.5 Life Skills section in the Life Orientation subject

Life Skills refers to the ability to bring positive and adaptive behaviour necessary to effectively deal with the demands and challenges of life on a daily basis (WHO, 1999). The Life Skills section was developed by the South African government in response to the AIDS epidemic (Mohapi & Pitsoane, 2017). In 1995, the Department of Health, in collaboration with the Department of Education, introduced the Life Skills section and HIV and AIDS education in order to increase knowledge, develop skills, promote positive and responsible attitudes, and provide motivational support (Magnani et al., 2005). The Life Skills section developed in South Africa could be a crucial

component in establishing a comprehensive response to the HIV and AIDS pandemic (UNESCO, 2012).

The Life Skills section was implemented by the South African government to support students and young people in their education on Life Skills including sexual health education (Bender, 2004). The Life Skills section contributes towards better sexual and reproductive health through positively influencing a person's thinking, decision-making and feelings (Mohapi & Pitsoane, 2017). The national Departments of Education and Health have developed a Life Skills section for sexual health education (Warwick & Aggleton, 2004). Reproductive and sexual health is a mandatory part of the Life Skills section in the Life Orientation (LO) subject (Naidoo, 2006). Reproductive and sexual health was first introduced as a mandatory subject in 2006 at the Further Education and Training level (Naidoo, 2006). However, the Life Skills section has the lowest time allocated in the education system. While the proportions of time allocated for literacy and numeracy are 35% and 40% respectively, the time allocated for the Life Skills section is 25% (Abraham & Barksdale, 2018).

Many young people do not have people they can talk to about sex-related issues, and others do not have people they can trust. They end up staying quiet about such issues and this may have an impact on their future. Young people need to be empowered with skills that will help them when they are exposed to sexually risky behaviours. The Life Skills section is expected to reduce such sexually risky behaviour among adolescents, amongst others through building assertiveness in young people (Mohapi & Pitsoane, 2017). Looking at the factors that can put young people at risk, the school education curriculum of the South African Life Orientation subject forms an excellent basis for equipping learners with Life Skills to respond to social demands, assume responsibilities and optimise their life chances (Magnani et al., 2005). LO was introduced initially through Outcome Based Education (OBE) in South African schools in the late 1990's (Department of Education, 2002).

The Life Skills section in South Africa is a combination of teacher-led education and peer education (Warwick & Aggleton, 2004). This combination is expected to increase the knowledge of young people necessary to protect them and improve sexual health. However, in the study

conducted by Adams Tucker, George, Reardon and Panday (2016), teacher-led education was found to be hierarchical and top down, which makes young people feel disempowered as they feel they are not independent to make their own decisions in life. The new Curriculum and Assessment Policy Statement (CAPS) for LO in South Africa has a focus on gender and violence (Department of Basic Education, 2011). Sex education in Life Skills in the LO subject is devised to encourage young men and women to learn about the different ways in which women should be treated in society, and raises awareness and consciousness about the gender inequality (Jewkes & Morrell, 2012). Teaching communication skills in the LO subject enhances the discussion about sexuality and intimacy, creating scope for negotiating the terms of a relationship including intimacy and sexuality (Jewkes & Morrell, 2012).

Sexual health education through the Life Skills section improves sexual health and gives the youth power to choose suitable behaviours (Bharath & Kumar, 2008). Practising safer sex is one of the behaviours promoted through Life Skills section that results in positive health. Sexuality education is a fundamental area of Life Skills section, where issues such as physical development, relationships, sexual abuse, HIV and AIDS and contraception are examined (Bender, 2004). Adam Tucker et al. (2016) argue that sexual health education in LO focuses on changing the lifestyles of young people, not only in terms of substance abuse and healthy eating habits but also abstinence and practising safer sex. James, Reddy, Ruiters, McCauley and van den Borne (2006) conducted a study in KwaZulu-Natal in South Africa where the Life Skills section was introduced to Grade 9 learners but not all schools implemented the whole Life Skills section. The study found that “schools that implemented the whole Life Skills section had significant positive impact on the perceptions of sexual behaviour, lower reported sex and higher condom use than the schools that had not completely implemented the Life Skills section” (James et al., 2006, p. 1). Another study conducted in the KwaZulu-Natal province in South Africa indicated that the Life Skills section had resulted in a significant increase in condom use among 14- to 18-year-old children (Magnani et al., 2005).

The main aim of the Life Skills section is to enable young people to be open to change, identify the desired outcomes and actions necessary to achieve this, and be able to act and implement plans of action in each of the aspects covered under the Life Skills section (Bender, 2004). There are

several factors that were identified as adversely affecting the effective implementation of the Life Skills section in South Africa. These include the differences in the preparedness of teachers in supporting learning about sexual health, lack of adequate resources, lack of interest of learners in learning about sexual health, resistance from parents, carers and community leaders about education about sexual health, and lack of support for teachers teaching sexual health (Coetzee & Kok, 2001). The study conducted by James et al. (2006), to examine the impact of the HIV and AIDS Life Skills section on secondary schools, found that knowledge about HIV and AIDS increased but young people were still not practising safe sex. The inconsistencies in relation to the effectiveness of the Life Skills section seem to be due to the differences in implementation. James et al. (2006) noted that some schools implemented the Life Skills section completely, but in other schools it was done partially. The study identified significant differences in the sexual attitude and behaviour outcome, depending on the extent to which Life Skills section was implemented. The schools that implemented the Life Skills section completely reported less sex and more condom use than the schools that did the HIV and AIDS Life Skills section only partially (James et al., 2006).

2.5.1 Teachers' experience with the Life Skills section

The sexual education aspect of the Life Skills section in the LO area was seen as uncomfortable by educators due to the social stigma associated with communicating about sexual behaviour (Ahmed, 2006). The social stigma associated with sexual and reproductive health meant that teachers left out some parts of the sexual health content (Mukoma et al., 2009). A study conducted in North West province in South Africa by Jacobs (2011) found that most of the learners do not recall being taught about sexual health education under the Life Skills section. Lack of training and support for teachers was identified as one of the major barriers to the effective implementation of the Life Skills section under the LO subject (Smith & Harrison, 2013).

Mukoma et al. (2009) conducted an investigation of school-based HIV and AIDS interventions in South Africa. An examination of intervention and control groups revealed that there were differences in the teachers' adherence to the intervention protocols which were mainly influenced by individual and organisational factors. The implementation of the intervention was more effective when done by teachers who received teacher training, were provided teacher manuals

with detailed instructions about the lessons and activities, had outcome-oriented education practices, and where there was regular monitoring and support for teachers. The main obstacles to effective implementation were too many programme activities, lack of experience of teachers and high turnover among teachers (Mukoma et al., 2009).

Delivering a Life Skills section on sensitive issues related to sexuality and HIV and AIDS requires proper training and support for the teachers (UNESCO, 2012). Avert (2017) noted that poor training and support for teachers leads to demotivation and discomfort among teachers, which adversely affects the quality and accuracy of the information passed to the students. Proper training prevents teachers from shying away from sensitive issues as addressed in the Life Skills section (Ahmed, 2006). In addition, the major cause of fear or reluctance on the part of teachers about Life Skills section is the perception that education in sexual health leads to promiscuity (Ahmed, 2006). However, contrary to this belief, existing evidence indicates that well-implemented sexual health education programmes have not only increased condom use but also delayed the onset of sexual activity among adolescents.

Several studies that have examined teachers' perceptions about teaching Life Skills section in the LO subject suggest that teachers do not think that they have received adequate training to provide quality teaching (Christiaans, 2006; Prinsloo, 2007). The main weakness in the teaching of Life Skills section in the LO is the lack of teacher preparedness in terms of providing adequate knowledge, skill and values to the students, as well as lack of support for teachers in the form of training and resources (Coetzee & Kok, 2001). Bharath and Kumar, (2008) further argued that providing teachers with adequate training and providing relevant resource materials can enhance the effectiveness of Life Skills education. In a study conducted by Rogan (2000) among teachers from secondary schools in four provinces in South Africa, teachers reported that lack of training was a major barrier to effective teaching of sexual education. Teachers without training have difficulty in providing sexuality education (Rogan, 2000). The study found that the teachers were trained for one to three days on the content and aims of the programme and even the facilitators of the training were not knowledgeable. According to James et al. (2006), the content and strategies used by teachers influence the effectiveness of the Life Skills section.

2.5.2 Learners' experience of Life Skills section

Learners play a crucial role in the effective implementation of the Life Skills section. Mukoma et al. (2009) noted that one major obstacle to the implementation of Life Orientation learning is that learners do not value the LO subject. In a study conducted in the North West province on the experience of learners with the Life Skills section in the LO subject found that although the students think that the activities in LO are fun, it does not result in increased knowledge among students (Jacobs, 2011). In the same study conducted by Jacobs (2011), a majority of the respondents noted that the LO subject mainly covered "life in general". He further argued that these responses were vague but, according to the participants, they indicated that LO was teaching them about things that are happening in life and there was no new information. "Life in general" does not cover a specific aspect of the LO subject such as sexual and HIV and AIDS education, which is a mandatory aspect of LO subject (Jacobs, 2011). The results indicated that sexual health education was not a major focus in the LO subject as not many students knew about sexual health education. The students did not think that the information was useful to apply practically in life.

2.5.3 University students' perceptions about the introduction of Life Skills as a course.

The Association of African Universities recommended that programmes offered at universities should include HIV and AIDS education. This was due to the socio-economic factors that had an impact in students' lives and that they were also exposed to the possibility of being infected with HIV and AIDS (Mohapi & Pitsoane, 2017). Contrary to the findings of Jacobs (2011), Mohapi and Pitsoane (2017) in their study among UNISA students, found that the participants perceived Life Skills as an effective method to prevent HIV and AIDS. Other major benefits of Life Skills in combating HIV and AIDS included reducing the stigma associated with HIV and AIDS, enabling open communication about sex and other issues, and permitting negotiations about risk and vulnerability (Mohapi & Pitsoane, 2017). The results focused more on the need to have more Life Skills workshops and awareness of HIV and AIDS and Life Skills. A large majority (80.1%) stated that Life Skills was effective in the prevention of HIV and AIDS and 94% agreed that Life Skills should be offered. A study conducted by Dunbar et al. (2010) identified that Life Skills was effective in supporting young people with the development of personal values and skills in communicating assertively and effectively.

2.6 The Auntie Stella sexual health material

2.6.1 The development of the material

The Training and Research Support Centre (TARSC) conducted a project, the Adolescent Reproductive Education Project (ARHEP), in Zimbabwe to identify the information, perceptions and concerns adolescents have about their reproductive health and their sources of information and support (Kaim & Ndlovu, 2000). The research found that young people lacked sources of open, reliable support and information. The young people in Zimbabwe did not get the information they needed from their teachers or from their parents, but their sources of information were the media. Furthermore, some participants mentioned that they found magazine helpline letters to Aunt Rhoda accessible and informative. Based on the results of the above study, the Auntie Stella cards were developed. The Auntie Stella cards were developed in the 1990s for secondary school students to address their concerns and gaps in their knowledge in relation to sexual harassment, poverty and commercial sex, sexually transmitted diseases and reproductive health (Mishra, 2009).

2.6.2 Content and aims

The Auntie Stella reproductive health pack was developed based on the stories, experiences and the specific needs of adolescents (Kaim & Ndlovu, 2000). The Auntie Stella cards aim to improve the sexual and reproductive health and relationships of young people (Kaim & Ndlovu, 2000). The material is in the form of a letter to 'Auntie Stella' where adolescents seek information and advice on a variety of topics (Kaim & Ndlovu, 2000). The interactive activity pack includes the questions to Auntie Stella and her answers (Welbourn & Hoare, 2008). The activity pack consist of 40 question letters and answer cards, which young people are encouraged to discuss based on the accompanying set of questions provided for each question letter (Kaim & Ndlovu, 2000). Each letter is in the form of a question supposedly written by an adolescent seeking advice or information on a wide range of issues. These include reproductive development, forced sex, gender roles, communication in relationships and with parents, transactional sex, wanted and unwanted pregnancy, infertility, cervical cancer, HIV and AIDS and sexually transmitted diseases (Kaim & Ndlovu, 2000).

The answer cards contain the reply to the questions; these are checked by experts from the medical and other fields (Kaim & Ndlovu, 2000). The question-answer format of the Auntie Stella cards is considered by young people to be informative and accessible (Kaim & Ndlovu, 2000). In addition to discussion of the question and answer cards, the Auntie Stella material also involves other supplementary activities such as song writing, role plays, quizzes, research projects and storytelling about different issues related to sexual and reproductive health that affect their lives, as well as suitable strategies to address these (Terry & Hoare, 2007).

There were five aims for the development of the Auntie Stella activity pack. The first aim was to stimulate discussion among adolescents on issues relating to reproductive health and to provide reliable information on these issues (Kaim & Ndlovu, 2000). For this reason, the Auntie Stella activity pack is designed as an interactive and participatory reproductive health programme (Kaim & Ndlovu, 2000). Each activity pack involves a discussion of a range of issues. The discussion is followed by the expert information and suggestions from Auntie Stella. These suggestions include how to act in that situation, apply the knowledge in real life and ways to change the behaviour (Welbourn & Hoare, 2008). The issues discussed include: spread and treatment of HIV, stigmatisation, morality, and social responsibility (Welbourn & Hoare, 2008). Mishra (2009) comments that behavioural change is achieved through classroom exercises, where students devise action plans for risk reduction as well as a change in behaviour.

The second aim of the Auntie Stella cards was to create an atmosphere and activity that promote open communication where the students can talk to one another freely and without any inhibitions (Kaim & Ndlovu, 2000). The third aim was to fill the information gap in a non-authoritarian framework (Kaim & Ndlovu, 2000). The friendly nature of the Auntie Stella activity pack makes it less authoritarian and comfortable for the students. Furthermore, under the Auntie Stella methodology the teacher acts as a facilitator rather than a controller (Kaim & Ndlovu, 2000). Under the Auntie Stella process of sexual health education, passing on knowledge is not perceived as teaching students but rather listening to the students, sharing the knowledge and also supporting them (Kaim & Ndlovu, 2000). The reproductive health challenges should be discussed by learners in terms of their own definitions of different indicators of successfully dealing with sexual and reproductive health (Kaim & Ndlovu, 2000). The fourth aim of the Auntie Stella card was to

encourage students to express their concerns, problems and questions and to provide them with reliable and suitable sources of information. In addition, they comply with the requirement that teachers are provided with guidance material on how to facilitate the learning. The fifth aim was to provide support and extra resources for the already existing school programmes.

The unique characteristic of the Auntie Stella material is that the cards are discussed by young people in small groups with minimum intervention by teachers (Kaim & Ndlovu, 2000). This is different from the approach used by the Life Skills section where teachers play a crucial role in the areas discussed in the class. There is more clarity in the topics that have to be covered under the Auntie Stella sexual health material as all the areas are covered in the 40 questions and answer cards. One major advantage of the approach used in the Auntie Stella sexual education material is that it avoids the inhibition that arise when discussing sex with pupils of the opposite sex in the presence of teacher. The approach to organise small groups of students of the same sex to discuss the Auntie Stella material was based on a pilot study conducted in Zimbabwe among secondary school learners (Kaim & Ndlovu, 2000). The findings showed that learners had difficulty in openly discussing sexual issues with learners of the opposite sex and in front of the teacher (Kaim & Ndlovu, 2000).

2.6.3 Impact of Auntie Stella material

In the first trial of the Auntie Stella cards in one school in Zimbabwe, young people were asked to describe which reproductive health behaviour they and their peers engage in, which factors influence their behaviour and how they assess this behaviour (Kaim & Ndlovu, 2000). The learners themselves defined the behaviour as bad and they gave examples like having sex, having ‘sugar daddies’, abortion and many others (Kaim & Ndlovu, 2000). All these types of behaviour were described by them as risky and they also came up with ways of avoiding the risky behaviour, which showed that they were willing to change their attitudes (Kaim & Ndlovu, 2000).

A longitudinal study conducted by Kaim and Ndlovu (2000) on the impact of the Auntie Stella material on the learners’ behaviour found that the learners acquired very precise and specific knowledge about different reproductive health-related matters during the second trial, compared

to very generalised knowledge in the first trial. The ARHEP team reported positive outcomes after they had implemented the Auntie Stella programme (Kaim and Ndlovu (2000). Intensive behavioural programs are identified to have a positive impact on lowering the HIV risk among young people (Goldstein & Morewitz, 2011). Kaim and Ndlovu (2000, p. 48) further noted another impact of the Auntie Stella material on the learners, namely that it “increased communication with parents, community members and asking community elders about reproductive health issues and tradition”.

An evaluation of the responses of learners to the Auntie Stella project revealed that they were happy about the programme (Kaim & Ndlovu, 2000). Participation of students is essential for any programme to be successful (Mukoma et al., 2009). Students actively participate in the discussion of the Auntie Stella sexual health material to devise plans for risk reduction and behavioural change (Mishra, 2009). This strategy, that promotes discussion and communication in groups, also enhances the communication and negotiation skills of students. Furthermore, it emphasises the importance of developing social networks and creates a supportive social environment for the youth (Terry & Hoare, 2007).

Since the Auntie Stella material has shown its great impact in young people after its implementation in Zimbabwe, it can be recommended to try to use it in South Africa. For this material to be used effectively, it would need to be translated and adapted in order to fit in this context, where there are eleven official languages. This would also depend on the province where it would be used and which language is dominant in that province. Furthermore, it should also be suitable for the level of understanding of young people.

2.7 Translation and language of communication

In Chen and Boore’s (2010) study on translation and back-translation, effects of the procedure and translation, and the techniques used in the interpretation of original language, were examined. They argued that there are factors which influence the quality of translation: the translator, back-translation, culture and language are some of the factors. They further argued that the linguistic competence of the translator is very important. Translation must be conducted by a translator who

is able to speak both the original and target languages equally well and that person must also be familiar with the concepts to be translated (Chen & Boore 2010).

In their study of factors influencing the process of translation, Wong and Shen (1999), state that translation includes linguistic, cultural and personal factors. They argue that linguistic factors can have an effect in the translation process in the sense that one word in one language might have different meanings; in addition, the word order in the phrases translated might change and that if some words are translated literally, this might give a distorted meaning. Wong and Shen (1999) further argue that language is influenced by culture; the source language might have culture-specific expressions which might have a different meaning in the translated language.

Wong and Shen (1999) share the same view as Chen and Boore (2010) that the translator must have competency in the source language and translated language. Malindi (2015) conducted a study in the term formation used in providing the isiZulu translation equivalents of English chemistry words. The results showed that there were a number of ways which were used to provide a suitable word or equivalence, for example, borrowing words, and paraphrasing. This also depends on whether or not it will be understandable to the target group after translation. If for example the target group is young people, simple language and common words should be used in order for young people to understand it.

In a study in Cape Town, South Africa, conducted by Cain, Schensul and Mlobeli (2011, p. 1) about language choice and sexual communication among Xhosa speakers, they argue that “sexual communication inevitably confronts culturally based behavioural guidelines and linguistic taboos unique to diverse social contacts”. The results showed that the participants preferred English and isiZulu languages, which were going to enable them to communicate freely without restrictions. This is common among young people who like to code switch when they communicate with each other. This is to be expected in this study, where young people will be discussing sex-related issues; however, others will prefer to use English.

2.8 Chapter summary

The literature review in this section was drawn from different sources; both nationally and globally, in order to understand the impact of sexual health education on young people, especially in secondary schools at the FET phase. The section also highlighted the importance of training teachers in order for the sexual health education, which is found in the Life Skills section in the LO subject, to be effective. Unprotected sexual activity, cultural beliefs and myths have been found to be some of the factors contributing to the escalating rates of young people contracting sexually transmitted infections (STIs) including HIV and unplanned pregnancy. This suggests the need for further enhancement of sexual health education in order to successfully address these issues. The literature reviewed also suggests that there are differences in approach to the learning process between the Life Skills section and the Auntie Stella material. The most comfortable approach was conducting discussions in small groups of learners of the same gender, with limited intervention by teachers. Peer-to-peer interaction was identified as an effective approach to increasing participation and enhancing understanding of the sexual and reproductive health information in the Auntie Stella cards. The main topics covered under the Auntie Stella material include sexual coercion, unintended pregnancy, HIV and AIDS, transactional sex, reproductive development, forced sex and gender roles. All these topics are of importance in South Africa as the country currently experiences adverse consequences of sexual coercion, unwanted pregnancy, transactional sex, HIV and AIDS, gender-based violence, and gender inequality.

While the Auntie Stella sexual health education focuses on participatory teaching style, the Life Skills section in the LO subject focuses on teacher-led teaching. Another difference between the methodology of Auntie Stella and the Life Skills section is in relation to the support for teachers in teaching the content in the sexual health programme. The Auntie Stella material provides guidance on how to interact and facilitate the learning, while the guidance for teachers under the Life Skills section in the LO subject varies between institutions. Unlike in the Auntie Stella sexual health education material, there is no standard teaching manual for teachers under the Life Skills section in the LO subject.

The next chapter will present the rationale and aims of the study.

Chapter 3 Rationale of the research

3.1 Rationale for the research

The high prevalence of HIV and AIDS among young people in South Africa makes it necessary to identify effective and innovative approaches to enhancing their sexual health (Mason-Jones, Flisher & Mathews, 2013). Teenagers start having sex at an early age which puts them at risk of contracting HIV. Research in South Africa shows that a large number of teenagers end up having STIs; this can include becoming infected with HIV (Vergnani, Frank & Sityana-Fani, 1998). Vergnani et al. (1998) further argue that, out of every 1,000 pregnant women in South Africa, 300 are teenagers. This shows that young people engage in unprotected sex which results in pregnancy and contracting STIs. This indicates that sexual health education is a great need in schools (Vergnani et al., 1998). Sexual health education for young people plays a crucial role in minimising the involvement of teenagers in sexually risky behaviours.

The South African government is committed to the implementation of programmes to improve the sexual and reproductive health of young people. However, the effectiveness of the sexual health education programmes is still in question since not much change has been witnessed in the sexual behaviour of young people, despite the implementation of sexual health programmes in South Africa. There were 93,978 learners who fell pregnant in 2014, with 18,533 of those in KwaZulu-Natal (Department of Basic Education, 2015). Some argue that the youth in South Africa do not have enough knowledge about sexual health risks (Ndaki, 2004). On the other hand, Desmond and Gow (2002) also mention that the youth were aware of HIV and AIDS, but the knowledge was not positively influencing their sexual behaviour. The same risky behaviour perpetuates the increased rate of sexually transmitted infections (STIs) including HIV, especially in adolescents (Rogow & Haberland, 2005).

3.2 Aims of the study

This study explores the usefulness of the Auntie Stella material for sexual health education in South African schools particularly in the section of Life Skills in the LO subject. The focus is on the FET phase. The Auntie Stella reproductive and sexual health education programme is an

internationally accepted programme that provides comprehensive sexual health knowledge to all adolescents (Auntie Stella, 2015). Furthermore, the participatory learning style, with teachers as facilitators, makes it unique and effective (Kaim & Ndlovu, 2000).

3.3 Objectives of the research

The objectives of this research are as follows:

1. To examine the challenges in translating the Auntie Stella material from English to isiZulu.
2. To explore how young people respond to the adapted and translated Auntie Stella material.
3. To reflect on the aims, content and methodology used in the Auntie Stella material and the Life Skills section in the Life Orientation subject in the FET phase.

3.4 Research questions

The research questions guiding this research are as follows:

1. What are the challenges in the adaptation and translation of the Auntie Stella material from English to isiZulu?
2. How do young people respond to the adapted and translated Auntie Stella material?
3. How does the sexual health education aim, content and methodology of the Auntie Stella material relate to the Life Skills section in the Life Orientation subject in the FET phase?
4. How could the Auntie Stella material contribute to the Life Skills section in the Life Orientation subject?

Chapter 4 Research Methodology

4.1 Introduction

In this chapter, the methodology used to conduct the research process will be discussed. Furthermore, the chapter gives a detailed description of the research design, sample selection, data collection and data analysis procedures followed to achieve the aims and objectives of the study. The research process contained three parts. Part one involved the translation and the preparation of the Auntie Stella material for the focus group. Part two involved the piloting of the Auntie Stella material with young people. Part three of the research process involved the examination of the Auntie Stella material in relation to the Life Skills section in the Life Orientation Subject. This chapter begins with a description of the research design used in the study.

4.2 Research design

The study used an exploratory qualitative approach. According to Durrheim (2012, p. 44) exploratory studies are “used to make preliminary investigations into relatively unknown areas of research and they employ an open, flexible and inductive approach to research as they attempt to look for new insights into phenomena”. This study employed a qualitative research design. Terre Blanche, Durrheim and Kelly (2006) argue that a qualitative research design allows the researcher to explore issues in depth. There are no prior studies conducted on the suitability of the Auntie Stella material for the Life Skills section in the LO subject in the FET phase. Furthermore, the translation of the Auntie Stella material from English to isiZulu, and its adaptation to a South African context, are relatively new. Hence, an exploratory research design is suitable to examine the challenges in the adaptation and translation of the Auntie Stella material from English to isiZulu; to compare the aims, content and methodology used in the Auntie Stella material with the Life Skills section in the LO subject in the FET phase; and to assess the value of the Auntie Stella material in relation to the Life Skills section in the LO subject in the FET phase. Permission to use the Auntie Stella material in this study was obtained from the Training and Research Support Centre (TARSC) (Appendix 1).

A combination of a focus group conducted with female university Honours students of the University of KwaZulu-Natal, and a review of the LO Curriculum and Assessment Policy Statement (CAPS) document were utilised in this research. The purpose of the focus group data collection was to explore the responses of young people in South Africa to the Auntie Stella material, and the challenges in the adaptation and translation of the Auntie Stella material from English to isiZulu. Since the aim of the study was to assess whether the Auntie Stella sexual health material can contribute towards the Life Orientation subject, it was crucial to review this subject. The researcher explored the topics covered in the LO subject, the Life Skills section in the LO subject, the aims of the Life Skills section, and its contribution towards the sexual health learning of young people, as well as the approach and methods used.

4.3 Research process

4.3.1 Part 1: Translation and preparation of the Auntie Stella material

The translation of the Auntie Stella sexual health material was an important step in the data collection process. The usefulness of the Auntie Stella material in the South African context depends on the extent to which it can be translated in terms of its exact meaning and purpose. This is because South Africa is a country with many languages and, if the Auntie Stella sexual health material is to be valuable, the challenges in translation need to be identified and resolved.

A back-translation approach was adopted to translate the Auntie Stella material from English into isiZulu. In this approach, an initial team translates the material from the source language to the target language and a second team of translators, who have not seen the source language, translate the material from the target language to the source language (Graham, Naglieri & Weiner, 2003). This allows the source material to be compared with the back-translated version of the source language (Graham et al., 2003). According to Barajin (2016), back-translation enhances credibility as it is considered to be a reliable quality assurance mechanism. The value of the back-translation approach is that it is mainly orientated to the language and the culture-specific aspects that can be easily understood by people of the target language (Graham et al., 2003).

The Auntie Stella material addresses a range of topics. Some of the material that was translated by the researcher addresses topics such as sex and relationships, safer sex, forced sex, STIs and

unwanted pregnancy. The reason for choosing these topics was that, as was highlighted in the literature review, young people are faced with problems related to these topics. The researcher, who is fluent in isiZulu and English, translated five cards from the Auntie Stella material, and one of these cards was piloted in the focus group with students.

The isiZulu translation was then given to another Masters student (doing research with the same material, and who is also fluent in English and isiZulu), who then back-translated it into English. In some cases, the researcher translated from English into isiZulu and in other cases, she worked with the isiZulu translation of the cards done by the other Masters student, and translated those back into English. In total, eleven Auntie Stella cards were translated from English to isiZulu by the two Masters students. Table 1 shows the list of Auntie Stella cards that were translated by both Masters students. Only the first five cards translated by the researcher will be provided in Appendix 2 to Appendix 6.

Table 1: List of translated Auntie Stella cards

| Card number and title | Themes of the card | Appendix |
|---|---|-----------------|
| 1. Should I sleep with him? | Sex and relationships, safer sex and speaking out | 2a & 2b |
| 7. I had an STI - am I infertile? | STIs | 3a & 3b |
| 16. I was raped. | Sex and relationships, forced sex, speaking out and changing society | 4a & 4b |
| 22. Should I tell him I'm HIV positive? | Sex and relationships, safer sex, living with HIV and AIDS and changing society | 5a & 5b |
| 32. I don't want this baby. | Unwanted pregnancy | 6a & 6 b |
| 3. Must I sleep with my sister's husband? | Sex and relationships | |
| 10. My girlfriend is pregnant. | Unwanted pregnancy | |
| 11. I have strong sexual urges. | Growing up and safer sex | |

| | | |
|---|--|--|
| 12. I pay for lunch, don't I deserve sex? | Sex and relationships and forced sex | |
| 13. I have pimples on my penis. | STIs and relationships with family and community | |
| 25. Must I tell her about my STI? | Safer sex and sexually transmitted infections | |

The final step in the back-translation process was to compare the source material with the English translated material. This was done in a discussion with the supervisor and the other Masters student. The discussion focussed on whether the meaning of the material was the same in the English and isiZulu versions of the material.

Translating the material to isiZulu made it relevant for the study. IsiZulu is one of the languages spoken in South Africa and the study targeted isiZulu-speaking participants. Furthermore, simplifying some words in such a way that the young people would understand them was also done. For example, in Card 1, "Should I sleep with him?", there is a phrase "to make him stop half-way"; this was explained further in the translation, so that young people could understand what Zandile was referring to, and some more words were added. This phrase was translated as "arousing him and not having sex with him" which is "*ukumvusela imizwa kodwa ngingalali naye*" when translated to isiZulu. Adding these words made it clear that the boyfriend is ready to have sex but Zandile does not allow him to have sex with her, which usually follows after being aroused.

The sentence: "Talk about it before - it's harder if you leave it to the last minute", was simplified by looking at the context in which it was used and direct words were used instead. They were translated as "Talk about it before having sex, as it is difficult to talk about it when you are aroused". In isiZulu, it was translated as "*Xoxani ngalokhu ngaphambi kokuya ocansini - kunzima ukuxoxa ngakho uma imizwa isivukile*". The word 'condom' when translated to isiZulu is '*ijazi lomkhwenyana*' but that term was not used as it would have been difficult for young people; instead, a borrowed word from English (and a commonly used one) was used: '*ikhondomu*'.

There is a part in the card where the participants are supposed to write down their responses but the question was changed to discussing the answers. This was done because the discussions were to be recorded. The question in the card was phrased as follows: “In your group, write down all the reasons some young people go ahead and have sex or wait until they are older”. After being rephrased, it read as follows: “In your group, discuss all the reasons some young people go ahead and have sex or wait until they are older”. In isiZulu, it was translated as follows: “*Eqenjini lenu, xoxani ngazo zonke izizathu ezenza abanye abantu abasha baye ocansini noma balinde baze bathi ukukhula*”. The next section will highlight the piloting of this card.

4.3.2 Part 2: Pilot of the translated Auntie Stella material in a focus group

Once the credibility and quality of the translated material was assured, the material was used for data collection in the study. In this study, one of the Auntie Stella cards was used. This was Card 1: “Should I sleep with him?” (Appendices 2a & 2b) which was translated from English to isiZulu and used in the focus group.

This card falls under the theme: sex and relationships. This was chosen because most young people find it difficult to make informed decisions about when to start engaging in sex in their relationships. It was therefore a useful topic for this age group of participants, as they start to have relationships at this age. The card contains a section with a problem (expressed in a letter to Auntie Stella). The young person here is stating her problem and expressing her feelings about her situation. The talking points follow after the problem has been stated. The talking points contain the discussion questions which allow young people to engage in a discussion and share their opinions. They also share their experiences, being guided by the talking points. Furthermore, there is a role play which should be acted out in order to make the situation practical. The other part is an answer card (which is a letter from Auntie Stella). In this part, Auntie Stella responds to the question of the young person and gives advice. After the answer card, the action points follow with questions which allow the young person to do some introspection and respond in terms of what she would do if she was in Zandile’s situation.

4.3.2.1 Sampling

A combination of convenience and purposive sampling was adopted to select the participants for the focus group part of this study (which piloted the translated card). Convenience sampling is the method of selecting the most readily available units (Sim & Wright, 2000). Convenience sampling was done by recruiting participants who were available and those who volunteered to participate in the research (Durrheim & Painter, 2006). Purposive sampling is sampling where an authority selects participants based on their representativeness of the phenomenon under study (Durrheim & Painter, 2006). The targeted participants were female Honours students from the University of KwaZulu-Natal who speak isiZulu and were between 18-30 years. Only female students were included in the focus group, since having a group of people of the same gender increases the freedom and openness in the focus group discussion. Prior studies on sexual health education material indicate that students are more comfortable to discuss such matters when the group involves students of the same gender (Kaim & Ndlovu, 2000). Furthermore, the HIV statistics indicate that young women in this age group (15-30 years) in South Africa are the group most vulnerable to HIV, and it is therefore important to consider women's perceptions of sexual and reproductive health.

Although the LO subject is taught in South African Schools, the sample for the focus group in the study comprised 6 female Honours students in the University of KwaZulu-Natal. One participant (22 years) was in the College of Agriculture, Engineering and Science, 3 participants (23 years old) and 1 participant (27 years) were in the Humanities College, 1 participant (24 years old) was in the College of Law and Management. This was a pilot study, assessing how young people would respond to the translated material. Honours students were a convenient group of young people and thus were recruited for the focus group. In addition, the material might in future be used with the school learners in the FET phase.

4.3.2.2 Recruitment of participants

Permission to conduct the research with University of KwaZulu-Natal students was obtained from the gatekeepers (Appendix 7). Ethical clearance (Appendix 8) with protocol reference number

HSS/0935/016M was obtained from the University of KwaZulu-Natal Humanities and Social Sciences Research Ethics Committee. An advert (Appendix 9) was placed on the campus notice boards with the permission of the university's Risk Management Services (Appendix 10). Interested female Honours students from the University of KwaZulu-Natal who spoke isiZulu and were between 18 and 30 years were requested to contact the researcher. This age group of young people is an extremely vulnerable group in relation to dominant sexual and reproductive health issues in South Africa. Honours students were a convenient group of young people since the study was conducted at the university campus. The contact details of the researcher were attached to the bottom of the advert which the students could tear off. The researcher then followed up by phoning the students who were interested in participating in the research. However, this process yielded only two students who were interested in taking part in the research.

According to Kelly (2006), a focus group normally requires 6-12 participants to encourage conversation and interaction between the participants. Since the sample size recruited through convenience sampling was not considered large enough for the focus group, snowball sampling was used. Snowball sampling is a non-probability sampling technique where the researcher locates more members of the population through the members of the population already recruited (Babbie, 2008). Four additional participants were thus recruited through the two participants who had already volunteered to participate

4.3.2.3 Data collection

The data collection tool used in the pilot of the translated Auntie Stella card was a focus group. Kelly (2006, p. 304) defines a focus group as “a group of people who share similar experience but not as an existing social group”. A focus group was suitable for this study as focus groups provide flexible opportunities to discuss experiences in a naturalistic way (Kelly, 2006). For this study, a focus group was used to discuss the content of the card and the participants' responses to the content of the card. The focus group consisted of six female Honours students from the University of KwaZulu-Natal. The focus group met at the Psychology building on the Pietermaritzburg campus. The focus group discussion took about 90 minutes to complete.

The researcher introduced herself and commended the participants for taking the time to participate in the study. The participants were made aware that ethical approval to conduct the study at the University of KwaZulu-Natal Pietermaritzburg campus was obtained. The participants were given an information sheet (Appendix 11) stating the study objectives, nature of the participant's involvement, risk and benefits and confidentiality of the process, and issues about consent, as well as the right to withdraw from the research at any point. The participants were informed that if they would like a copy of the findings of this study it can be emailed to them on request.

The participants in the focus group discussions were asked to carefully read the consent form (Appendix 12). The consent form included the confidentiality agreement, where the researcher confirmed that no personally identifying information of the participants would be included in the research. The participants were identified by pseudonyms during the focus group. After agreeing to these conditions, the participants provided their consent by signing the consent form.

The discussion was audio-recorded. The participants were requested to sign a consent form for audio-recording (Appendix 13). A confidentiality pledge (Appendix 14) was signed by the participants to try to ensure the participants did not repeat issues discussed in the group outside of the group. The participants were informed that there would be no specific risks associated with their participation but, if they needed further assistance, they could be referred for counselling to the Child and Family Centre (CFC) (Appendix 15).

The first step in the focus group process was to explore the relationship experiences of the participants through open-ended questions (see Appendix 16 for focus group schedule). The reason for this was that the theme of the card chosen for data collection was sex and relationships. In starting the focus group in this way, the researcher tried to find out if participants had previously read letters to 'agony aunts'. Furthermore, it was done in order to introduce them to the same problems the young people are facing in the Auntie Stella material.

The researcher then explained how the Auntie Stella material works and gave out copies of the Auntie Stella card: "Should I sleep with him" (see section 4.3.2). The card has four parts which were used in the focus group. The first part contained a problem raised by a young person (Zandile) written as a letter to Auntie Stella. One of the participants from the focus group read the letter

while the other participants were looking at their copies of the card handed to them. The second part involved the talking points which contained questions about the problem that had been raised by the letter writer. The researcher read the questions to the focus group. The researcher explained that the question card should be read first and then the talking points must be discussed before looking at the answer card (Kaim & Ndlovu, 2000). The participants gave their responses to the questions as the researcher was facilitating the process. The third part was the answer card which contained Auntie Stella's answer. Another participant from the focus group read Auntie Stella's answer. The last part of the card contained the action points. Here the focus group participants were expected to reflect on what they would do if they were in the same situations. It also focused on the future. The participants responded by giving their views regarding the Auntie Stella card.

Following the discussion of the participants' views on the problems in the Auntie Stella card, the additional questions (see also Appendix 16) were used in the focus group to explore issues related to translation and adaptation of the card. This was done through the use of semi-structured and open-ended questions. Semi-structured open-ended questions encouraged the participants to give their individual perception and views on each of the questions. These questions were developed by the researcher in order to explore any translation issues and adjustments to the pilot card which needed to be made. At the end of the discussion, the focus group participants were given a voucher for the campus coffee shop in order to thank them for participating.

The data analysis of the focus groups began with the transcription of the audio-recording of the focus group. Since the focus group was code switching from isiZulu and English, the researcher translated the isiZulu conversation to English during the transcription process. Once the audio-recording was transcribed and translated, the focus group data was ready for analysis.

4.3.2.4 Data analysis

Thematic analysis was used to analyse the data from the focus group since the data for the focus group was qualitative (Boyatzis 1998). Thematic analysis was used to analyse and identify patterns of meaning in the data that related to the research question (Braun & Clarke, 2006). Thematic

analysis is an independent qualitative descriptive approach defined as “a method for identifying, analysing and reporting patterns (themes) within the data” (Braun & Clarke, 2006, p. 79).

There were three parts to the data analysis. The first part was related to the translation of the Auntie Stella material and the second part was analysis of the responses of the focus group to the translated Auntie Stella card. In the first part, the following topic was analysed: challenges in the translation of the adapted Auntie Stella material from English to isiZulu; these challenges included the ones experienced by the researcher and the participants. The themes included: unclear questions or instructions, ambiguity in some words, borrowed words, rearrangement of words, medical terms, use of idioms, and use of simple words. The second part, which is related to the participants' responses to the translated and adapted Auntie Stella cards, consisted of the approach which is used in the Auntie Stella material and the engagement with the content of the Auntie Stella card. The topics which were analysed included: factors influencing decision-making processes to engage in sexual activity, ways to avoid sex in intimate relationships, myths about sex, protection against HIV and pregnancy, and perceptions of young university women about Auntie Stella material. The sub-themes identified in the factors influencing the decision-making process to engage or not to engage in sexual activity included the following: peer influence, Christian beliefs, fears of abandonment by their boyfriend, knowing a sexual partner, one's control over one's sexual life, myths about sex, ways to avoid sex in intimate relationships and protection against HIV and pregnancy risk. The third part was related to the comparison of the aim, content and the methodology used in the Auntie Stella material and the Life Skills section in the LO subject. There are ten themes which were identified in the comparison of the content of both sexual health materials; these will be presented in a table format in 5.5.2.

4.3.3 Part 3: Examining the Auntie Stella material in relation to the LO material

The third part of the study was to reflect on how the Auntie Stella material and the Life Skills section in the Life Orientation subject are similar or different. This involved a desk review of the LO material and the Auntie Stella material. Furthermore the study reflected on how the aims, content and methodology used in the Auntie Stella material and in the Life Skills section in the LO subject are similar or different...

The Auntie Stella tool kit was obtained online from the Training and Research Support Centre (TARSC) website (www.tarsc.org/auntiestella/). The Auntie Stella tool kit consists of 40 question and answer cards, facilitator's adaptation guide, and two information cards, one with the lists of topics in the letters and the second one explaining difficult words. The researcher commenced with the aims of the Auntie Stella material and compared them with the aims of the LO subject. This was followed by a comparison of the content of the Auntie Stella material and the Life Skills section content. The themes from Auntie Stella were used as a guide in comparing the content.

The FET annual teaching plan from Grade 10 to 12, which is available from the LO Curriculum and Assessment Policy Statement (CAPS) document, was used to compare the Life Skills section in the LO subject. In the annual teaching plan, six topics are covered, namely “development of the self in society, social and environmental responsibility, democracy and human rights, careers and career choices, study skills, and physical education” (Department of Education, 2011, p. 8). The focus was on reflecting how the Auntie Stella material and Life Skills section in the annual teaching plan are similar or different. A table with three columns was drawn up in order to see the similarities in the content of both materials (see Section 5.5.2). The first column contains the theme; the second column contains the Auntie Stella content that matches the theme that is reflected in the first column. The third column contains the content from the Life Skills section which matches the theme. This was done in order to identify and compare the content of each.

Thereafter, the methodologies used in the Auntie Stella material and in the Life Skills section were compared. Two approaches were identified: a learner-led approach (Auntie Stella) and a teacher-led approach (Life Skills section).

Lastly, the value of the Auntie Stella material to the Life Skills section in the LO subject was examined. This was done after reviewing the aims, content and the methodology of the Auntie Stella material and identifying what the material could contribute in the Life Skills section.

4.4 Credibility, dependability, transferability and confirmability

Babbie and Mouton (2005) insist on the rigor of the interpretation of the results for the conclusions to be trustworthy.

4.4.1 Credibility

According to Babbie and Mouton (2005), credibility has to do with how congruent the study findings are with reality. Credibility of the translation of the cards was enhanced by using a back-translation technique. That was done by translating the card from isiZulu back into English. The research team (supervisor, researcher and two other Masters students who conducted their studies on the Auntie Stella material) reviewed the two English versions and assessed the discrepancies. The close contact with the research team ensured that if there were words which were not properly phrased, these were corrected in order for the meaning to be retained.

Credibility of data was also enhanced through using a focus group for data collection (Silverman, 2009). Silverman (2009) further argues that credibility in qualitative research is enhanced when comprehensive data is used; consequently, tables (see 4.3.1 and 5.5.2) and many extracts from the transcript were included. Appendices 2 to 6 also show how data was derived. Purposive and convenience sampling techniques were used. According to Oppong (2013), when these techniques are used together they work effectively to enhance credibility.

This study aimed at assessing the potential value of the Auntie Stella sexual health education material for the Life Skills section in the LO subject which addresses current issues like HIV and AIDS, unplanned pregnancy and other sex-related issues which young people are experiencing. Thematic analysis was used which enhances credibility in this study as it deals with current issues (Braun & Clarke, 2006).

4.4.2 Dependability

Dependability is the degree to which the study would yield the same results if it were to be repeated (Babbie & Mouton 2005). Dependability is enhanced by providing details of the recruitment procedures (see 4.3.2.2), sampling techniques (see 4.3.2.1), research process (see 4.3) and data

collection tools (see 4.3.2.3). This also includes the process of data analysis (see 4.3.2.4) and how the themes were generated, which is explained in detail in this study.

4.4.3 Transferability

Transferability is the degree to which the findings of the study can be applied to other contexts (Lincoln & Guba, 1994). The themes and patterns which were drawn from this study, for example, use of borrowed words and medical terms which were difficult to translate into isiZulu or to find the exact words, can be experienced in translating one language to another. Other themes like peer influence, a person's control over her sexual life and myths about sex can be applied to young women in other universities. The methodology and data analysis in the study were described in detail in order to enhance transferability. Lincoln and Guba (1994) further argue that studies should be replicated in order to better understand whatever issues the research studied. It has been recommended in this study that the same material could also be used with male university students. This study used only one focus group of young women, which could be one of the limitations of this study.

4.4.4 Confirmability

Confirmability is the extent to which the findings of the study are derived from the aims and objectives of the study that was conducted and not that the researcher was biased (Babbie & Mouton, 2005). In this study, the focus group discussions were audio-recorded and thereafter, they were transcribed. Furthermore, the researcher checked the accuracy of the data by listening again to the audio-recording and comparing it with the transcript (Silverman, 2009). This serves to enhance confirmability as the findings were drawn from all these processes of data analysis. The Auntie Stella material (Appendices 2a & 2b), which was used in the focus group discussion, and the focus group schedule, which consisted of open-ended questions for discussion in the focus group, are included in order for the reader to see how the data was generated.

4.5 Additional ethical considerations

The ethical guidelines followed in this research were commitment to the protection, confidentiality and anonymity of participants (Himma & Tavani, 2008). The information provided by the participants was completely confidential as the research only included the analysed data. This was

done to protect the identity of the participants and no personal details were collected from the participants (Fielding, Lee & Blank, 2008; Wray & Bloomer, 2013). Furthermore, the participants were identified by pseudonyms in order to protect their identity in any future use of the data in reports, in the thesis or possible articles or presentations. Measures were also taken to protect the data collected. The collected data will be stored in a mass storage hard drive in Dr Mary van der Riet's office in the Discipline of Psychology for a minimum of five years. The recorded data was deleted from the audio-recorder after the researcher finished with the transcriptions.

Chapter 5 Results

5.1 Introduction

This chapter highlights the analysis of the data from the translation and adaptation of the Auntie Stella material. Much of the data comes from one focus group discussion conducted with six female Honours students at the University of KwaZulu-Natal on the Pietermaritzburg campus. The six participants ranged in age from 22 to 27. Their pseudonyms were the colours Brown, Gold, Green, Red, Violet and Yellow. The study was qualitative in nature and aimed to translate the Auntie Stella sexual health material and pilot one of the Auntie Stella cards with young women on the Pietermaritzburg campus, and discuss the translation and adaptation of the material with them.

This chapter is organised into three sections. The first section presents challenges in the translation of the adapted Auntie Stella cards from English to isiZulu. The second section highlights participants' responses to the translated and adapted Auntie Stella card. This section presents the approach to sexual health education in the Auntie Stella material and the findings from participants' engagement with the content of the Auntie Stella activity card "Should I sleep with him" (see Appendices 2a & 2b). This card was chosen as the focus of the discussion as it is identified as a common dilemma young people face in a relationship. The goal of the Auntie Stella card is to encourage discussion about each of the topics related to sexual and reproductive health. The third section presents a comparison between the aim, content and methodology of the Auntie Stella cards and the Life Skills section in the Life Orientation subject in the FET phase.

5.2 Challenges in the translation of the Auntie Stella material from English to isiZulu

The effective implementation of Auntie Stella material in the South African context may require its translation into one or more South African languages. The researcher encountered some challenges in the translation of the Auntie Stella cards from English to isiZulu. These are outlined in the following sections.

5.2.1 Unclear questions

There was a lack of clarity of some questions in the translated material. The exact language-to-language translation was seen as reducing the clarity of the questions. For example, in the title of Card 1 that was piloted (see Appendix 2a), the question “Should I sleep with him?” is clear in English in the sense that it is referring to a girl asking whether she should sleep with a boy. However, when the same question was translated into isiZulu, it was not clear to whom the question was directed. For example, the isiZulu translation is “*Ingabe kufanele ngilale naye?*” The pronoun ‘*naye*’ in isiZulu does not show the sex of a person, unlike in English where the pronoun ‘him’ is clear in that it refers to a male person.

5.2.2 Ambiguity in some words

The researcher also struggled to translate the phrase “stop half-way”, which is highlighted in bold in Card 1 in the question part of the card (see Appendices 2a & 2b). She looked at the context where it was used as Zandile was saying that she kisses and hugs her boyfriend and stops half-way. This phrase when translated to isiZulu means “*ukungaqhubeki ukwenza into*” which is “not continuing with something” in English. The researcher translated this phrase “stop half-way” as arousing him and then not having sex with him, which is “*ukumvusela imizwa kodwa ngingalali naye*”. The words ‘not having sex with him’ brought clarity to the context in which they were used but if they had not been added, it would not have been clear what was stopped half-way and not completed.

For the same card, in the answer card where Auntie Stella gives advice to Zandile, for the phrase highlighted in bold “talk about it before - it’s harder if you leave it to the last minute”, the researcher added some words in order for the full meaning of the phrase to be provided. The researcher translated the phrase as “Talk about it before having sex as it is difficult to talk about it when you are aroused”. In isiZulu, it was translated as “*Xoxani ngalokhu ngaphambi kokuya ocansini - kunzima ukuxoxa ngakho uma imizwa isivukile*”. The words “before having sex” and “when you are aroused” were added. In the answer part of Card 22 (see Appendices 5a & 5b), where Auntie Stella is responding, there is a phrase highlighted in bold (“sex is OUT”), which was difficult to do a direct translation on; it was translated as “*ningalwenzi NHLOBO ucansi*”, which

simply means they “should not engage in sex at all”. A direct translation would not have given proper meaning for this context.

In Card 32: “I don’t want this baby” (see Appendices 6a & 6b), in the question part of the card where Priscilla is asking for advice from Auntie Stella, the phrase highlighted in bold “They’ll kick me out” was translated as “They will chase me out from home”. A direct translation was going to give a distorted meaning, as the word ‘kick’ in isiZulu is *‘khahlela’* which means to ‘strike out with a foot’.

5.2.3 Words with more than one meaning

In Card 1 (see Appendices 2a & 2b) in the question part where Zandile is asking for advice from Auntie Stella, there was also a word ‘feelings’ which is highlighted in bold which the researcher translated as *‘umoya’* which also has a meaning of ‘wind’ or ‘air’ when translated into English. ‘Feelings’ can also be translated as *‘imizwa’* in isiZulu but *‘umoya’* fitted the context in which it was used.

5.2.4 Borrowed words

In Card 22 (see Appendices 5a & 5b) “Should I tell him I’m HIV positive?” there were words in the isiZulu version which the researcher borrowed directly from the English language as she struggled to get the exact words in the isiZulu language. For example, the word ‘choir’ was translated for *‘ekhwayeni’*, while the word ‘joined’ was translated for *‘engalijoyina’*. These words sound like the original English words when they are pronounced. The challenge might be that the message might not be clear to the recipient of the message.

5.2.5 Rearrangement of words

In Card number 22 (see Appendices 5a & 5b), in the question card part where Winnie is asking for advice from Auntie Stella, there were phrases which the researcher felt could be acceptable if the words would be rearranged in order to explain how a boy and a girl start a relationship. For example, the highlighted phrase in the card: “I like him and he is proposing love to me” was

rearranged as “He is proposing love to me and I like him”. The phrase was then translated into isiZulu: “*uyangeshela futhi nami ngiyamthanda*”. This was done based on a common belief that a boy would first initiate an interaction professing his love, before she accepts his proposal. Another highlighted phrase in the same part as above (question card) was the phrase “Also he might tell others” was rearranged into “He might also tell others” in the isiZulu translation. The phrase was then translated into isiZulu language “*Mhlawumpe futhi uzotshela abanye*”. The word ‘futhi’, which means ‘also’ in English, is a conjunctive word hence it cannot be used to begin a sentence. In addition, if the word ‘futhi’ was used to begin a sentence, the meaning would be lost.

In Card 7 (see Appendices 3a & 3b): “I had an STI – am I infertile?”, in the question part where Fortunate is asking for advice from Auntie Stella, there is a word ‘anyway’ that was left out in the isiZulu translation because the researcher could not find a word that could fit it. However, it did not interfere with the meaning of the whole sentence.

5.2.6 Medical terms

In Card 16 (see Appendices 4a & 4b): “I was raped”, there were medical terms highlighted in bold which were difficult to translate. This was particularly in Auntie Stella’s answer where she was advising Sibongile to go to a clinic. The researcher explained what the medication is used for as this would be understandable rather than leaving it as it was. Those medical terms were “morning after pill” which was translated as “*iphilisi eliphuzwa ngemumva kocansi olungaphephile*” which means “a pill used after unprotected sex”. The second medical term was “post-exposure prophylaxis (PEP) drugs” which was translated as “*amaphilisi avikelayo ukuthi isandulela ngculazi singakungeni uma uwaphuze zingakadluli izinsuku ezintathu udlwenguliwe*” which means “drugs which prevent HIV if taken within three days after the rape”. If such words were left with no explanation, they could be difficult to understand by student participants who would be hearing them for the first time.

5.2.7 Use of simple words

There were also instances where the researcher had to choose simple phrases or words for young people to understand easily. The phrase highlighted in bold in Card 22 (see Appendices 5a & 5b), in the question part where Winnie is asking for advice from Auntie Stella: “not blame me” was translated as “*angangibeki icala*” which also means “not accuse me”. This phrase could have been translated as “*angangisoli*”; however, that word also has another meaning: “not suspect.” Hence, the researcher thought that using the word “*angangisoli*” might confuse participants. Furthermore, in Card 1 (see Appendices 2a & 2b) in Auntie Stella response, the word “condom” was translated as “*ikhondomu*”. The researcher was of the view that the isiZulu term “*ijazi lomkhwenyana*” would not be easily understood by the participants. Furthermore, the word “*ikhondomu*” is commonly used.

In Card 16 (see Appendices 4a & 4b): “I was raped”, in the question part where Sibongile is asking for advice from Auntie Stella, the word highlighted in bold “hugged” was translated as “*esihaga*”, which is a simple (and commonly used) word, rather than an isiZulu translation of it “*esigaxa*”. It should also be noted that the same word is also borrowed from an English word “hug”. In the same card, in the question part, the highlighted word “beer” was translated to a collective name “*utshwala*”, which in English is “alcohol”. The isiZulu word for beer is “*ubhiya*” but the researcher decided to use a common name to refer to any form of alcoholic drink commonly used by young people.

The researcher also struggled to translate the phrase highlighted in bold: “sexy clothes”, which is in Card 16 (see Appendices 4a & 4b) in the talking points part. She used the phrase “*izingubo eziveza umzimba*” which means wearing revealing clothes. This phrase is more understandable when used in the context of rape.

5.2.8 Shona language

Also in Card 16, in the answer part, the word in the Shona language “*mbanje*” which means marijuana was translated to “*insangu*” which has the same meaning as “dagga” or “marijuana” for adaptation to a South African context.

5.3 Challenges in the translated material experienced by the participants

In order to further examine the challenges in the translation of Auntie Stella material from English to isiZulu, the perspective of the focus group participants on the translated Auntie Stella card was examined to identify the challenges in the translation of the material. This relates only to card number one with the title “Should I sleep with him?” (see Appendices 2a & 2b).

5.3.1 Unclear instructions

A participant commented that in the action points part, there is an instruction where it was difficult for her to understand what was expected of her in response to the questions asked. The following extract illustrates her views:

Ya, ngisho neguideline le yokuthi mhlambe uphendule ngokuthi Yebo no Cha no Hhay ngempela. It was kind of difficult ukuthi ngi understand nanokuthi what do they really want me to do. (Gold, 23)

Yes, even the guideline on whether you reply with YES or NO or NOT REALLY. It was kind of difficult for me to understand even what do they really want me to do. (Gold, 23)

Although Gold made this comment, other participants did not make any comment suggesting their difficulties in the action points, as highlighted by Gold. Thus, Gold’s comment could be attributed to her lack of proficiency in the isiZulu language since she grew up in a setting in which seSotho was mainly spoken as shown in her comments highlighted in other parts of this chapter.

Some participants also made comments that some words used in the talking points such as “iqembu” (group)” and “ilungu” (member) were confusing. The following extract illustrates the views of one participant who elaborated on this point:

Uyabo like iqembu, ngicela amalungu amabili that is something that I would not know ukuthi kukhulunywa ukuthini. So I am not sure ukuthi mhlambe ngingasho kanjani. (Yellow, 22)

You see like the word **group**, may I get two **members**, that is something that I would not know what they are talking about. So I am not sure how to express it. (Yellow, 22)

As indicated by Yellow, the use of those words reduced the effectiveness of the activity card as they prevented participants from acting in accordance with the instructions given in the activity card.

5.3.2 Borrowed words

Regarding the above comment by Yellow, one participant who gave a replacement of the word “iqembu” used the word “gruphu” instead. The following extract illustrates her views:

Egroupini akukho ukuthi nibhale “gruphini”?; amalungu e gruphu like g-r-u-p-h-u. (Gold, 23)

It could have been *gruphu* instead of *iqembu*; is there a way to spell it like g-r-u-p-h-u? (Gold, 23)

The comment made by Gold suggests that young people prefer to use words borrowed directly from English.

5.3.3 Use of idioms

Gold further noted that instead of substituting the difficult words with simple words, the sentences should have been translated in a different way. The following extract is her response on this issue:

The second line, “Ubude abuphangwa”, I feel like yisisho sasesiZulwini which is not very clear to me, komunye umuntu ongasifundanga, ongakhulanga esikhuluma isiZulu. Ngisholo ukuthi kuchaza ukuthini ukuthi ubude abuphangwa cos to me it seems like umuntu omude akaphangwa and I am trying to make sense ukuthi kuchaza ukuthini lokho. (Gold, 23)

The second line “Ubude abuphangwa”, I feel like this is an isiZulu idiom, which is not very clear to me, to a person who did not learn or grow up speaking isiZulu. I mean, what is the meaning of this idiom because to me it doesn’t make sense. (Gold, 23)

Gold seems to be saying that there was no need to put the idiom (“ubude abuphangwa”) as it appeared difficult to her although its meaning was explained in the card as “don’t rush into doing something before you are ready” which was translated as (“ungajahi ukwenza into

ungakayilungeli”). Gold’s views could also be attributed to her lack of proficiency in the isiZulu language which is understandable as she explained previously that her language is seSotho.

5.3.4 Preference of language used in the material

The responses from the focus group indicated that some participants preferred to obtain their sexual health education in their local language while others preferred it to be in English. Two of the participants, whose mother tongue was isiZulu, preferred isiZulu over English. One of them argued that reading the card in one’s own language allows one to be familiar with the content and discuss it more easily. The following extract supports this finding:

Ngoba kwenza ukuthi u understand more ngelanguage yakho oyijwayele oyikhulumayo everyday so it’s easier, ya. (Violet, 23)

Because it makes you understand better in your own language that you are familiar with and speak fluently everyday, so it’s easier, yes. (Violet, 23)

The other participant whose mother tongue was isiZulu was of the opinion that having the Auntie Stella material translated into one’s own language makes it easier for a person to relate her situation to the situation of another person. The following extract illustrates her views:

Nokuthi kwenza ukuthi ucabange ukuthi kanti akusimina ngedwa osuke e expeience le nto engenzakalelayo bakhona abanye abantu abaningi so mawukufunda ngolimi lwakho kwenza ukuthi ukholwe ukuthi hhawu! Ukhona kanti omunye umuntu oseke wathi go through le nto le. (Brown, 23)

And also that it makes you reflect on the fact that by the way I am not the only one who experiences what I am going through; there are many others with similar challenges. So if you read it in your own language it makes you believe that, Wow! There is also someone else who has also gone through this. (Brown, 23)

There were comments from two participants who only had basic knowledge of isiZulu suggesting that they preferred the English version. The following extracts illustrate their views:

Mina angisazi isiZulu so., angikwazi ukusifunda nedirect translation sometimes iyangihlula so it’s better to understand it uma kuyi English. Eh.... Nendawo la engakhulela kuyo, isiZulu wasn’t like the main language nje eyayikhulunywa laphayana kwakumostly seSuthu. So ngangikhule ngikhuluma seSuthu. (Gold, 23)

My isiZulu is very basic; I can't read it and sometimes find direct translations very difficult, so I understand better if it's in English and the place where I grew up isiZulu wasn't like the main language that was spoken, instead the most spoken language was seSotho. So I grew up speaking seSotho. (Gold, 23)

Ya, same situation like her, mina I can read isiZulu but not in like deep, akhona amagama amanye angihlulayo so for me English inga right but it was good to actually experience ukuthi ngifunde ngesiZulu. It gives you a different perspective. (Yellow, 22)

Yes, same situation like her. Me, I can read isiZulu but not in like deep, there are some words that I find difficult, so for me English could be right but it was good to actually experience reading in isiZulu. It gives you a different perspective. (Yellow, 22)

Although Yellow and Gold preferred the English version, Gold seems to be saying that she did it because where she grew up in a context where isiZulu was not mainly spoken. Yellow, on the other hand, indicated her preference for the English version based on her lack of proficiency in the isiZulu language. However, her comment that 'it gives you a different perspective' suggests that she seem to have liked the isiZulu version.

5.4 Responses of young people to Auntie Stella sexual health material

The participants gave their responses on the approach which the Auntie Stella employs as well as what influences young people to engage in sex. The participants stated that young people are easily influenced by their friends as they tend to conform to what their friends do. What they believe in was also highlighted as another factor which may prevent young people from engaging in sex. Others feared that their boyfriends will leave them if they did not have sex with them. Other participants stated that they themselves have control over their sexual life. Myths about sex and ways to avoid sex were also themes that were identified. The participants also commented on the importance of taking precautions when engaging in sex in order to protect yourself against HIV and pregnancy.

5.4.1 The approach to sexual health education in the Auntie Stella material

The participants' perspectives on the method and the use of an agony aunt approach to educate students about sexual and reproductive health will be discussed in this section. All the participants stated that they have read problem letters in magazines which ask for advice.

Honestly I don't read the advices, I just read what the problem is and get entertained. Ha. (Gold, 23)

Gold seems to be saying that she derives pleasure from reading the problem in the letter but she is not interested with the response to the letter.

There was a mixed response from the participants about the use of an agony aunt approach in educating young people about sexual and reproductive health. One participant noted that the advice about sexual and reproductive health from an adult who is not their parent is useful as many young people find it challenging to approach their own parents on sexual, reproductive and relationship issues, as they seem not to understand these issues. For example, Red (27) comments:

Akulula ukuya kumzali umzali uzothetha, abanye abazali bayahlanya emakhanda bazokushaya bazothi sewusile wena sewenza izinto ezisnaks kanje. (Red, 27)

It's difficult to approach a parent, lest they reprimand you. Some parents are lunatics and may beat you and say you are naughty if you do such and such funny things. (Red, 27)

Red seems to be saying that young people are avoiding sexual health discussions with their parents for fear of punishment or being labelled as ‘naughty’, while some parents become aggressive when talking about relationship issues. However, Red also appears to be against the use of the agony aunt approach. She argued that a young person understands the problems of their peers and so the advice of an adult is not useful. The following extract illustrates her views:

Mina ngokwami I don't think ukuthi ngidinga someone ukuthi angitshela ukuthi kumele ngenzeni ngento yami. Ya unganginika leyo imput yakho encanyana but idecision ekupheleni kumele kube eyami hhay le onginika yona. Wena unginika ngoba ucabanga ukuthi ingakusebenzela but mhlambe mina ngeke ingisebenzel.ya and aka understand into engikhuluma ngayo. Ngingamubhalela ngina 16 uthole ukuthi una 32 and indlela asereasona ngayo ayisafani nale engiyidingayo manje. (Red, 27)

I personally don't think I need someone to tell me how I should handle my problem. Of course you can contribute some advice, but the final decision should be mine, not the one you give me. You give me an advice that you feel will work for you but may not necessarily work for me.....yes and she doesn't understand what I am talking about. I may be 16 years old and write to her, only to find that she is 32 years old and her reasoning is not the same as what I need. (Red, 27)

Red in the above extract seems to be saying that she is more in control of her life; hence she is responsible for making independent decisions. She is also of the view that a general advice would not necessarily work for each person, as their situations are different.

However, unlike Red, there were participants who commented that advice from an older person or parent might be valuable as it is different from that of peers. The following extract is from one participant who valued the advice from parents as the ‘right thing’ and better than that of friends:

Ngiyacabanga mhlambe ukube kuthiwa nje almost yonke intombazanyana encane izwana kakhulu nomzali wayo, uma uzwana nomzali noma umntomdala mhlambe okhona la egcekeni une opinion engcono edlula le yomngani wakho; cos umngani wakho vele niyalingana ngokwe age nendlela enicabanga ngayo iyafana. So angeke aze akutshela into ezoba right for wena mhlambe uzothi lwenze ucansi noma athi ungalwenzi uthole ukuthi wena usufuna ukulwenza. (Brown, 23)

I think perhaps if every young girl was close friends with their parent because if you are friends with a parent or an older person in your homestead, they would have a better opinion than your friend; after all, your friend is the same age as you and you think alike. So, your

friend won't tell you the right thing; perhaps she would tell you to have sex or say don't do it, whereas you are willing to do it. (Brown, 23)

After discussing the method with the participants, the participants were engaged in a discussion of the content of the card regarding sexual issues experienced by young people.

5.4.2 Factors influencing decision-making processes to engage in sexual activity

The discussion with the participants focussed on what influences young women's decisions to engage or not engage in sexual activity with their boyfriends. These factors include: peer influence, Christian beliefs, fears of abandonment by their boyfriend, and control over sexual life.

5.4.2.1 Peer influence

Participants commented that young people are more likely to ask their friends for sexual advice based on their own experiences. Gold (23) argues:

I think eh... mm... uku experiment kakhulu, let's say uyintombazane or uwu guy, you have a couple of friends or a group of friends and may be half of them sebeke bayenza le nto le [have experienced this]. Uma uzwa amacomments abo, mhlambe omunye uzothi hey kumnandi kakhulu uma sengenza kanje, sengenza kanje, masengiphatha kanje bese kwenziwa kanje. So wena ukuzwa lokho uthi, Oh! Kusho ukuthi le nto innandi kusho ukuthi nami kumele ngiyi experiment ke ngiyi try mhlambe nami ngizoyithanda njengoba nomngani wani eyithandile naye. (Gold, 23)

It is mostly about experiment with it, let's say you are a girl or a guy, you have a couple of friends or a group of friends and maybe half of them have experienced this. On hearing their comments, perhaps one of them says it is very nice when I do it like this and that, if my partner does this and that to me. So you think, Oh! This thing must be really nice indeed, I must also try it out; perhaps I will also enjoy it because my friend enjoyed it too. (Gold, 23)

Gold seems to be saying that young women are likely to experiment with sex-related issues as portrayed by their peers as something 'very nice or to be enjoyed'.

I think it also depends on.... *i.... njengoba eseshilo usisi ukuthi* (as Gold has mentioned that) it depends on the kinds of friends *onabo* [that you have]. (Green, 24)

I think it also depends on.... *i....* Gold has mentioned that it depends on the kinds of friends that you have. (Green, 24)

Green seems to have the same view as Gold, and further stated that the type of friends that one has also has an influence in sexual decision-making

5.4.2.2 Christian beliefs

One participant noted that Christian beliefs prohibit sex before marriage, and so a person with strong Christian values is less likely to engage in sexual activity before marriage. Green comments:

It also depends also *kwi* [on]... on your beliefs and *i-* [the] religion, something like that, *ukuthi* [that], for example, if you are a Christian and then the guy says you must sleep with him, obviously you know the principles that no sex before marriage *uyabo* [you see]. So you tell the guy if the guy really loves you, he will wait, wait until you guys get married and then, if he doesn't love you and that he is only after sleeping with you, then he will not wait. Maybe, he would leave or cheat or do something else. (Green, 24)

Green is raising an issue that a man will show that he loves a woman if he is willing to respect her Christian principles related to 'no sex before marriage'. However she is also saying that a man who is unwilling to respect a woman's Christian values is seen as unloving, unfaithful and he is only interested in sex.

5.4.2.3 Fears of abandonment by their boyfriend

Unlike Zandile in the Auntie Stella card who felt pressurised to engage in sex due to fears of abandonment by her boyfriend, participants in this study raised concerns that young women should not feel pressurised to engage in sex at a young age. The following extract illustrates the views of one participant who commented on this issue:

uZandile una 17 noma angalala nalo mfana nanoma angangalala naye vele mhlambe ngeke baze babe nefuture ndawonye eh... so ukuthi ma ethi "ngenzela ukuthi angangshiyi". Kimina, it doesn't make sense basebancane basazobona abantu abaningi uyabo mhlambe umuntu amthanda ngempela uzomumeet on the way not manje. (Red, 27)

Zandile is 17 years old and whether she sleeps with this guy or not is pointless since chances are maybe they won't have a future together eh...so it doesn't make sense if she says "I am doing it so that he doesn't leave me". They are very young and still have to meet many other people, you see, maybe in future she will meet a person that she really loves, not now. (Red, 27)

Red seems to be saying that, at a very young age, there is a high level of uncertainty in the sexual relationship of a woman in the sense that, as she is growing up, she still has an opportunity to mingle with other potential sexual partners who 'really love her'. For this reason, Red is arguing that a young woman should think about all situations independently before giving in to the sexual demands of a partner.

There was also a comment from a participant that if she was in Zandile's situation, she would not have given in to a man's demands. Instead, she would give him time to decide what he wants from her. The following extract illustrates her views:

Mina ukuba bengiwuZandile bengizovele ngimuyeke ukuthi akashaywe umoya kancane a... a... abone ukuthi kahle yini ayifunayo kimina; ufuna uthando noma ufuna ucansi bese uma esazi ukuthi ufunani uzobuya uma kungukthi akabuyi soshiya kanjalo impilo iyaqhubeka. (Violet, 23)

If I were Zandile, I would leave him so that he can enjoy himself and decide what he wants from me; does he want love or sex and once he has decided, he will come back. If he doesn't, we will leave it like that and let life continue. (Violet, 23)

Violet seems to be in control of her sexual decision-making and she is more open to discussing what she wants out of a relationship; if she does not get what she wants ('love'), she will leave the relationship. She is also willing to give her boyfriend the freedom to make decisions even if it means 'enjoying himself', which for her meant engaging in sexual contact with other women. Violet seemed quite assertive and sure of herself, which is in contrast to how the young girl has been portrayed (as having to give in to pressure).

5.4.2.4 Knowing a sexual partner

The participants were also of the view that decisions to engage in sex are dependent on partners knowing each other well. There were comments from four participants showing that trust in a relationship and knowing each other is built gradually through spending more time together to talk freely and listen to each other. The following extracts illustrate the views of two participants who elaborated on this point:

One, *sesispend iskhathi esiningi ndawonye and ama.... izinto ezifunwa omunye nomunye* I think *manje siyazazi*, and number two, *siyakhuluma* about almost everything. (Red, 27)

First of all, we have spent a lot of time together and I think we know what each of us wants, and secondly, we talk about almost everything. (Red, 27)

Mhlambe ingoba uyakwazi ukungilalela mangithi angifuni ukukwenza lokhu ngiyafuna ukukwenza lokhu asihloniphe futhi leso sinqumo sami. So ngicabanga ukuthi ya, siyakwazi ukukhuluma ngezinto ezikanjalo. (Brown, 23)

Maybe it's because he is able to listen if I say I don't want to do this and that, and I want to do this and that, and he respects my decision. So I think, yes, we are able to talk about such things. (Brown, 23)

Although part of understanding a sexual partner is through open communications as argued by Red and Brown, there was a participant who highlighted that it is not easy to talk freely about most of the things affecting both partners. The following extract illustrates her views:

Eh... engike... kuke kube lula ukuthi sikhulume about certain things but *ezinye izinto* concerning other issues *futhi kuba nzima*. It's either from me or from *yena*. So *angikho* sure *ukuthi* have we really built *ifriendship e open ngaleyo ndlela ukuthi sikwazi ukukhuluma ngayo yonke into esi concernayo sobayi-2.* (Gold, 23)

Eh... sometimes it's easy to talk about certain things but difficult to talk about things concerning other issues. It's either from me or from him. So I am not sure if we have really built an open friendship to such an extent that we are able to talk about everything that concerns the two of us. (Gold, 23)

Gold seem to be saying that a barrier to open communication in a sexual relationship relates to the lack of close friendship between partners.

5.4.2.5 A person's control over her sexual life

Some participants suggested that decisions related to sexual activity are also controlled by one's views about 'feeling ready' to engage in sexual activity. The following extracts illustrate the views of two women who elaborated on this finding:

You must listen to your feelings. *Wena*, what do you do? Where are you really at? Are you ready for it? If he is asking you, if not, then *kusho ukuthi le relationship yenu* is not about love but is more interested in *ukuthi kuyiwe ocansini*. *Wena*, how do you feel? (Yellow, 22)

You must listen to your feelings. You, what do you do? Where are you really at? Are you ready for it? If he is asking you, if not, then it means your relationship is not about love but is more interested in having sex. You, how do you feel? (Yellow, 22).

Mina a... ngibona ukuthi ya.. kumele ba... bakhulumisane, kumele usisi angaziboni e obliged ukuthi alale nobhuti for ukusatisfy amaneeds akhe. Naye kumele azicabangele yena njengomuntu ukuthi ufunani hhayi ukuthi enzele omunye umuntu abe happy noma ukuze amjabulise. (Red, 27)

Me... I feel that yes... they should...discuss it... the woman should not feel obliged to sleep with the man to satisfy his needs. She must also decide for herself as to what she wants and not do it to please somebody else. (Red, 27)

Yellow and Red seem to be saying that a woman has control over her body and she can make rational decisions to engage or not engage in sex, depending on what she 'wants' or 'feels' about sex and also if she is ready for it. Their views also suggest that evaluating the need whether or not to engage in sex is also dependent on a man's motive for sex, for instance 'to satisfy his needs'. In such instances, women should not feel pressurised to engage in sex to please a man; instead, they have the ability to make independent sexual decisions.

There was also one participant who elaborated on the idea related to 'feeling ready' to engage in sex. In her views, she elaborated on mental, physical and emotional readiness. The following extract illustrates her views:

Abanye basuke bengakakulungeli ngoba ukuya ocansini takes a lot of things. It's emotional, it's physical, it's mental so abanye basuke bengakakulungeli so basafuna ukuthi ingqondo yabo ikujwayele ukuthi okay into ekanje izokwenzeka kodwa ke njengamanje angikakakulungeli. (Violet, 23)

Some feel they are not ready for it because having sex takes a lot of things It's emotional, it's physical, it's mental, so others are not yet ready and would want their minds to be familiar with the idea that okay, something like this is going to happen but for now I am not ready. (Violet, 23)

The finding related to 'feeling ready' to engage in the sexual act was further explored through a role play which was an activity identified in the card (see Table 2). The activity was in the talking points part of the card where Zandile and her boyfriend were engaged in a conversation. The boyfriend was supposed to be convincing Zandile to have sex with him, if she really loved him. Two of the participants enacted the situation in the card and acted out possible ways to respond to the problem. Zandile made it clear that she loved him but she was not ready to sleep with him with him

Table 2: Dialogue between Zandile and her boyfriend

| | |
|---|--|
| <p><i>Gold (boyfriend): Kodwa Zandile yini le nto oyenzayo mfethu? Uyazi ukuthi ngigcwele ngawe</i></p> | <p><i>Yellow (Zandile): Kade ngikutshelile ukuthi ngisemncane pluz abazali bami nje... ukuthi izinto zocansi ... uma usushadile, angazi ke ukuthi kufanele ngenze kanjani</i></p> |
| <p>But Zandile, what is it that you are doing to me, dude? You know that I love you so much.</p> | <p>I have told you that I am not ready for this like I feel like I am still young and besides, my parents will... I have been told that sex matters; it's something that when you are married, I really know how to handle this.</p> |
| <p><i>Gold (boyfriend): Manje wena usho ukuthi awungithandi okwamanje ungithandela mhlambe masesilapha ko 30 sesizoshada, usho ukuthi manje nje awungithandi.</i></p> | <p><i>Yellow (Zandile): Hhayi ukuthi angikuthandi... ungilinde ngibe ready nawe usuright akekho umuntu owakufosa ukuthi wenze into. Nami ngicela ukuthi nawe ungilinde ngoba vele uthando kuthiwa lupatient.</i></p> |
| <p>So what you are saying is that you don't love me for now but maybe for when we reach the 30s and about to get married; you mean that right now you just don't love me.</p> | <p>It's not that I don't love you. I just expect you to wait for me until I get ready. In the same way that now you are ready but nobody forced you to do it; so I also request that you wait for me and be patient since it is said that love is patient.</p> |

In the above dialogue, students present Zandile as being open to her boyfriend about her belief about sex as an act to be experienced in marriage. She is also able to verbally state that she is ‘not ready’ to engage in sex in the same way that her boyfriend is ‘ready’ to engage in sex.

5.4.3 Myths about sex

Participants identified certain myths about sex that seem to encourage sexual behaviour among young people. For example, if a boy does not engage in sex, this can result in adverse health or social effects. The following extracts illustrate the views of two participants who elaborated on this point:

I think it’s the perception *yabo bonke nje abafana. Eh... abafana aba around le minyaka le yokuthi uma ungalali nentombazane amasperms azoya ekhanda azokwenza ukuthi ungaboni; bonke abanye abafana bazokubona nje ukuthi uyibarry kwenzakalani. And, nami, mengikhula nje yinto ebengiyikholwa leyo ukuthi iyiqiniso. (Brown, 23)*

I think it’s just all boys’ perception. Eh... boys of around that age group feel that if you don’t sleep with a girl, your sperms will go to your brain and make you blind. And other boys will think you are dumb. That’s what I also believed when I was growing up and thought it was true. (Brown, 23)

Mina ngike ngezwa ethi umfana uzoqhuma isinye nento yakhe izonqamuka. (Gold, 23)

I have heard that the boy’s bladder will burst and his thing ‘penis’ will fall off. (Gold, 23)

The extracts illustrate a number of perceptions about health risks (e.g. one’s ‘penis falling off’ or sperms going “to your brain and making you blind”). These misperceptions, as well as social risks such as “other boys will think you are dumb” for not having sex, may affect young people’s abilities to make informed sexual decisions. Such decisions would include abstaining or waiting until marriage, as argued by Yellow and Green in previous extracts.

These myths are mainly tied to gender expectations in society, for example, perceptions of masculinity and femininity. The following extract illustrates the views of one participant who elaborated on this point:

The perception that *awuyona indoda*, like you are not a man until you sleep with a woman. So that is the perception I grew up with *ukuthi umuntu* to become a man *kumele ulale nentombazane ya.... Mina angize ngizwe lutho* from my age group but for older stage I do

hear *izintolike if eh...* your eggs are gonna freeze, *izinto ezinjalo* like the older you are the less you are to get *ingane*, so that is type of thing *eku affectayo mase umdala*. (Yellow, 22)

The perception that you are not a man; like you are not a man until you sleep with a woman. So that is the perception I grew up with that, for a person to become a man, he has to sleep with a girl, yes... I have never heard anything from my age group but for older stage I do hear things like, if eh... your eggs are gonna freeze, such things like the older you are the less you are to get a child, so that is type of thing that affects you when you get old. (Yellow, 22)

Yellow seems to be saying that beliefs related to what it means to be a man, for example, that one has to sleep with a woman in order to be recognised as a man, or that if one is a woman, one has to have a child in the early stages of one's life may interfere with young people's decisions to abstain from sexual activity.

5.4.4 Ways to avoid sex in intimate relationships

Participants suggested how a young woman could avoid situations that may eventually lead to a sexual encounter. These included avoiding being alone in a private place but spending time in public places. The following extract illustrates the views of two participants who elaborated this view:

E... mina ngicabanga ukuthi nje bangagwema ukuthi beye endlini, bajole nje. Ukujola ukuthi nibonane ngaphandle, nibambane izandla, nithengelane ama ice cream. Manisekule age lena nikhiphane niye kwirestaurant nigweme nje ukuthi nibe sendlini ndawonye ngoba obvious manisendlini nizofuna ukuqabulana the next thing you're next to one another; just ukuthi nihlale ngaphandle erestaurant kungaba ngcono kanjalo. (Brown, 23)

Eh... I think they can just avoid being alone in a room; instead they should jol in public. Jolling means to meet outdoors, holding hands, buying each other ice cream. If you are at this age, you should also go to restaurants and avoid to be alone in a room because, obviously, if you are indoors you will want to kiss and the next thing you are intimate; just so hanging out in a restaurant would be a better option. (Brown, 23)

Brown seems to be saying that young women should avoid spending time with their boyfriends in private spaces, in that it may prompt acts such as kissing:

Ukuba bengiwuZandile since eseshilo ukuthi ukuhagana nokuqabulana ikhona okumvusela imizwa and then uthe uyalimala, bengizothi kungcono siyeke kwalokho ke. (Green, 24)

If I were Zandile, and since he has mentioned that hugging and kissing turns him on and this is hurting him, I would suggest that we don't even do the kissing and hugging. (Green, 24)

Green is suggesting that hugging and kissing should be avoided in both private and public spaces as they are arousing.

One participant also highlighted practices such as oral sex and dry sex, which bring intimate feelings without penetration. The following extract illustrates her views:

Engiyaziyo engathi idumile yi oral sex, mhlambe intombazane i... izokwenza amablow job or amahand jobs until umfana aze abe satisfied eze efike lapho kumele afike khona. (Gold, 23)

I know the one that seems popular is oral sex; maybe the girl will...do the blow job or the hand jobs until the boy becomes satisfied and reaches orgasm. (Gold, 23)

The same participant also stated that:

Or e... ukusoma, kukhona lokhu kokuthi umfana uzofaka emathangeni noma ahlanganise amabele entombazane abese efaka phakathi nendawo yamabele aze abe right. (Gold, 23)

Or e... Dry sex, there is this one where the boy inserts in the thighs or pulls the breasts together and put his penis inside the breasts until he climaxes. (Gold, 23)

5.4.5 Protection against HIV and pregnancy risk

The participants were aware of the importance of protection against HIV and pregnancy in their relationships. Safer sex practice was identified as one way to protect oneself against HIV infection and unplanned pregnancy. Violet (23) comments:

Mina bengicabanga isafer sex, iprotection ngoba vele asikuvimbi ukuthi kuzokwenzeka vele kuzokwenzeka kodwa kufanele bazi ukuthi kunendlela abazogwema ngayo ukuthi izinto ezithize engase zenzeke mhlambe bathole izifo noma bakhulelwe nani. (Violet, 23)

I was thinking of safer sex and protection because we can't stop it from happening but young people should know that there are ways of avoiding certain things that may result in diseases and pregnancy, and many other things. (Violet, 23)

Another participant also highlighted HIV testing as an HIV prevention method. The following extract illustrates her views:

Ya, kubalulekile ukuthi niyenze nobawu 2 [test for HIV] because you can't really, ngeke nikwazi ukuthi niye lapho ungazi ukuthi omunye istatus sakhe sinjani cos asazi amaprevious relationships ukuthi ubenzani. I think it's important before you guys to know before nithathe istep esilandelayo. (Yellow, 22)

Yes, it's important that you both do it [test for HIV] because you can't really, you can't have sex not knowing your partner's status, because we don't know what he did in his previous relationships. I think it's important before you guys to know before you take the next step. (Yellow, 22)

Yellow seems to be very concerned about self-protection against HIV through conducting an HIV test before initiating a sexual relationship.

5.4.6 Perceptions of young university women about the Auntie Stella material

The participants had a positive view of the Auntie Stella activity card ("Should I sleep with him?"). The content covered in the Auntie Stella activity card was identified as very useful in the South African context, with the increasing rate of pregnancy and HIV.

I think bona bayavumela unlike uZandile oconsultile noma mhlambe bayaconsult kodwa mhlambe baconsult abantu abawrong buka irate of ipregnancy e South Africa. Abantwana abancane abakhulelwayo and abantwana abancane abasufferish from kwizifo ezinjengo HIV nezinto ezikanjalo. Okusho ukuthi bagcina bona bezinikelile, bezimbandakanya ocansini. (Green, 24)

I think they allow it, unlike Zandile who consulted for advice or maybe they do consult but unfortunately they get wrong advice. Look at the pregnancy rate in South Africa - young girls who fall pregnant and suffer from diseases such as HIV and stuff like that. I think they give up and get involved in sex. (Green, 24)

Yebo, ziyenzeka, I think njengoba uGreen kade eshilo ukuthi siconsult nabantu abawrong and basinika amasolutions engingacabangi ukuthi asuke ebest for us at that time. (Red, 27)

Yes, they do and I think just as Green has mentioned that we seek advice from wrong people, I think the solutions we get are not the best for us at that time. (Red, 27)

Green and Red seem to be saying that the advice in the Auntie Stella material and the knowledge that comes from the discussion of different issues are useful for young people to make informed decisions in their lives. They also seem to attribute the increased rate of sexual health problems in

South Africa to seeking advice from people who are not knowledgeable about sexual and reproductive health issues.

The above section presented young people's responses to the Auntie Stella sexual health material. They further commented about the approach to sexual health education in the Auntie Stella material. It also covered the factors which influence young people to engage in sexual activity. The section also presented what can be done by young people to avoid engaging sex in the relationships and protective measures they must take should they engage in sex. The next section presents the reflection on the Auntie Stella material and the Life Skills section in the Life Orientation subject in the FET phase.

5.5 Reflecting on how the aim, content and methodology of the Auntie Stella's cards and the Life Skills section are similar or different

This section reflects on the similarity and differences between the Auntie Stella material with the Life Skills section in the Life Orientation subject, in relation to its aims, content and methodology. Upon assessing the annual teaching plan for Grades 10 to 12 in the CAPS document, this study found that many of the similarities with the Auntie Stella material were with particular sections in the Life Orientation curriculum. These sections include: the *Development of the self in society*, and *Social and environmental responsibility* (Department of Education, 2011). The reflection on the Auntie Stella sexual health material and the Life Skills section in the LO curriculum is identified in relation to similarities and differences in the aims, content and methodologies used.

5.5.1 Reflecting on the aims

The Auntie Stella sexual health education material aims to create a relaxed environment for young people to talk freely about their bodies, feelings, sexual health, behaviour, and relationships. The discussions aim to weigh up the options and to support young people to make informed and wise decisions. Accurate information is also provided to young learners about their bodies, relationships and sexual health. The skills necessary to plan negotiate, communicate and ask for help, and interact with their families, partners, friends and institutions are developed. Young people are also encouraged to use the health and community services to meet their needs. The aim of the LO

subject is to develop and educate healthy young people who can be productive in the South African context.

The main difference between the aims of the Auntie Stella material and the Life Skills section in LO is that the Life Skills section focusses on the development of broad skills and knowledge that can support young people to live a healthy life. On the other hand, the Auntie Stella material is more focused on physical and sexual health, behaviour and relationships. Although many of the sexual health, behavioural and relationship aspects are included in the Life Skills section, this programme is more focused on general issues rather than practical aspects such as in the Auntie Stella material. The Life Skills section educates individuals about unsafe sexual practices, the behaviours that could lead to sexual intercourse and ways to prevent HIV. These are expected to guide the learners to make informed decisions about their own health and well-being and the health and well-being of others.

The Life Skills section is often criticised for not helping young people to learn details about major sexual and reproductive health issues. The critique is that there is insufficient education given on sexual and reproductive health, relationships and human rights, as it is just one topic in the Life Orientation subject. This results in sexual and reproductive health and relationship areas not getting the detailed attention needed to create a visible impact on young people. On the other hand, the Auntie Stella material is very specific about sexual, reproductive, and physical health, relationships and human rights issues. Furthermore, most of the issues and concerns a young person will potentially encounter in life are addressed in detail with the expert advice by Auntie Stella in the answer cards provided with the question cards. For example, love and relationship advice is one thing that young people require and the Auntie Stella material provides this to young people. For example, the Auntie Stella response letter for Card 6 (“I like to have sex like all my friends!”) says:

It's wonderful to fall in love but you can't force it to happen. It just comes naturally. Some people find girlfriends or boyfriends at your age, but many don't until much later. And even when they do fall in love, it doesn't mean they have to have sex. Don't worry so much about what your friends say. Remember, many of their stories about sex may not be true. Boys are famous for boasting about sexual experiences they don't actually have. Also, you don't always have to do the same as your friends. Follow your own feelings and trust yourself more.

5.5.2 Reflecting on the content

An examination of the 40 activity cards of the Auntie Stella tool kit and the Life Skills section in the LO CAPS document identified ten main themes. Many of the Auntie Stella cards consist of multiple themes. The themes identified are in Table 3, which also shows the reflection on the content in the Auntie Stella material and the Life Skills section. The information in the last column in the table below was extracted from the CAPS document (DOE, 2011, pp. 12-23) and some is presented in italics.

Table 3: Reflecting on the Auntie Stella material and the Life Skills section

| Theme | Auntie Stella material | Life Skills in the LO curriculum |
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| <p>1.</p> <p>Sex and relationships</p> | <p>Sex in relationship where one partner wants to have sex but the other doesn't want to have sex.</p> <p>Provides action points to determine whether the partners are ready for sex.</p> <p>Educate young people to wait until they find their right partner to have sex.</p> <p>Partners in good relationship have good care, trust and understanding and do not force the other to have sex.</p> <p>Gay people can be also in a relationship and don't be ashamed about being gay.</p> <p>When an HIV positive person is in relationship, he or she should let their partner know about HIV and use condoms before having sex. If the partner does not want to use male or female condoms, then they should not engage in sex.</p> <p>You should have the courage to protect yourself from an unfaithful partner who is unfaithful and not getting HIV tested.</p> <p>Relationships with older and richer partners or sugar daddies can result in the male partner breaking promises and treating the girl badly. A relationship that cannot make you happy and treats you badly should be left.</p> | <p>Skills to communicate.</p> <p>Educate about situations and behaviours that can result in sexual intercourse, <i>sexual abuse and rape</i>.</p> <p><i>Gender inequality, general well-being, violence</i></p> <p>STIs including HIV and AIDS in relationships.</p> <p>Values such as <i>self-awareness, self-respect, respect for others and self-control</i>.</p> <p>Right to privacy, right to protect oneself, and taking responsibility for own actions.</p> <p>Develop skills for critical thinking, <i>decision-making, problem-solving, assertiveness and negotiations</i>.</p> <p>Abstinence, <i>goal-setting</i>.</p> <p>Responsible decision-making regarding sexuality and lifestyle choices.</p> <p>Peer pressure on behaviour.</p> |
| <p>2.</p> <p>Forced sex</p> | <p>Educate learners to say 'No' when an older person, including relatives or teachers, tries to persuade them to have sex.</p> <p>Educate young people not to force others into sex, as it has to be done with equal interest by both partners.</p> | <p>Situations of forced sex in social life and <i>sexual harassment in work settings</i>.</p> <p>Right to say 'No'.</p> |

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| | <p>Educate young people on how to respond to forced sex and measures to adopt to avoid it such as don't drink too much, never walk alone, and scream and respond when attacked.</p> <p>Sex should not be for money; there are better ways to earn money even in very difficult situations. Prostitution can turn to forced sex.</p> <p>Avoid situations that result in forced sex by older women.</p> <p>Report immediately if young people are forced to have sex.</p> <p>In relationships with forced sex and the partner treats the person badly, the person should no longer remain in that relationship.</p> | <p><i>Power inequality and power struggle between genders.</i></p> <p>Abuse of superior power of male gender in the form of physical abuse towards an individual (<i>physical abuse</i>), and in family (<i>incest</i>).</p> |
| <p>3.</p> <p>Safer sex</p> | <p>Advises to use condoms when both partners want to engage in sex; condoms to prevent STIs.</p> <p>Take responsibility for each other and protect the partners from the risk of STIs by using protection.</p> <p>HIV-positive people must use male or female condoms to prevent infecting or re-infecting their partner.</p> <p>When church prevents the use of condom, weigh it with the advantages and disadvantages. Although abstinence is 100% safe, proper use of condoms can reduce the risk of unwanted pregnancy, HIV and STDs, if used properly.</p> | <p>Individual needs to be responsible to make informed decisions and choices.</p> <p>Unsafe practices, <i>attitudes, behaviours</i> and environments that can have <i>adverse impact on oneself and others</i>.</p> |
| <p>4.</p> <p>Unwanted pregnancy</p> | <p>Importance of responsibility of unwanted pregnancy being shared by both partners and taking actions to act responsibly, such as completing education.</p> <p>In case of unwanted pregnancy, don't hurt yourself or the baby.</p> <p>Unwanted pregnancy from forced sex.</p> | <p>Risk of pregnancy with risky behaviour and situations including: <i>Lack of personal safety, substance abuse and sexual behaviour</i>.</p> |

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| | <p>Pregnancy can be avoided by taking contraceptive pills within 72 hours of having unprotected sex. Talking with partner if they don't want to engage in sex. People can wait until they get married.</p> <p>Prevent young people from having illegal abortions that are dangerous and can lead to infertility or death.</p> <p>A baby from unwanted pregnancy can be taken care of with the support of family or boyfriend, so that the mother can attend school or the baby can be put up for adoption.</p> | |
| <p>5.</p> <p>Speaking out</p> | <p>Trust and understanding between partners. Discussion of reasons for engaging in sex.</p> <p>Speak out and seek help if someone tries to abuse you sexually.</p> <p>Young people in difficult situations need to speak out and ask for help from people, voluntary organisations and government agencies.</p> <p>Solve health problems such as infertility jointly with partners and seek help from family planning clinics.</p> <p>Seek help when in doubt about whether HIV positive.</p> <p>Should show the courage to support the partner to test for HIV.</p> | <p>Communication.</p> <p>Acquire knowledge, skills and information needed to make informed decision, make <i>better lifestyle choices</i> and take appropriate action.</p> |
| <p>6.</p> <p>Growing up</p> | <p>Discussion on the issues and concerns that affects young people while growing up:</p> <ul style="list-style-type: none"> ➤ Penis size ➤ Sex and relationships ➤ Relationship advice ➤ Talk about love and should not ignore studies ➤ Sexual urges and masturbation ➤ Wet dreams ➤ Irregular periods | <p>Growing from adolescence to adulthood including the changing emotional needs, <i>maturing personality, depth of emotions, emotional control and feeling of insecurity.</i></p> <p>Emotional factors: <i>adolescent suicide, hygiene and diet habits.</i></p> |

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| | <ul style="list-style-type: none"> ➤ Depression as part of growth ➤ Painful periods ➤ Pimples <p>Advice is also given on healthy foods as part of growing up and changing bodies.</p> <p>Prevent learners from taking bad advice such as taking marijuana or alcohol to gain confidence. Also advises young learners about the consequences of alcohol and marijuana.</p> | <p>Physical changes in growth including skin problems resulting from hormonal changes, changes in <i>body proportion in men and women, increased growth rate, reproduction and menstruation hormonal changes.</i></p> <p>Differences in the reproductive system of a man and a woman.</p> <p>Support to build <i>self-esteem, self-awareness and self-development.</i></p> |
| <p>7.</p> <p>Relationship with family and community</p> | <p>Educate that there are no cultural practices that would require young people to have sex.</p> <p>Telling parents, relatives and police immediately when sexually abused or raped.</p> <p>Educate about supporting the family and community through providing care to HIV-infected people.</p> <p>Advise young people to communicate with family about important issues such as unwanted pregnancy or sexual abuse.</p> <p>Signs and symptoms of STIs can be discussed with people close to you and seek their support to get treatment immediately.</p> <p>Treatment and testing for cervical cancer.</p> <p>Advises to organise meeting in youth-friendly clinic or with health care worker to ask your questions on growing up and changing bodies.</p> | <p>Relationship with parents and peers.</p> <p>Develop personal values.</p> <p>Understanding the influence of religion, social belief systems, society, culture and media.</p> <p>Understanding <i>emotional, spiritual, political, social, economic and environmental conditions</i> and their impact.</p> <p>Ways to obtain support in relation to lifestyle choices and sexuality.</p> <p>Learn to respect and acknowledge the <i>uniqueness of oneself and others.</i></p> <p>Learn to respect the differences between people of different gender, ability or race.</p> |

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| | <p>Supporting young people who cannot communicate with their parents about personal issues like sex and relationships.</p> <p>Advise young people to show respect and talk calmly and don't shout even when they lose their temper.</p> <p>When young people have difficulties in talking with parents, talking with other trusted people like teachers is recommended.</p> <p>HIV-positive person can talk with another HIV positive person who can give advice and guidance.</p> <p>HIV-positive person can seek help from counsellor or support group to open up and learn their legal rights.</p> <p>Support from other member of family or women's organisation when a woman is forced to marry.</p> <p>Gay people can get support from gay organisations to feel better about themselves.</p> <p>Period is part of being a woman and the support of female teacher can help to find suitable solution for painful periods.</p> | <p>Gender roles in family and society.</p> <p>Effects of gender roles on health and well-being and mourning periods.</p> |
| <p>8.</p> <p>HIV and AIDS</p> | <p>Educate learners about the spread of HIV.</p> <p>Safety measures to avoid the spread of HIV.</p> <p>Courage to test for HIV when there is any doubt.</p> <p>Antiretroviral (ARVs) used only under medical supervision.</p> | <p>Lifestyle infections including HIV and AIDS.</p> <p>Contributing factors of lifestyle choices including <i>substance abuse</i> and <i>unsafe sexual behaviour</i>.</p> <p>Diseases due to poor eating habits, smoking and lack of exercise.</p> |

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| | <p>Ways to stay healthy with HIV by eating healthy food, taking vitamins and living positively.</p> <p>HIV-positive people need to live a healthy life and practice safe sex.</p> <p>HIV is not a death sentence and a person can avoid getting sick by eating natural and unprocessed food, getting sleep and exercise and having protected sex.</p> <p>HIV-positive person should not live in fear and they can be healthy and successful.</p> <p>HIV-positive people also have the right to live happily in relationships and also practice safe sex.</p> <p>HIV-positive person should prevent instances of passing on HIV.</p> <p>It is the choice of the HIV-positive person to tell somebody about HIV and AIDS.</p> <p>HIV-positive person in a relationship should let the other partner know about the disease.</p> <p>HIV-positive mother need not pass HIV to their baby. Clinics can provide drugs to HIV-positive pregnant woman to protect the baby.</p> | <p><i>Lifestyle diseases</i> resulting from <i>poverty and gender inequality</i> including sexually transmitted infections, <i>cancer, hypertension, heart and circulatory system diseases and tuberculosis.</i></p> <p>Long-term impact of life style diseases including <i>physical, mental, social and emotional.</i></p> |
| <p>9.</p> <p>Sexually Transmitted Infections (STIs)</p> | <p>Importance of letting partners know about STIs.</p> <p>Look out for symptoms of STI when having sex without protection and get it diagnosed and treated immediately.</p> <p>A person with an STI should not engage in unprotected sex. Get treatment immediately. When a person with an STI engages in unprotected sex, get the</p> | <p>Sexually-transmitted infections (STIs), HIV and AIDS.</p> <p>Strategies for prevention and control.</p> <p>Intervention strategies including <i>early detection, treatment, care and support.</i></p> |

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| | <p>partner to the clinic and seek treatment. The partner should not engage in unprotected sex.</p> <p>Awareness about STIs and the risk factors for developing STIs.</p> | |
| <p>10.</p> <p>Changing society</p> | <p>Change society's attitude towards HIV and AIDS.</p> <p>Addressing superstitions about sex. For example: <i>"We kiss and hug which I like very much but I don't let him have sex with me. He says he'll go blind if I continue to make him stop half-way."</i></p> <p>Support for families who can't have children, rather than rejection.</p> <p>Positive attitudes towards gay people; consider them as human beings.</p> <p>Marriage should not be forced. It has to be at the wish of the man and woman.</p> <p>Give young people the courage to stand up for what they think is right. Stand up against school systems that are unfair to students who are abused by their teachers.</p> <p>Get education to follow your dreams and do not take any shortcuts or try to please someone sexually to meet your goals.</p> <p>Society has to be more open about HIV by openly discussing HIV and its serious consequences.</p> | <p>Understanding the socio-economic environment including income, <i>literacy, culture and social environment.</i></p> <p>Definition of concepts: <i>masculinity, femininity, power and power relations.</i></p> <p>Stereotypical views of <i>gender roles</i> and responsibilities in the community.</p> <p>Gender-based differences in participation in physical activities.</p> |

The ten themes identified in both sets of learning material are sex and relationships, forced sex, safer sex, unwanted pregnancy, speaking out, growing up, relationship with family and community, HIV and AIDS, sexually transmitted infections (STIs) and changing society. An evaluation of the content of the Auntie Stella material and the Life Skills section in the LO subject indicated that although all ten themes are covered in both learning materials, the Auntie Stella material is more focused and specific to situations that young people encounter in their adolescent stage, while the Life Skills section is more focused on developing overall skills that would help young people to survive different situations.

The content in the Auntie Stella Activity cards provide real-life situations for the learners which allow the learners to relate to the situation. The talking points allow discussion about each of the situations, and facilitate learners' understanding of suitable responses or actions in each situation. Real practical solutions in different and diverse contexts are discussed, which allows young people to reflect on different situations that can happen and the most suitable responses. In contrast, the Life Skills section in LO is focused on creating skills necessary for learners to meet challenges in their day-to-day lives. Another reflection is that the themes explained in the Auntie Stella material are more detailed and cover more issues and concerns that are likely to arise. On the other hand, the themes covered in the LO curriculum are mostly about life in general, which prevents the learners from obtaining a detailed understanding of each of the problems or issues addressed.

The Life Skills section in LO is more about issues in general while the Auntie Stella material is practice-based and specific. Thus, learning through the Auntie Stella material provides learners with clear guidance on how to act in specific situations in relation to sexual and reproductive health, which are common for young people. The young people are encouraged to discuss issues similar to the problems posed in the question. This facilitates the identification of issues young people face in real life and suitable responses to these issues. On the other hand, the Life Skills section does not address specific situations. Therefore, it does not provide guidance on particular issues or dilemmas in relation to sexual and reproductive health that might arise in young people's lives. Learners might have difficulty in relating the lessons learnt in the Life Skills to their everyday lives.

5.5.3 Reflecting on the methodology

The Life Orientation subject has a teacher-oriented learning process, where the teacher has the main responsibility for teaching each of the topics covered in the curriculum. Students are only listeners and do not play an active role. Therefore, the extent to which the young learners understand the topic depends on the enthusiasm and interest of the teacher to explain each of the topics examined. The study conducted by Jacobs (2011) found that learners in the LO subject often criticise the lack of enthusiasm of teachers in teaching different topics and this sets up a negative attitude towards the themes covered. One main weakness in the methodology of the LO curriculum is the power difference between the teachers and learners which prevents open discussion of issues addressed in the curriculum. The classroom setting and the blackboard approach adopted in LO curriculum makes it difficult for students to learn.

The Auntie Stella material employs the Participatory Reflection and Action (PRA) methodology, based on the understanding that learning is a two-way process. This means that a person learns from another person thus it is not only people who are more knowledgeable that will teach people who are less knowledgeable. This method differs from the teaching methods that are used in schools, where the teacher is always part of the lesson. Most of the time in schools, teaching is formal and little time is given for discussion. There is no time for allowing boys or girls only to discuss the problems they experience separately. Kaim and Ndlovu (2000) argue that PRA uses mapping, ranking and scoring, role plays, and case studies to provoke discussion, and planning for action.

The learning process in the Auntie Stella material is a student-driven approach. Kaim and Ndlovu (2000) refer to this approach as a non-authoritarian framework. The limited participation of the facilitators in the discussions by young people allows young people to contribute more to the discussion and create a relaxed environment which reduces self-censorship of the content by students. The discussion allows the young people to feel that sexual health education is not imposed on them but is a way of guiding them in their decision-making. The activity card consists of questions based on the stories, experiences and needs of adolescents which are discussed by a small single and/or mixed sex group. The facilitator guides the discussion in which Auntie Stella's expert responses are read by the group members. Thus, the teacher as an authority figure is not

present in the Auntie Stella material, as teachers only act as facilitators of the activity pack while learners have the most important roles of reading the questions, reading the talking points, the response and the action points.

Another major difference between the Life Skills section in LO and the Auntie Stella sexual health material is the nature of the material used. There are a limited number of LO text books (Brown, 2013). This allows the teachers to select the topic they want to teach but does not necessarily provide appropriate responses to different situations. Brown (2013) further notes that teachers are reluctant to talk about important sexual and relationship issues. The approach adopted by the teachers to teach the Life Skills section has a significant influence on the effectiveness of the programme to support young people with developing life skills (Jacobs, 2011; Mohapi & Pitsoane, 2017). The knowledge related to the topic is presented in isolation from the context, which could adversely affect the practical implementation of the lessons learnt (Brown, 2013). On the other hand, the questions provided in the Auntie Stella activity cards include expert advice and also emphasise the importance of learner participation.

In summary, when the Life Skills section in LO and the Auntie Stella material are compared, the main difference is in the approach to educating young people on sexual and reproductive health issues. While the Auntie Stella material is focused on educating and increasing the knowledge of young people about specific sexual and reproductive health issues through various situations and suitable responses, the Life Skills section is more focused on developing general skills and knowledge that help young people to be capable of independently addressing any situation that might arise in relation to sexual and reproductive health. This difference in approach includes differences in the aims and content of the Auntie Stella material and LO. Major differences were also identified in the methodology used in the Auntie Stella material and the Life Skills section. While the Auntie Stella material follows a participatory, youth-driven approach in educating young people, the Life Skills section follows a teacher-led learning approach. The effectiveness of the LO approach depends on the teaching method adopted, while the effectiveness of the Auntie Stella material depends on the youth participation with the cards provided.

5.6 Chapter summary

This chapter presented the findings of the study which aimed to translate the Auntie Stella sexual health material and pilot it with young women at university to explore its usefulness for sexual health education in South Africa. Translation of the Auntie Stella material is necessary to improve its impact in South African society as it increases the participation and relatability of the contents discussed in the card. However, there were issues identified by participants, relating to some instructions not being clear; this needs to be improved for the material to be effective. Participants also had difficulty in understanding some phrases in the card translated from English to isiZulu. The researcher also experienced challenges in doing the translation where there were no exact translation words in isiZulu.

The chapter also highlighted participants' responses to the translated and adapted Auntie Stella card. Participants actively engaged with the content and actively participated in the tasks provided in the material. Some of the issues presented include: the approach to sexual health education in the Auntie Stella material; factors influencing decision-making processes about sexual activity; myths related to sex; ways to avoid sex in intimate relationships and protection against HIV risk; and perceptions of young women about the Auntie Stella material.

The last part presented a reflection on how the aim, content and methodology of the Auntie Stella cards and in the Life Skills section in the LO subject in the FET phase. One of the major differences between the Auntie Stella material and the Life Skills section is the participatory approach of the Auntie Stella material and the teacher-led approach of LO.

Chapter 6 Discussion

6.1 Introduction

The chapter will interpret and describe the significance of the findings of the research. The research aim was to translate the Auntie Stella sexual health material, pilot one of the Auntie Stella cards with young women, and discuss the translation and adaptation of the material with them. In this study, one focus group discussion was conducted with six female Honours students at the University of KwaZulu-Natal on the Pietermaritzburg campus. The findings of the study will be described and interpreted in light of what is already known about sexual health education in South Africa.

The research questions of this study were: What are the challenges in the adaptation and translation of the Auntie Stella cards from English to isiZulu? How do young people respond to the adapted and translated Auntie Stella card? How does the sexual health education aim, content and methodology of the Auntie Stella cards relate to the Life Skills section in the Life Orientation subject in the FET phase? The last question was: What contribution does the Auntie Stella material bring to the Life Skills section in the LO subject in the FET phase? The significance of the findings in relation to these questions, and the literature reviewed earlier in the thesis, will be explored in this chapter.

6.2 Challenges in the translation of the adapted Auntie Stella cards from English to isiZulu

The study identified a number of challenges encountered during the translation process and in participants' responses to the translated material.

6.2.1 Unclear questions and ambiguity in some words

The researcher encountered language-related challenges while translating the Auntie Stella cards from English to isiZulu. The exact language-to-language translation was seen as either reducing the clarity of the questions or giving a distorted meaning. For example, the title of the card that was piloted, a question "Should I sleep with him?", is clear in English in the sense that it is referring to a girl asking whether she should sleep with a boy. However, when the same question was

translated to isiZulu, as “*Ingabe kufanele ngilale naye?*” it was not clear to whom the question was directed. Wong and Shen (1999) argue that translation is a complex process involving linguistic, cultural and personal factors. This issue is related to linguistics; the English word ‘him’ is a personal pronoun referring to a male. When the personal pronoun is translated into isiZulu, it is ‘*naye*’, which can be used to refer to either male or female. That is why the question in this card is not clear in isiZulu, in terms of whether it is directed to a male or female.

6.2.2 Use of borrowed words

One of the challenges in translation was that the Zulu language did not necessarily contain equivalents of the words which were used in English. This meant that some words needed to be created or adapted from the English. A similar finding is reported in the study of Malindi (2015), which explored challenges related to translating highly technical chemistry terms into isiZulu. Although some words might appear technical, as noted by Malindi (2015), the words which are considered ‘technical’ in this study might have the exact words in isiZulu. This suggests that the researcher might have lacked sufficient linguistic competence in the isiZulu language, despite her being an isiZulu-first-language speaker.

Chen and Boore (2010) also highlight the importance of the translator’s competence in the two languages, for example, English and isiZulu in the case of this study. Chen and Boore (2010) recommend that translation must be conducted by a translator who is able to speak the original language and target language equally well, and that person must also be familiar with the concepts and issues related to language. To attempt to deal with these issues, the researcher accessed a team to assist with back-translation. After the material was translated, it was compared with the source material in order to enhance credibility. Barajin (2016) argues that back-translation is considered to be a reliable quality assurance mechanism. This implies that, although there were some translation difficulties experienced by the researcher, these discrepancies were resolved through the process of back-translation.

In order to further examine the challenges in the translation of the Auntie Stella cards from English to isiZulu, the views of the focus group participants on the translated Auntie Stella card were

examined. This study found that most participants understood most of the isiZulu language terms or words in the translated Auntie Stella material. This can be attributed to the sample of this study which consisted mostly of first-language-isiZulu speakers. However, the study found that a few participants found some words such as '*iqembu*' (group) and '*ilungu*' (member) a bit confusing. This is understandable in this study where the participants were university students where the main language of instruction is English language. The words such as 'group' or 'member' are commonly used in the university context, and young people frequently code switch to use English terms. This might explain why a participant preferred the word '*gruphu*' as a substitute for '*iqembu*' to refer to group.

6.2.3 Language used in the material

This study found that the majority of the participants preferred to obtain sexual health education in isiZulu. Those who preferred the isiZulu language argued that it was easy for them to engage with the content and relate to issues addressed. The contrary findings are reported in the study of Cain et al. (2010) on language choice and sexual communication among Xhosa speakers in Cape Town, South Africa. Their findings showed that English and Zulu were preferred for HIV-prevention education, as these languages contain descriptive terms which enable a speaker to communicate outside the restricted limits of some other languages. The idea that the isiZulu language has descriptive terms is contrary to the findings of this study since the researcher struggled to find some appropriate terms in isiZulu. In this study, one participant preferred the English version of the translated card. This participant preferred the English language because she was not fluent in the isiZulu language as she had grown up in a context where seSotho was mainly spoken. Although she raised her preference for the English language, her comments suggest that she liked the isiZulu version.

The implication of this finding is that sexual health interventions need to identify the appropriate language for engaging in sexual health education with young people. Furthermore, it may be appropriate to provide sexual health messages in the home language of the young people, as sexual terms express cultural norms and role expectations (Cain et al., 2010). This may increase the chances of these messages being internalised and adhered to. Some terms were not easily translated

which is why the researcher had to borrow some words from English, so that they could be understood by young people. There are other proper isiZulu words which were not understood by young people and the young people preferred to use simple words instead of those words that were translated into ‘deep’ isiZulu. This also implies that not everyone in a university context is familiar with all the nuances of the same language. It is important to know the target group first before introducing sexual health interventions, as this may have an impact in the success in imparting the message to the young people due to issues in terms of translation and communication.

6.3 Participants’ responses to the translated and adapted Auntie Stella cards

The participants engaged with the discussion about the Auntie Stella card that was piloted and they raised some significant issues as they were discussing the Auntie Stella material. These issues are related to the risks in the sexual relationships in which young people find themselves. These issues include: who should engage in sexual health education processes with young people; factors influencing decision-making processes to engage in sexual activity; myths about sex; ways to avoid sex in intimate relationships; protection against HIV and pregnancy; and their perceptions of the Auntie Stella material.

6.3.1 Who should engage in sexual health education processes with young people?

In response to the Auntie Stella card, it was significant that young people are not sure about the agony aunt approach, which is adopted in the Auntie Stella cards. Here an adult person gets involved in their sexual health education; however, some participants saw the involvement of an adult as useful, as they might get sound advice from them. This was attributed to fears that young people have about their parents, as well as perceptions that parents do not understand issues related to sexual relationships and reproductive health. This finding is consistent with other studies in South Africa (Lebese et al., 2013; Lubinga et al., 2016). Their findings show that discussion related to sexual and reproductive health issues rarely happens at home, due to cultural restrictions and fear of parents' reaction to the sexual behaviours of their children.

The implication of this finding is that young people's beliefs about their parents' response to their sexual behaviours may limit their opportunity to explore sex-related topics with their parents or adults at home. Peer influence has also been identified as a factor influencing sexual decisions among young people in South Africa (Lebese et al., 2013; Lubinga et al., 2016).

The implication of this finding is that young people do not make sexual decisions in isolation, but in consultation with others in their social interaction. It also implies that they are comfortable in discussing sex-related issues with their peers. This means that young people should be equipped with skills that will allow them to influence each other positively as it stood out that peers are influential. If sexual health education should happen through an adult (teachers or parents), these adults should not be judgemental as this puts young people in the position where they feel they are not free to take their own decisions. This implies that the adult should facilitate the discussion process rather than impose things or make decisions for young people.

6.3.2 Christian beliefs

There were comments from one participant suggesting that Christian beliefs prohibit sex before marriage, and so a person with strong Christian values is less likely to engage in sexual activity before marriage. Similar findings are reported in the study by Adams et al. (2016) on how young people engage with sexuality education in South Africa. This finding implies that some young

people decide not to engage in sex due to what they believe, even though there might be pressure from their peers or from their partners.

6.3.3 Knowledge of a sexual partner

Although knowing sexual partners through spending time together and open communication was identified as one of the issues influencing decisions to engage in sexual activity, some participants noted that open communication does not always happen in relationships. A similar finding is also reported in the study by Minnis et al. (2015) on relationship power, communication and violence among couples in South Africa. A lack of open communication between sexual partners has also been identified as one of the factors influencing gender-based violence and forced sex, which increase the risk of HIV (Cain et al., 2010; Goldstein & Morewitz, 2011). The implication of this finding is that a lack of open communication between partners may hinder discussions related to sexual health, such as protection against the risk of HIV and pregnancy.

6.3.4 A person's control over her sexual life

The findings of this study suggest that participants in this sample have control over their sexual lives. The participants indicated that women should not feel pressurised to engage in sex, but they should observe their own bodies and only engage in sex when they are mentally, physically and socially ready. Contrary findings are reported in the Mpondombili project on preventing HIV and AIDS and pregnancy among school-going teenagers in South Africa (Mantell et al., 2006). Their findings showed that young women are still overpowered by men in making informed decisions in relation to sexual activity, as the girls' decisions to become involved in sex are influenced by the decision of their partners (Mantell et al., 2006). This makes them vulnerable to sexual coercion and violence.

Another finding related to school-going participants emerged in a study conducted in South Africa, in schools in KwaZulu-Natal, where Harrison, Xaba and Kunene (2001) explored influences on sex behaviour in young people. Their findings indicated that girls were able to take decisions over their sexual lives, where they saw condom use as important for protection as they feared pregnancy and HIV and AIDS. This implies that, when they are ready to have sex, they can decide to use precautions.

The finding of this study is that sexual coercion seems to have had less of a significant role to play in the lives of the participants in the study. This finding is quite significant, especially in the South African context. In South Africa, young women have been shown to be experiencing sexual violence from their partners due to gender norms that women should be subservient to men (Abdool Karim, 2010; Abrahamse, 2010; Ackerman & De Klerk, 2002; Jewkes & Morrell, 2012). The implication is that the participants in this study are more empowered than ones in other research mentioned above, which may be due to their level of education.

6.3.5 Myths about sex

Although myths about sexual activity have been found in other studies (Ogana, 2006), the participants in this study identified different myths that promote sexual behaviour among young people. Ogana's (2006) study on sexual misconceptions among adolescent African girls in Durban, South Africa, identified myths such as: 'When a boy sleeps with a girl for the first time, the girl will not fall pregnant'. Although there are such myths, participants in this study did not believe in such myths and do not support them.

The findings related to the social effect of abstaining from sexual activity are also reported in the study of Ankomah et al. (2011) among young people in Nigeria, where constructions related to gender were noted. For example, teenagers who were not sexually active were called names for not engaging themselves in sexual activity. However, misconceptions related to the social effect of not engaging in sexual activity seem to relate to a belief that young people's libido is uncontrollable; thus they should be sexually active (Ogana, 2006). These kinds of myths about the consequences of abstaining may hinder young people from making rational decisions to plan for their sexual lives and only engage in sex when they are ready for it.

The myths related to the health effects of not engaging in sex are mainly tied to gender expectations in society, for example, perceptions that men should be in a position to impregnate a woman and a woman should be in a position to have children. The gender perceptions of men and women have also been identified in the study by Leclerc-Madlala et al. (2009) on sociocultural aspects of HIV

and AIDS. Their findings show the value of fertility, which makes young women want to fall pregnant in their first relationship to prove that they are fertile. Similarly, men want to prove their potency and virility by making a woman pregnant (Leclerc-Madlala et al., 2009). The implication of this finding is that myths related to proving femininity and masculinity encourage unprotected sexual activity, which in turn increases the risk of HIV infection among young people. This study found that the participants do not encourage such myths, whether they are related to boys or girls.

6.3.6 Ways to avoid sex in intimate relationships

The responses of participants in the study about ways to avoid sex in intimate relationships implies that the couple can have a good time in public areas where they are unlikely to be tempted to get involved in sexual activity. The participants also suggested non-penetrative sex practices such as dry sex and oral sex. This finding relates to Delius and Glaser's (2002) study (as cited in Chappell, 2016), which found that pre-colonial Zulu culture recognised changes during puberty and encouraged young people to engage in forms of non-penetrative sex such as fondling and thigh sex. The participants in this study were mostly from the Zulu culture; thus, this might also explain why they talked about non-penetrative sex as one of the ways to avoid sex in intimate relationships.

The implication of the finding related to oral sex is that, although it may prevent the risk of pregnancy and is perceived as a not 'actual sex', oral sex remains a risk for HIV infection. This is because the act may cause bruises which may allow exchange of blood, thus present a risk to HIV infection if one of the partners is infected. The responses of the participants also imply that they have a lot of knowledge about sex and the risks related to HIV and unwanted pregnancy. This finding relates to Harrison's (2010) study which found that knowledge about sexual risks and awareness about HIV is very high among adolescents in South Africa.

6.3.7 Protection against HIV and pregnancy risk

As seen in the previous section, the responses of participants show that they are aware of the importance of protection against HIV and pregnancy in their sexual relationships. It might be that this group of participants were not very similar to the average young South African. . Participants in this study identified safer sex practices and HIV testing as self-protection methods against the

risk of HIV. Similar findings are reported in the study by Harrison et al. (2001) on understanding safer sex in relation to HIV and AIDS and pregnancy among school-going youth in South Africa. Harrison et al. (2001) and Mantell et al. (2006) argue that older girls have experience of using a condom as a self-protection strategy against pregnancy and HIV.

The knowledge about the importance of HIV prevention in this study could be attributed to the fact that the participants in this study were students at the postgraduate level of university education. Thus, given their age and level of education, the majority are aware of self-protection strategies against pregnancy and HIV. Their knowledge could also be attributed to the various sexual health programmes available on campus. However, although young people have knowledge of HIV risk and self-protection methods, many are still not practising safe sex. This is evident in the study by James et al. (2006), which examined the impact of an HIV and AIDS Life Skills section on secondary schools in South Africa and showed that knowledge about HIV and AIDS increased; however, young people were still not practising safe sex.

6.3.8 Perceptions of young university women about the Auntie Stella material

In this study, participants had a positive view about the Auntie Stella activity card and showed their willingness to engage with the content in the material. A similar finding is reported in the study of Kaim and Ndlovu (2000) among secondary school learners in Zimbabwe. Sexual health education is generally well received by university students, as shown in the study by Mohapi and Pitsoane (2017) among university students at UNISA. Their findings showed that students perceived sexual health education as an effective method to prevent HIV and AIDS. In this study, the content covered in the Auntie Stella activity card was identified as very useful in the South African context, in which young people are at a high risk of HIV (Michielsen et al. 2010; Shisana et al., 2014; Statistics South Africa, 2013, UNAIDS, 2010) and unplanned pregnancy (Harrison, 2010; Michielsen et al. 2010). The implication of this finding is that the Auntie Stella material may be a useful tool in interventions for guiding young people to make informed decisions about their sexual and reproductive health. Thus, there is a need for the Auntie Stella activity pack to be adapted and translated into the different languages in South Africa.

6.4 Reflecting on how the aim, content and methodology of the Auntie Stella cards and the Life Skills section are similar or different

The comparison of the Auntie Stella sexual health material and the Life Skills in the Life Orientation curriculum was conducted in relation to similarities and differences in the aims, content and methodology used.

6.4.1 Reflecting on the aims

The Life Skills section in the LO and the Auntie Stella material are useful tools for educating young people about sexual and reproductive health issues, especially at the secondary school level. This is because the age of sexual debut in South Africa is identified to be between the 15 and 17 for both males and females (Harrison, 2010). Mathews (2010) argues that adolescents aged 15-17 years are unlikely to use a condom, have limited knowledge about sexual risks, are uncertain, and lack negotiating ability. The age described by Harrison (2010) and the stage of development described by Mathews (2010) match that of the majority of secondary school students at the FET phase. Sexual health education has been shown to have a significant positive impact on the perceptions of sexual behaviour, lower reported sex and higher condom use among secondary school learners in South Africa (James et al., 2006).

The aims of the Auntie Stella material are to stimulate discussion among young people on issues relating to reproductive health (Kaim & Ndlovu, 2000). When young people are engaged in discussion in a participatory way, they discuss freely in small groups; sometimes they discuss in groups of the same gender which gives them space to tackle the topics which relate to them as one gender. The Life Skills section is focused on the development of broad skills and knowledge that can support young people to live a healthy life. This implies that the Auntie Stella process is practical as young people participate in discussion. The implication is that young people are equipped with knowledge rather than acquiring it through engaging with each other as young people. That is the reason the Life Skills section is seen as focusing on general issues, unlike the Auntie Stella material which is specific, as sex-related topics are discussed in detail. While the Auntie Stella activity pack aims to create a relaxed environment for young people to talk freely about their bodies, feelings, sexual health, behaviour, and relationship (Kaim & Ndlovu, 2010),

the Life Skills section focuses on the development of broad skills and knowledge that can support young people to live a healthy life (Warwick & Aggleton, 2004).

Furthermore, the Auntie Stella material aims to give young people information related to sexual health education in a friendly way (Kaim & Ndlovu, 2000), which makes them feel comfortable to share the problems they are experiencing. This implies that the facilitator only facilitates the discussion and does not get involved too much in controlling the discussion. The other aim of the Auntie Stella material is to motivate young people to express their problems freely, as they are provided with advice from reliable sources. The implication is that, sometimes, young people find it difficult to share their problems since they do not know how they will be handled; however, in the Auntie Stella process, they are encouraged to say them. Although the schools already have sexual health programmes, the Auntie Stella material aims to add more support that might be lacking and, because of its nature, it fills the gaps (Kaim & Ndlovu, 2000) that might have been left in existing programmes. This finding relates to a study where the Life Skills section was criticised for not dealing with major sexual reproductive health issues (Jacobs, 2011).

6.4.2 Reflecting on the content

The study found that both the Life Skills section and the Auntie Stella material focus on issues related to sex and relationships, forced sex, safe sex, unwanted pregnancy, the importance of sexual health discussions, growth and development and physical changes in both boys and girls, relationships with family and community, STIs, HIV and AIDS and how to change society's attitudes towards social issues such as HIV and AIDS, same-sex relationships and human rights. Thus Life Skills in LO and the Auntie Stella material both educate individuals about the behaviours that could lead to sexual intercourse; they also cover ways to prevent HIV and unsafe sexual practices, which are expected to guide learners to make informed decisions about their own health and the well-being of others (Adam Tucker et al., 2016; Bharath & Kumar, 2008).

The findings also show that sexual health education in the Auntie Stella material is more practical as it highlights real-life examples which could potentially be implemented in practice (Welbourn & Hoare, 2008), while the Life Skills section is more theoretical. The argument related to the

theoretical nature of the Life Skills section is raised based on the findings of Jacobs (2011) in a study with learners in North West province, South Africa, about how learners experienced the Life Orientation subject. It showed that learners often criticise the Life Skills section. Jacobs (2011) also found that not many learners who took part in the study knew about sexual health education and they did not think that the information was relevant to be practically applied in life. This might be one reason for the increased HIV and AIDS rates among young people in South Africa, despite the implementation of the Life Skills section in the LO subject. The Life Skills section has frequently been criticised for the difficulties learners encounter in practical implementation of the skills they have learnt (Jacobs, 2011; Prinsloo, 2007).

6.4.3 Reflecting on the methodology

The findings indicate that the Auntie Stella material uses the agony aunt approach where a young person with a problem has supposedly written a letter to ‘Auntie Stella’ to state his or her problem (Kaim & Ndlovu, 2000). This implies that young people take the initiative to get help related to the sexual health problems they are experiencing. Auntie Stella then responds, also in the form of a letter, giving advice to the young person (Kaim & Ndlovu, 2000) who raised his or her problem. This encourages young people to obtain more knowledge related to sexual issues, as they get advice from an expert and a reliable source.

The Auntie Stella material employs a participatory approach (Kaim & Ndlovu, 2000), where young people get involved in activities where they engage in discussions in small groups with minimum intervention by teachers who act as facilitators (Kaim & Ndlovu, 2000); on the other hand, the Life Skills section is conducted in a classroom situation and is a teacher-oriented learning process where a teacher has the main responsibility to teach each of the topics covered in the curriculum (Warwick & Aggleton, 2004). This suggests that the learners play a passive role in the learning process in the Life Skills section, unlike the Auntie Stella material where young people play an active role. Although this is said, the approach adopted by the teachers to teach Life Skills has been shown to have a significant influence on the effectiveness of the programme to support young people (Mohapi & Pitsoane, 2017). This is contrary to other findings and it implies that the

implementation of Life Skills makes a difference in some instances. This also depends on how thoroughly the Life Skills section has been implemented (James et al., 2006).

6.5 How the Auntie Stella material could contribute to the Life Skills section

Sexual and reproductive health education needs to provide young people with the skills and capabilities to act in different situations (Kaim & Ndlovu, 2000). Upon review of the aims, content and methodology of the Auntie Stella material, it seems that the material can potentially provide support and extra resources for the existing Life Skills section in the LO subject. The approach used with the Auntie Stella material could help to create a relaxed environment for young people to talk freely about their bodies, feelings, sexual health, behaviour, and relationships, with their peers and their teachers who act as facilitators. This is in line with the argument raised by Warwick and Aggleton (2004). They noted that sexual health education programmes and projects for young people should take place in a safe and supportive environment, where the youth can be provided with knowledge about HIV and AIDS. In addition, the programmes should provide opportunities for young people to clarify and apply skills which they have learnt.

Apart from sexual health education, the Life Orientation subject addresses issues of public concern such as crime, social issues and violence, through education and training of disaffected and unemployed youth (McGrath, 2000). Some of these issues related to social issues and violence are also addressed by the Auntie Stella material. Thus, the Auntie Stella material could be used as an adjunct to the Life Skills section in reinforcing reproductive health education in schools. This was also a recommendation in the study by Kaim and Ndlovu (2000), which evaluated the effectiveness of the Auntie Stella sexual health material among secondary school learners in Zimbabwe.

The Auntie Stella material is structured into a question part and an answer card. The question part contains a problem raised by a young person, as well as talking points which contain the questions for discussions. The answer card has a response from Auntie Stella to the question raised, as well as action points or actions to be taken in a particular situation. The Auntie Stella material emphasises taking action in a particular situation. For example, in Card 16 (“I was raped”), the material provides guidelines on how to deal with incest. Although the issue of forced sex is addressed in the Life Skills section in LO, learners need more skills to deal with incest, in

particular. Incest is a social issue which affects learners. Although there are numerous education programmes that develop young people's knowledge of HIV and AIDS, and self-protection methods, young people remain at high risk of HIV infection (Magnani et al., 2005; Shisana et al., 2014). The Auntie Stella material also addresses issues related to HIV and AIDS, as highlighted in the eighth theme (see 5.3.2 Comparison of content). Addressing these issues in a letter format, in small groups and/or in mixed-sex groups, may further enhance the youth's knowledge of HIV in a more practical way.

6.6 Summary of the chapter

This chapter described and interpreted the significance of the findings of this study. This study piloted a translation of one Auntie Stella card (Card 1: "Should I sleep with him?"), following the structure highlighted previously. The challenges encountered in the translation of the material were mainly related to language, an indication that translation is a complex process. The participants preferred to receive sexual health education in their own language, because they were not restricted by the specific terms while expressing themselves in their own language. This might explain why the participants were positive about the translated Auntie Stella material. The sample of participants raised interesting issues as they were engaged in the Auntie Stella material. Most of the issues are related to the same issues experienced by most young people. This shows the importance of sexual health education.

Social factors such as peer influence, religious beliefs and lack of open communication influenced decisions related to sexual activity. The participants also identified myths related to health and the social effects of not engaging in sexual activity, and how these may impair young people's decision-making process. The participants also identified ways to avoid sex in intimate relationships. This is an indication that young people have knowledge on how to please their partners while avoiding risk of pregnancy and HIV, in the case of dry sex. The participants also had sufficient knowledge related to self-protection methods against HIV risk. What was also interesting about the participants was they reported being able to be assertive and make their own decisions about their sexual lives, which is contrary to most of the literature reviewed in South Africa. This was especially in relation to readiness to have sex.

A reflection on the aim, content and methodology of the Auntie Stella cards and the Life Skills section in the LO subject shows that both sets of materials are useful tools for educating young people about sexual and reproductive health issues. The Auntie Stella material is used in such a way that young people interact with one another, and they learn from each other (Kaim & Ndlovu, 2000). As they share their experiences, they are equipped with skills on how to handle different challenges they come across or which they might come across in future. In the Life Skills section in LO, sexual health education is imparted in a formal way which makes it difficult for young people to acquire skills to build on the knowledge imparted in the programme. It was also significant that for sexual health education to be effective, it depends on the way the programme is implemented. The final chapter presents the overall conclusion of the study.

Chapter 7 Conclusion

7.1 Introduction

The chapter will present the overall conclusion of the study which aimed to translate the Auntie Stella sexual health material and to pilot one of the Auntie Stella cards with young women and discuss the translation and adaptation of the material with them. In this study, one focus group discussion was conducted with six female Honours students at the University of KwaZulu-Natal on the Pietermaritzburg campus.

A thematic analysis of the focus group data was used to better understand the challenges which were experienced during the adaptation and translation of the Auntie Stella material and how the young women responded to it. Some of the themes which were highlighted were unclear questions and instructions, and ambiguous words. Furthermore, difficulty in finding the appropriate isiZulu words resulted in using borrowed words, rearranging words and simplifying them in order to suit young people. The participants engaged very well with the Auntie Stella material and shared their views about the approach employed in the Auntie Stella method and also about why young people engage or do not engage in sex.

The findings from the study confirm that the Auntie Stella learning material could be effective in improving the sexual and reproductive health of young people in South Africa. This is mainly due to the uniqueness and specificity of the aims, methods and content of Auntie Stella material in relation to the Life Skills section in the LO subject. There are ten themes which were identified when reflecting on the content of the Auntie Stella material and the content of the Life Skills section. The approach used in the Auntie Stella material could be beneficial to young people in South Africa, since it creates space for young people to discuss sex-related issues.

7.2 Responses to the study's research questions

7.2.1 What are the challenges in the adaptation and translation of Auntie Stella material from English to isiZulu?

The researcher encountered language-related challenges while translating the Auntie Stella cards from English to isiZulu. The exact language-to-language translation was seen as either reducing clarity of the questions or giving a distorted meaning. In addition, most participants understood most of the isiZulu language terms or words in the translated Auntie Stella material.

7.2.2 How do young people respond to the adapted and translated Auntie Stella card?

This study found that the majority of the participants preferred to obtain sexual health education in the isiZulu language. The participants had a positive view about the Auntie Stella activity card and showed their willingness to engage with the content in the material. This study also found a mixed response from the participants about the use of an agony aunt approach in educating young people about sexual and reproductive health. Some participants preferred to receive advice about sexual and reproductive health from an adult who was not their parent, while others preferred to involve an adult (rather than peers) in order to get 'a different view'. This calls for a need for parents and young people to be empowered with skills which will enable them to freely address sexual and reproductive health issues in their homes.

The study also identified factors that influence decision-making processes about engaging in sexual activity. These factors include: peer influence, Christian beliefs, a lack of open communication and a person's control over her sexual life. The participants identified myths related to not engaging in sex such as 'penis falling off', 'bursting of bladder', 'sperms going to the brain and making a person insane' in males, and 'ovum freezing' in females. The respondents identified ways to avoid penetrative sex in intimate relationship, including dry sex and oral sex.

7.2.3 How do the sexual health education aim, content and methodology of the Auntie Stella material relate to the Life Skills section in the LO subject in the FET phase?

The study found that when reflecting on the Life Skills section in LO and the Auntie Stella material, the main difference is the approach to educating young people on sexual and reproductive health issues. While the Auntie Stella material is focused on educating and increasing the knowledge of young people about specific sexual and reproductive health issues through various situations and suitable responses, the Life Skills section is more focused on developing general skills and knowledge that would make young people capable of independently addressing any situation that might arise in relation to sexual and reproductive health. This difference in the approach includes differences in the aims and content of the Auntie Stella material and of LO. Major differences were also identified in the methodology used in the Auntie Stella material and the Life Skills section in LO. While the Auntie Stella process follows a participatory youth-driven approach in educating young people, the Life Skills section follows a teacher-led learning approach. The effectiveness of the LO approach depends on the teaching method adopted and the effectiveness of the Auntie Stella material depends on the youth's participation with the cards provided.

7.2.4 How could the Auntie Stella material contribute to the Life Skills section in the LO subject in the FET phase?

Upon the review of the aims, content and methodology of the Auntie Stella material, it appears the material can provide support and extra resources for the existing Life Skills section in LO. The Auntie Stella material approach can help to create a relaxed environment for young people to talk freely about their bodies, feelings, sexual health, behaviour, and relationships with their peers and their teachers, who act as facilitators. Thus, the Auntie Stella material should be used as an adjunct to the Life Skills section in LO in reinforcing reproductive health education in schools.

7.3 Strengths of the study

This study is among the first to translate the Auntie Stella sexual health material and pilot one of the Auntie Stella cards with young women and discuss the translation and adaptation of the

material with them in South Africa. The study highlights linguistic challenges related to the translation of the Auntie Stella material. The researcher also translated four other cards which were not piloted in this study; thus, these can be used by future researchers who may be interested in replicating this study in the same context. The availability of the research team was also a strength in this study. The research team consisted of my supervisor and two Masters students who also used Auntie Stella material in their studies. The research team compared the source material with the material translated into English. The main focus was to check if the meaning was the same in the English material and the isiZulu material, which strengthened credibility. The procedures in recruiting the participants, data collection tool and data analysis are discussed in this study, which strengthens dependability. Furthermore, the study provided a detailed description of the methodology of the study and of the focus group discussions on the Auntie Stella material. This serves to strengthen confirmability.

The study also compared the sexual health education aim, content and methodology of the Auntie Stella cards to the Life Skills section in the LO subject in the FET phase. The findings of this study also highlight how the Auntie Stella material could potentially be used jointly with the Life Skills section in LO to enhance sexual health education among young people.

7.4 Limitations of the study

There were different dimensions to the study. The translation was undertaken for five cards and this was achieved and these translations were cross-checked through a process of back-translation. However, due to pragmatic reasons, only one card could be piloted.

The pilot study of the translated card was conducted at the University of KwaZulu-Natal on the Pietermaritzburg campus and used a small sample size of only six female students; thus, findings do not represent the opinions of most students on campus. The study also used only one focus group discussion. This small sample and discussion on only one card was also for practical reasons. Due to that, the findings of this study cannot be considered to be generalisable. Nevertheless, the findings could be transferable to similar contexts, since a detailed account of the methodology and data analysis was provided. If more focus groups were used to explore the research topic, maybe

more diverse opinions from those reported in this study could have been obtained. In addition, if individual interviews were used to answer some the research questions of the study, personal opinions related to the translation and adaptation of the material could have been noted. It would also be useful to pilot the material with school-age youth. However, doing the translation and taking it into schools was not practical in the time period of this study.

Despite these limitations, the findings of the study shed some light on the usefulness of the Auntie Stella material in enhancing sexual health education among young people in South Africa.

7.5 Recommendations of the study

The Auntie Stella card piloted in this study provided a useful platform where young people engaged with the material freely, guided by the facilitator. It stimulated a discussion about the dilemma faced by a young woman about whether or not to sleep with her partner. A similar approach could be adopted in the Life Skills section in LO, where learners could be given an opportunity to discuss some of the Auntie Stella cards and share their feelings, thoughts, opinions and ideas on the issues in the card. The content of the Auntie Stella material also could be useful in helping learners when they are faced with similar problems which have been portrayed in different cards, hence it is recommended that the Auntie Stella material be used in South African schools especially in the EFT Phase.

The Life Skills section in LO could potentially adopt the agony aunt format where learners write letters to their LO teachers or facilitators, seeking advice on sexual health issues affecting them. The letters could be written anonymously, and the teachers or facilitators should keep the confidentiality of the learners should they be identified. However, the learners should be allowed to freely express themselves informally and in the language in which they are comfortable. The facilitator may be an LO teacher. The facilitator should remain non-judgemental and be understanding of young people as sexually active and/or curious individuals who like to experiment with things (Kaim & Ndlovu, 2000). Within the Auntie Stella material is a resource book for facilitators which could be used by the teachers who will be facilitating the Auntie Stella material. It contains procedures and guidelines on how to facilitate the Auntie Stella cards.

This study highlights the need for translation and adaptation of the Auntie Stella activity pack to be used to further enhance sexual health education in secondary schools and universities in South Africa.

7.6 Suggestions for future research

The study recommends further studies to pilot the Auntie Stella card “Should I sleep with him?” with male students in order to get their views. The researcher also translated four other cards which were not piloted in the study and it is the recommendation of this study that those cards should be piloted with high school learners.

References

- Abdool Karim, Q. (2010). Heterosexual transmission of HIV: The importance of a gendered perspective in HIV prevention. In S. A. Abdool Karim & Q. A. Abdool Karim (Eds.), *HIV/Aids in South Africa* (pp. 285-304). New York, NY: Cambridge University Press.
- Abraham, G., & Barksdale, M. (2018). *Literacy and democracy in South African primary schools*. Lanham, MD: Lexington Books.
- Abrahamse, A. (2010). *Through the eyes of a South African woman and other children*. Houston, TX: Strategic Book Publishing and Rights Agency.
- Ackermann, L., & de Klerk, G. W. (2002). Social factors that make South African women vulnerable to HIV infection. *Health Care for Women International*, 23(2), 163-172.
- Adams Tucker, L., George, G., Reardon, C., & Panday, S. (2016). 'Learning the basics': Young people's engagement with sexuality education at secondary schools. *Sex Education*, 16(4), 337-352.
- Ahmed, N. (2006). Process of evaluation of the teachers training for an AIDS prevention programme. *Oxford Journal of Health Education Research*, 21(5), 621-622.
- Akpabio, I. I., Asuzu, M. C., Fajemilehin, B. R., & Ofi, A. B. (2009). Effects of school health nursing education interventions on HIV/AIDS-related attitudes of students in Akwa Ibom State, Nigeria. *Journal of Adolescent Health*, 44(2), 118-123.
- Ankomah, A., Mamman-Daura, F., Omoregie, G., & Anyanti, J. (2011). Reasons for delaying or engaging in early sexual initiation among adolescents in Nigeria. *Adolescent Health, Medicine and Therapeutics*, 2(1), 75-84.
- Auntie Stella. (2015). *A Best Practice Sexual & Reproductive Health Education and HIV Prevention Resource for Adolescents*. Wikigender. Retrieved March 20, 2018, from <https://www.wikigender.org/wiki/auntie-stella-a-best-practice-sexual-reproductive-health-education-and-hiv-prevention-resource-for-adolescents/>
- Avert. (2017). *HIV and AIDS in South Africa*. Retrieved June 15, 2016, from <https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa><https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa>
- Babbie, E. (2008). *The basics of social research*. Belmont, CA: Thomson/Wadsworth.
- Babbie, E., & Mouton, J. (2005). Qualitative studies. In J. M. E. Babbie (Ed.), *The practice of social research* (pp. 269-311). Cape Town: Oxford University Press.
- Barajin, A. (2016). *Reverse translation as a method of proofreading translation*. Munich: GRIN Verlag.
- Beksinska, M. E., Smit, J. A., & Mantel, J. E. (2012). Progress and challenges to male and female condom use in South Africa. *Sexual health*, 9(1), 51-58
- Bender, C. J. G. (2004). *Life skills education and training and the senior phase learner* (Unpublished doctoral dissertation). University of Pretoria, Pretoria, South Africa.

- Bharath, S., & Kumar, K. V. (2008). Health promotion using life skills education approach for adolescents in schools: Development of a model. *Journal of Indian Association for Child and Adolescent Mental Health*, 4(1), 5-11.
- Boyatzis, R. (1998). *Transforming qualitative information*. Thousand Oaks, CA: Sage Publications.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Brown, J. (2013). *Attitudes and experiences of teachers and students towards life orientation: A case study of a state-funded school in Eldorado Park, South Johannesburg* (Unpublished master's dissertation). University of Witwatersrand, Johannesburg, South Africa.
- Cain, D., Schensul, S., & Mlobeli, R. (2011). Language choice and sexual communication among Xhosa speakers in Cape Town, South Africa: Implications for HIV prevention message development. *Health Education Research*, 26(3), 476-488. doi:10.1093/her/cyq067
- Chappell, P. (2015). Secret languages of sex: Disabled youth's experiences of sexual and HIV communication with their parents/caregivers in KwaZulu-Natal, South Africa. *Sex Education*, 16(1), 405-417.
- Chen, H. Y., & Boore, J. R. (2010). Translation and back-translation in qualitative nursing research: Methodological review. *Journal of Clinical Nursing*, 19(1-2), 234-239.
- Christiaans, D. J. (2006). *Empowering teachers to implement the Life Orientation learning area in the senior phase of the general education and training band* (Unpublished doctoral dissertation). University of Stellenbosch, Stellenbosch, South Africa.
- Coetzee, A., & Kok, J. (2001). What prohibits the successful implementation of HIV/Aids, sexuality and life-skills education programmes in Schools. *South African Journal of Education*, 21(1), 6-10.
- Department of Basic Education. (2011). *Curriculum and assessment policy statement (CAPS): Life Orientation grades 10-12*. Pretoria, South Africa: National Department of Basic Education.
- Department of Basic Education. (2015). *General household survey 2014 report: Focus on schooling*. Pretoria, South Africa: National Department of Basic Education.
- Department of Education. (2002). *Revised national curriculum statement grades R-9: Life Orientation*. Pretoria, South Africa: National Department of Basic Education.
- Desmond, C. & Gow, J. (2002). The current and future impact of the HIV and AIDS epidemic on South Africa's children. In G. A. Cornia (Ed.), *AIDS, public policy and child wellbeing* (pp. 345-356). New York, NY: UNICEF.
- Dixon-Mueller, R. (2008). How young is "too young"? Comparative perspectives on adolescent sexual, marital, and reproductive transitions. *Studies in Family Planning*, 39(4), 247-262. doi:10.1111/j.1728-4465.2008.00173.x

- Doyle, A., Ross, D., Maganja, K., Baisley, K., Masesa, C., & Andreasen, A. (2010). Long-term biological and behavioural impact of an adolescent sexual health intervention in Tanzania: Follow-up survey of the community-based MEMA kwa Vijana trial. *PLoS Medicine*, 7(1), e1000287. doi:10.1371/journal.pmed.1000287
- Dunbar, M., Maternowska, M., Kang, M., Laver, S., Mudekunya-Mahaka, I., & Padian, N. (2010). Findings from SHAZI: A feasibility study of a microcredit and life-skills HIV prevention intervention to reduce risk among adolescent female orphans in Zimbabwe. *Journal of Prevention and Intervention in the Community*, 38(2), 147-161. doi:10.1080/10852351003640849
- Durrheim, K., & Painter, D. (2006). Collecting quantitative data: Sampling and measuring. In M. Terre Blanche, K. Durrheim & D. Painter (Eds), *Research in practice: Applied methods for the social sciences* (pp.131-159). Cape Town: UCT Press.
- Fielding, N. G., Lee, R. M., & Blank, G. (Eds.). (2008). *The SAGE handbook of online research methods*. London and Beverley Hills, CA: Sage.
- Goldstein, M., & Morewitz, S. (2011). *Chronic disorders in children and adolescents*. New York, NY: Springer.
- Graham, J. R., Naglieri, J. A., & Weiner, I. B. (2003). *Handbook of psychology: Assessment psychology*. Hoboken, NJ: John Wiley & Sons.
- Harrison, A., Kubeka, M., Morrell, R., Monroe-Wise, A., & O'Sullivan, L. (2006). Gender dynamics in the primary sexual relationships of young rural South African women and men: *An International Journal for Research*, 8(2), 99-113.
- Harrison, A. (2010). Young people and HIV/AIDS in South Africa: Prevalence of infection, risk factors and social context. In S. A. Abdool Karim & Q. A. Abdool Karim (Eds.), *HIV/Aids in South Africa* (pp. 305-328). New York, NY: Cambridge University Press.
- Harrison, A., Xaba, N., & Kunene, P. (2001). Understanding safe sex: Gender narratives of HIV and pregnancy prevention by rural South African school-going youth. *Reproductive Health Matters*, 9(17), 63-71.
- Himma, K., & Tavani, H. (2008). *The handbook of information and computer ethics*. Hoboken, NJ: John Wiley & Sons.
- Hindin, M., & O. Fatusi, A. (2009). Adolescent sexual and reproductive health in developing countries: An overview of trends and interventions. *International Perspectives on Sexual and Reproductive Health*, 35(2), 58-62. doi:10.1363/3505809
- Jacobs, A. (2011). Life Orientation as experienced by learners: A qualitative study in North West province. *South African Journal of Education*, 31(2), 212-223.
- James, S., Reddy, P., Ruiter, R., McCauley, A., & van den Borne, B. (2006). The impact of an HIV and AIDS Life Skills program on secondary school students in KwaZulu-Natal, South Africa. *AIDS Education and Prevention*, 18(4), 281-294.
- Jewkes, R. (2010). Where to for sexual health education for adolescents in sub-Saharan Africa? *Plos Medicine*, 7(6), e1000288. doi:10.1371/journal.pmed.1000288

- Jewkes, R., & Morrell, R. (2012). Sexuality and the limits of agency among South African teenage women: Theorising femininities and their connections to HIV risk practices. *Social Science and Medicine*, 74(11), 1729-1737.
- Kaim, B., & Ndlovu, R. (2000). Lessons from 'Auntie Stella': Using PRA to promote reproductive health education in Zimbabwe's secondary schools. *PLA Notes*, 37, 45-49.
- Kelly, K. (2006). From encounter to context: Collecting data in qualitative research. In M. Terre Blanche, K. Durrheim, & D. Painter, (Eds.), *Research in practice: Applied methods for the social sciences* (pp. 285-319). Cape Town: UCT Press.
- Kiene, S., Simbayi, L., Abrams, A., Cloete, A., Tennen, H., & Fisher, J. (2008). High rates of unprotected sex occurring among HIV-positive individuals in a daily diary study in South Africa: The role of alcohol use. *Journal of Acquired Immune Deficiency Syndromes*, 49(2), 219-226. doi:10.1097/qai.0b013e318184559f
- Lebese, S. M., Rachel, T., Maputle, D. U., Ramathuba, L., & Khoza, B. (2013). Factors influencing the uptake of contraception services by Vatsonga adolescents in rural communities of Vhembe District in Limpopo Province, South Africa. *Health South Africa Gesondheid*, 18(1), 1-6. doi:10.4102/hsag.v18i1.654
- Leclerc-Madlala, S., Simbayi, L. C., & Cloete, A. (2009). The socio-cultural aspects of HIV/AIDS in South Africa. In P. Rohleder & L. C. Simbayi (Eds.), *HIV/AIDS in South Africa 25 Years on: Psychological perspectives* (pp. 13-25). New York, NY: Springer.
- Lincoln, Y. S., & Guba, E. G. (1994). Competing paradigms in qualitative research. In N. K. Denzin, & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105-117). Thousand Oaks, CA: Sage publications.
- Lubinga, E., Maes, A. A., & Jansen, C. J. M. (2016). How peer conversations about HIV/AIDS media messages affect comprehension and beliefs of young South African women. *Journal of Social Aspects of HIV/AIDS*, 13(1), 68-80.
- Luke, N. (2005). Investigating exchange in sexual relationships in sub-Saharan Africa using survey data. In S. J. Jejeebhoy, I. H. Shah, & S. Thapa, *Sex without consent: Young people in developing countries* (pp. 105-124). London: Zed Books.
- Magnani, R., MacIntyre, K., Karim, A., Brown, L., Hutchinson, P., & Kaufman, C. (2005). The impact of Life Skills education on adolescent sexual risk behaviors in KwaZulu-Natal, South Africa. *Journal of Adolescent Health*, 36(4), 289-304.
- Makiwane, M., Nduna, M., & Khalema, N. E. (Eds.). (2016). *Children in South African families: Lives and times*. Newcastle upon Tyne: Cambridge Scholars.
- Malindi, N. Y. (2015). *Solving non-equivalence problems when translating highly technical texts in IsiZulu through investigation and analysis of term formation strategies* (Unpublished master's thesis). University of Pretoria, Pretoria, South Africa.
- Mantell, J., Harrison, A., Hoffman, S., Smit, J., Stein, Z. A., & Exner, T. M. (2006). The Mpondombili Project: Preventing HIV AND AIDS and unintended pregnancy among

- rural South African school-going adolescents. *Reproductive Health Matters*, 14(28), 113-122.
- Mason-Jones, A. J., Flisher, A. J., & Mathews, C. (2013). Peer education training for sexual health and well-being in public high schools in South Africa: Is it enough to change peer educators themselves? *Journal of Child and Adolescent Mental Health*, 25(1), 35-42.
- Mathews, C. (2010). HIV risk factors and prevention strategies. In S. A. Abdool Karim & Q. A. Abdool Karim (Eds.), *HIV/Aids in South Africa* (pp. 157-182). New York, NY: Cambridge University Press.
- McGrath, S. (2000). Coming in from the cold? Further education and training in South Africa. *Journal of Comparative and International Education*, 30(1), 67-84.
- Michielsen, J. J., Meulemans, H., Soors, W., Ndiaye, P., Devadasan, N., De Herdt, T., & Criel, B. (2010). Social protection in health: The need for a transformative dimension. *Tropical Medicine and International Health*, 15(6), 654-658.
- Minnis, A. M., Doherty, I. A., Kline, T. L., Zule, W. A., Myers, B., Carney, T., & Wechsberg, W. M. (2015). Relationship power, communication, and violence among couples: Results of a cluster-randomized HIV prevention study in a South African township. *International Journal of Women's Health*, 7(1), 517-525.
- Mishra, R. (2009). *HIV/AIDS Education*. New Delhi: A P H Publishing Corporation.
- Mohapi, B. J., & Pitsoane, E. M. (2017). Life skills as a behaviour change strategy in the prevention of HIV and AIDS: Perceptions of students in an open and distance learning institution. *Journal of Social Aspects of HIV/AIDS*, 14(1), 77-84.
- Morrell, R., Moletsane, R., Karim, Q. A., Epstein, D., & Unterhalter, E. (2002). The school setting: Opportunities for integrating gender equality and HIV risk reduction interventions. *Agenda*, 53(1), 11-21.
- Mukoma, W., Flisher, A. J., Ahmed, N., Jansen, S., Mathews, C., Klepp, K. I., & Schaalma, H. (2009). Process evaluation of a school-based HIV/AIDS intervention in South Africa. *Scandinavian Journal of Public Health*, 37(2), 37-47.
- Naidoo, M. (2006). *An evaluation of the sexuality education programme being implemented in South African schools* (Unpublished doctoral dissertation). University of Zululand, Nongoma, South Africa.
- Ndaki, K. (2004). Risky business - SA youth and HIV AND AIDS. *AIDS Bulletin*, 13(2), 3-8.
- Ogana, W. N. (2006). *Sexual misconceptions that predispose African adolescent girls to HIV infection in Umlazi Township, Durban* (Unpublished master's thesis). University of KwaZulu-Natal, Durban, South Africa.
- Oppong, S. H. (2013). The problem of sampling in qualitative research. *Asian Journal of Management Sciences and Education*, 2(2), 202-210.
- Patton, G., Coffey, C., Sawyer, S., Viner, R., Haller, D., & Bose, K. (2009). Global patterns of mortality in young people: A systematic analysis of population health data. *The Lancet*, 9693 (374), 881-892. doi:10.1016/s0140-6736(09)60741-8

- Paul-Ebhohimhen, V., Poobalan, A., & van Teijlingen, E. (2008). A systematic review of school-based sexual health interventions to prevent STI/HIV in sub-Saharan Africa. *BMC Public Health*, 8(1). doi:10.1186/1471-2458-8-4
- Pettifor, A., Rees, H., Kleinschmidt, I., Steffenson, A., MacPhail, C., & Hlongwa-Madikizela, L. (2005). Young people's sexual health in South Africa: HIV prevalence and sexual behaviors from a nationally representative household survey. *AIDS*, 19(14), 1525-1534. doi:10.1097/01.aids.0000183129.16830.06
- Phillips, S. J., & Mbizvo, M. T. (2016). Empowering adolescent girls in sub-Saharan Africa to prevent unintended pregnancy and HIV: A critical research gap. *International Journal of Gynecology and Obstetrics*, 132(1), 1-3.
- Prinsloo, E. (2007). Implementation of Life Orientation programmes in the new curriculum in South African schools: Perceptions of principals and Life Orientation teachers. *South African Journal of Education*, 27(1), 155-170.
- Rogan, J. M. (2000). Strawberries, cream and implementation of curriculum 2005: Towards a research agenda. *South African Journal of Education*, 20(2), 118-125.
- Rogow, D., & Haberland, N. (2005). Sexuality and relationships education: Toward a social studies approach. *Sex Education*, 5(4), 333-344.
- Silverman, D. (2009). *Doing qualitative research* (3rd ed.). London: Sage Publications.
- Shisana, O., Peltzer, K., Zungu-Dirwayi, N., & Louw, J. (2005). *The health of our educators*. Cape Town: Human Sciences Research Council.
- Shisana, O., Rehle, T., Simbayi, L. C., Zuma, K., Jooste, S., Zungu, N.,... & Onoya, D. (2014). *South African national HIV prevalence, incidence and behaviour survey, 2012*. Cape Town: Human Sciences Research Council.
- Sim, J., & Wright, C. (2000). *Research in health care: Concepts, designs and methods*. Cheltenham: Nelson Thornes.
- Smith, K. A., & Harrison, A. (2013). Teachers' attitudes towards adolescent sexuality and life skills education in rural South Africa. *Sex education*, 13(1), 68-81.
- Statistics South Africa. (2013). *Statistical release mid-year population estimates 2013* (Report no. P0302). Pretoria, South Africa: Statistics South Africa. Retrieved March 6, 2018, from <https://www.statssa.gov.za/publications/P0302/P03022013.pdf>
- Terre Blanche, M., Durrheim, K., & Kelly, K. (2006). First steps in qualitative data analysis. In M. Terre Blanche, K. Durrheim & D. Painter (Eds.), *Research in practice: Applied methods for the social sciences* (pp. 320-344). Cape Town: UCT Press.
- Terry, G., & Hoare, J. (2007). *Gender-based violence*. Cowley, Oxford, UK: Oxfam GB.
- Thato, R., Jenkins, R., & Dusitsin, N. (2008). Effects of the culturally-sensitive comprehensive sex education programme among Thai secondary school students. *Journal of Advanced Nursing*, 62(4), 457-469.
- United Nations Educational, Scientific and Cultural Organization (UNESCO). (2009). *International technical guidance on sexuality education: An evidence-informed approach for schools, teachers and health educators*. Paris, France: UNESCO.

- Retrieved May 22, 2018, from
<http://unesdoc.unesco.org/images/0018/001832/183281e.pdf>
- United Nations Educational, Scientific and Cultural Organization (UNESCO). (2012). *Youth and skills: Putting education to work*: Paris, France: UNESCO. Retrieved May 22, 2018, from <http://unesdoc.unesco.org/images/0021/002180/218003e.pdf>
- United Nations Programme on HIV and AIDS, Joint (UNAIDS). (2004). *Report on the global HIV AND AIDS epidemic: 4th global report*: Geneva: UNAIDS. Retrieved February 2, 2018, from [http://www.unaids.org/sites/default/files/mediaasset/Global HIV/AIDS epidemic2004en.pdf](http://www.unaids.org/sites/default/files/mediaasset/Global%20HIV/AIDS%20epidemic2004en.pdf)
- United Nations Programme on HIV and AIDS, Joint (UNAIDS). (2010). *Global report: The global AIDS epidemic*. Geneva: UNAIDS. Retrieved May 22, 2018, from [http://www.unaids.org/sites/default/files/mediaasset/GlobalglobalAIDSepidemic2010 en.pdf](http://www.unaids.org/sites/default/files/mediaasset/GlobalglobalAIDSepidemic2010en.pdf)
- United Nations Programme on HIV and AIDS, Joint (UNAIDS). (2017). *Ending AIDS: Progress towards 90-90-90 targets*. Geneva: UNAIDS. Retrieved July 29, 2018, from <http://www.unaids.org/sites/default/files/mediaasset/GlobalAIDSupdate2017en.pdf>
- Unterhalter, E. (2003). The capabilities approach and gendered education: An examination of South African complexities. *School Field*, 1(1), 7-22.
- Varga, C. (1997). Sexual decision making and negotiation in the midst of AIDS: Youth in KwaZulu-Natal, South Africa. *Health Transition Review*, 1(1), 45-67.
- Varga, C. (2003). How gender roles influence sexual and reproductive health among South African adolescents. *Studies in Family Planning*, 34(3), 160-172. doi:10.1111/j.1728-4465.2003.00160.x
- Vergnani, T., Frank, E., & Sityana-Fani, N. (1998). *Sexuality education for senior phase teachers*. Johannesburg, South Africa: Heinemann.
- Warwick, I., & Aggleton, P. (2004). Building on experience: A formative evaluation of a peer education sexual health project in South Africa. *London Review of Education*, 2(2), 137-153. doi:10.1080/1474846042000229476
- Wechsberg, W., Luseno, W., & Lam, W. (2005). Violence against substance-abusing South African sex workers: Intersection with culture and HIV risk. *AIDS Care*, 17(1), 55-64.
- Welbourn, A., & Hoare, J. (2008). *HIV and AIDS*. Cowley, Oxford, UK: Oxfam GB.
- Wong, D., & Shen, D. (1999). Factors influencing the process of translating. *Meta*, 44(1), 78-100. doi:10.7202/004616ar
- World Health Organization (WHO). (2005). *Health and millennium development goals*. Geneva: WHO. Retrieved March 2, 2018, from http://www.who.int/hdp/publications/mdg_en.pdf
- World Health Organization (WHO). (1995). *Constitution of the World Health Organization*. Geneva: WHO. Retrieved March 2, 2018, from http://www.who.int/governance/eb/who_constitution_en.pdf

World Health Organization (WHO). (1999). *Partners in Life Skills education*. Geneva: WHO.
Retrieved March 2, 2018, from http://www.who.int/mental_health/media/en/30.pdf

Wray, A., & Bloomer, A. (2013). *Projects in linguistics and language studies*. London/New York: Routledge.

Appendices

Appendix 1: TARSC approval

**Memorandum of Understanding
Between
Training and Research Support Centre, Zimbabwe
and
Department of Psychology, Rhodes University
School of Applied Human Sciences, University of KwaZulu-Natal
South Africa**

This agreement serves as a Memorandum of Understanding between the Training and Research Support Centre (TARSC) located in Harare, Zimbabwe and the Department of Psychology, Faculty of Humanities at Rhodes University (RU) and the Discipline of Psychology, School of Applied Human Sciences at the University of KwaZulu-Natal (UKZN) (hereafter called the Research Team), both based in South Africa. It outlines conditions by which TARSC will co-operate with RU and UKZN in the translation of the reproductive health pack 'Auntie Stella: Teenagers talk about sex, life and relationships' into isiZulu and isiXhosa for use as hard copy and in the web provision of the translated materials.

The Principal Investigator and contact person for the South Africa partners to this agreement is Prof. Jacqueline Akhurst, Associate Professor, Department of Psychology, Faculty of Humanities, Rhodes University, and Honorary Research Professor, School of Applied Human Sciences, University of KwaZulu-Natal (where Dr Mary van der Riet is the chief collaborator).

This Memorandum is in line with TARSC policy on materials, including copyright policies.

TARSC declares that it is entitled to use the 'Auntie Stella' material for the purpose of this co-operation, in particular to reproduce, disseminate or publicly communicate it either in whole or in part, including their storage by means of electronic data processing and electronic dissemination in multi-media form, furthermore to carry out adjustments, and translations. TARSC declares that it is also entitled to assign or grant rights of use to the Research Team.

A. CONDITIONS OF ADAPTATION AND TRANSLATION

1. TARSC gives permission to the Research Team to adapt and translate into isiZulu and isiXhosa the 'Auntie Stella' material (to adapt and translate a select number of the 42 question and answer cards, and to adapt if and where appropriate the Facilitator's and Adaptation Guide and two information sheets), but only for non-profit purposes.
2. TARSC retains full copyright over the 'Auntie Stella' material, including the translated version. All copyright provisions on the original version will apply to the translated version. The translated version will in writing acknowledge TARSC as the copyright holder and will include TARSC's logo and institutional address on the front cover of the translated version.
3. The Research Team shall be acknowledged on the inside cover and back cover of the material. Full acknowledgement shall include the co-operating institutions' logos and contact information.
4. The isiZulu and isiXhosa versions of 'Auntie Stella' will be uploaded as a PDF file onto the TARSC website (www.tarsc.org) with a url link to the partners' websites and with acknowledgements to the Research Team for their contribution in translating the material.

5. Technical issues. All of these discussions will be recorded. Most of the discussion will be transcribed (by the student researchers) so that an analysis of the different parts of the research process can be conducted. This means

5.1 An analysis of the actual process of administering the Auntie Stella translated cards (the participants' responses, their discussion of the issues)

5.2 An analysis of the issues raised in the translation and adaptation of the cards.

Date: _____ 16 March 2016 _____

APPENDIX: PROPOSED METHODOLOGY FOR TRANSLATION

Prepared by members of the Research Team

1. The research team will select about 30 cards related to youth sexuality, relationships and risk, and STI's.
2. Masters level students will use a back-translation technique to translate the cards from English into isiZulu and isiXhosa.
 - 2.1 This technique means one person will translate the cards into the identified language. Another person will translate these translations back into English. The research team will then review the two English versions and assess the discrepancies. Re-translation of the cards will take place until there is an adequate 'fit' between the English version and the first language version.
3. The research team will consider the relevance of the content of each card, and make adjustments to names of persons, place names, local slang terms.
 - 3.1 The research team will also consider the relevance of the content of the response to each card (the facilitators 'answer')
4. These translated and adapted cards will be piloted with a group of honours level (4th year) Psychology students, and or with undergraduate students whose first language is isiZulu, or isiXhosa. We will conduct two groups – a group of male students with a male facilitator and another group of female students with a female facilitator.
 - 4.1 These focus groups will be recorded. The discussion will proceed with the following steps
 - 4.1.1 First the focus group will be conducted as if the cards are being used in a conventional 'Auntie Stella' discussion group
 - 4.1.2. The focus group members will then be asked to comment on the translation of the cards. We will work through each card and consider any issues with this group of first language speakers.
 - 4.1.3 Simultaneously, with each card, the group will discuss the relevance of the content of the cards, place names, local slang terms etc.
 - 4.1.4 In addition to this, the focus group will be asked to comment on the facilitator's response to the cards (i.e. the 'answer'), and make suggestions about relevance, contextually-specific material.

5. Any use of the 'Auntie Stella' letters on the Research Team websites shall be partial (i.e. no permission is given for the full set of letters or material to be used) and shall clearly refer to TARSC authorship and make links to the TARSC website for the full materials.
6. The Research Team can put the isiZulu and isiXhosa version of 'Auntie Stella' on CDROM for free distribution, on condition that the correct acknowledgement, as provided for in point 2 above, is followed.
7. Ten copies of the final isiZulu and isiXhosa versions, whether hard copy or CDROM, must be sent to TARSC within one month after production and will be lodged with the TARSC library, electronic copy with the web administrator and a copy sent to the Zimbabwe National Archives.
8. While it is recognized that the Research Team will need to adapt the content of the 'Auntie Stella' material to meet conditions of users in South Africa, the overall format (Question Card, Talking Points, Answer Card and Action Points) and spirit of its content will remain as per the original version. In the event of disagreement on adaptation, TARSC's word is binding in line with conditions of copyright.
9. Final approval of the content and design (including use of graphics, front and back covers) has to be given in writing by a TARSC Programme Manager and/or Director before distribution.

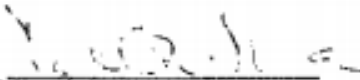
B. DISTRIBUTION AND MONITORING

1. The Research Team will have shared rights with TARSC to distribute the isiZulu and isiXhosa versions of 'Auntie Stella' in South Africa, on condition that distribution is only for non-profit purposes. Any costs recovered on the distribution of the materials shall not exceed the costs of production and shall be applied to costs of further print runs or further development of participatory materials by TARSC. The Research Team will not apply any charges on the materials without reaching a separate and explicit mutual agreement with TARSC on the charges, the management and application of funds collected.
2. TARSC retains the right to distribute the isiZulu and isiXhosa versions through its own distribution channels in and outside of South Africa.
3. The Research Team shall not give the impression in any way that they produced the original version of 'Auntie Stella', or take any communications in relation to production and content, or project any role in production other than that of translator of the material. All such communications are to be referred to TARSC.
4. The Research Team is liable to ensure compliance with laws of the countries it is operating in and bring to TARSC's attention any legal provisions that may affect distribution prior to agreement to distribute.
5. TARSC and any member of the Research Team will notify each other if either party intends to evaluate use of the isiZulu and isiXhosa versions of 'Auntie Stella'. Where possible, and by mutual agreement, they will work in collaboration in monitoring use of the isiZulu and isiXhosa version of 'Auntie Stella'.
6. The Research Team will provide TARSC with user comments and experiences, share evaluation findings or other information relating to the 'Auntie Stella' material, and provide user statistics such as the number and characteristics of users.
7. The Research Team will provide acknowledgement of TARSC's copyright of 'Auntie Stella' in any reports about or evaluations of its work relating to the use of this material.

C. FINANCIAL AND OTHER COMMITMENTS

1. The Research Team will fund translation of a select number of 'Auntie Stella' cards; the selection of cards will be at the discretion of the Research Team.
2. TARSC will provide technical input into adaptation, and provide all graphics from the English version. This role will be reimbursed via a one-off payment to TARSC of R10 000.
3. TARSC will absorb costs for uploading the pdf files of the isiZulu and isiXhosa version onto the 'Auntie Stella' website.
4. TARSC and the Research Team will each be responsible for their own distribution costs.
5. Any other costs arising will be distributed as agreed by both parties and in line with the principles set out in this agreement.
6. TARSC and the Research Team will come to a separate financial agreement should the Research Team request a training of trainers workshop in the use and monitoring of the 'Auntie Stella' pack.
7. This MOU covers the adaptation, translation and trialling of a select number of 'Auntie Stella' cards into isiZulu and isiXhosa for use with university students. A separate MOU will cover design and printing of the cards and more widespread trialling and distribution. This second phase is dependent on the procurement of additional funds by the Research Team.

Signed:



Dr. Niki Jazdowska

Director

Training and Research Support Centre

Harare, Zimbabwe



Prof Jacqueline Akhurst

Assoc Professor in Psychology

Dept of Psychology, Faculty of Humanities

Rhodes University

Date: 18 March 2016

Date: 18 March 2016



Dr. Mary van der Riet

Senior Lecturer

Appendix 2 (a): English card no.1

1. Should I sleep with him?

Theme:

Sex and relationships

Safer sex

Speaking out

Dear Auntie Stella

I am a 17-year-old girl and I am in love with a boy two years older than me. My problem is that he always wants me to satisfy him in ways that hurt my **feelings**. We kiss and hug which I like very much but I don't let him have sex with me. He says he'll go blind if I continue to make him **stop half-way**.

My girlfriends tell me that if I want to keep him, I have to have sex with him. I'm worried that he will sleep with other girls if I say no, so should I sleep with him? He says everyone has sex at our age.

Zandile

TALKING POINTS

- Do you and your friends ever find yourselves in the same situation as Zandile and her boyfriend – where one partner wants to have sex and the other doesn't? What do you do about it?
- Ask two members of your group to act out the conversation between Zandile and her boyfriend. Zandile says that she loves him but doesn't want to have sex. Her boyfriend tries to convince her she should have sex with him. At the end of the roleplay, ask the actors what it felt like to be in their situation. Did they resolve their differences?
- Zandile's boyfriend says he'll go blind if he has to stop half-way. What does he mean by 'half-way'? What other things do boys say will happen if they: **a** get sexually excited from touching and kissing and then stop before having sex and **b** don't have sex? Which of these things are true? Do people say similar things about girls?
- Are there other ways that people can give each other sexual pleasure without the boy's penis going inside his partner? Would you recommend these?

English answer card

1. Should I sleep with him?

Theme:

Sex and relationships

Safer sex

Speaking out

Dear Zandile

It's hard when two people want different things from each other but, as the elders say: ubude abuphangwa (don't rush into doing something before you're ready). Many people decide to wait until they are older or married to have sex and there are many advantages to this decision. When you are older, you are emotionally more ready to have a relationship. Also, if you don't have sex, you are not at risk from STIs, HIV and unplanned pregnancies.

In the meantime, it's good that the two of you can hug and kiss and then stop. This is a wonderful way of showing how much you love each other. Don't worry, boys – and girls – can stop any time with no ill-effects.

However, many young people believe that once you start touching and kissing you end up having sex, so it's better to spend time together with friends, instead of alone cuddling and kissing.

In the end young people must decide what is right for them without pressure from anyone else. Talk to your boyfriend. If he truly loves you, he will understand.

If you decide to have sex later, be sure to use a **condom**. **Talk about this before – it's harder if you leave it to the last minute**. Remember, girls can also get and carry male or female condoms. Good luck.

Auntie Stella

ACTION POINTS

- Do you think it's possible to hug and kiss and then stop without going the whole way (having sex)? If not, what can you do? If you were Zandile, where would you draw the line so you can have fun but not get carried away and do more than you want?

Quiz: Are we ready for sex?

Answer YES, NO, or NOT REALLY. Give a reason

1. Do we know each other well and trust each other?
2. Are we good friends?

3. Can we talk easily about sex and how far we want to go?
4. Have we talked about and agreed how we will protect each other from pregnancy, STIs and HIV?
5. Have we discussed having an HIV test before we start having sex?
6. Have we talked about what we will do if the girl gets pregnant?

Answers: If you answered NO or NOT REALLY to any of these questions, maybe you and your partner aren't ready to have sex yet. It's a big decision.

- In your group, discuss all the reasons some young people go ahead and have sex. Then name all the reasons why others wait until they are older. Which would you choose and why?

Appendix 2 (b): *IsiZulu* card no1

1. Ingabe kufanele ngilale naye?

Indikimba: Ucansi nobudlelwane
Ucansi oluphephile
Ukukhuluma

Anti Stella othandekayo

Ngiyintombazane eneminyaka eyi-17 futhi ngithandana nomfana omdala kunami ngeminyaka emibili. Inkinga yami ngukuthi uhlale efuna ukuba ngimenelise ngezindlela ezingiphula **umoya**. Ngiyakuthanda ukuqabulana nokuhagana naye kodwa kangimvumeli ukuba aye ocansini nami. Uthi uzoba yimpumpithe uma **ngiqhubeka Inokumvusela imizwa kodwa ngingalali naye**.

Abangani bami bathi uma ngifuna ukumgcina kufanele ngiye ocansini naye. Nginovale lokuthi uzolala namanye amantombazane uma ngithi cha. Ngilale naye? Uye athi bonke abantu esilingana nabo bayaya ocansini.

UZandile

AMAPHUZU OKUXOXWA NGAWO

- Ingabe wena nabangani bakho nike nizithole nisesimweni esifanayo nesikaZandile nesoka lakhe – lapho omunye efuna kuyiwe ocansini kodwa omunye engafuni? Nibhekana kanjani nalesi simo?
- Cela amalungu amabili eqembu ukuba alingise inkulumo phakathi kukaZandile nesoka lakhe. UZandile uthi uyalithanda isoka lakhe kodwa akafuni baye ocansini. Isoka lakhe liyazama ukumyenga ukuba baye ocansini, Uma ukulingisa sekuphelile, buza abadlali ukuthi bekunjani ukuba sesimweni salezi zithandani. Ingabe bakwazile ukuxazulula ukungavumelanini kwabo?
- Isoka likaZandile lithi lizoba yimpumpithe uma emvusela imizwa bese bengayi ocansini. Lichaza ukuthini ngalokhu? Yikuphi okunye abafana abathi kuzokwenzeka uma: **a** bevukelwa ngenxa yokuthintana nokuqabulana bese beyeka ngaphambi kokuya ocansini nokuthi **b** bengayi ocansini? Yikuphi kulokhu okuyiqiniso? Ingabeabantu basho okufanayo ngamantombazane?
- Ingabe zikhona ezinye izindlela abantu abangazijabulisa ngazo ngokocansi ngaphandle kokuba ipipi lomfana lifakwe phakathi? Ungazincoma yini lezi zindlela?

IsiZulu answer card

1. Ingabe kufanele ngilale naye?

Indikimba: Ucansi nobudlelwane
Ucansi oluphephile
Ukukhuluma

Zandile othandekayo

Kunzima uma abantu ababili befuna izinto ezingafani komunye nomunye, njengoba nje abadala besho: ubude abuphangwa (ungajahi ukwenza into ungakayilungeli). Abantu abaningi bakhetha ukulinda ukuya ocansini baze bakhule ngokwanele noma bashade futhi lokhu kunezinzuzo eziningi. Uma usukhulile usuke usukulungele ngokwanele ukuba sebudlelwaneni. Futhi, uma ungayi ocansini, kawukho engcupheni yokuthola izifo zocansi, isandulela ngculazi nokukhulelwa okungahleliwe.

Okwamanje, kuhle ukuba nobabili nihagane niqabulane nime lapho. Lena yindlela enhle kakhulu yokukhombisana ukuthi nithandana kakhulu kangakanani. Ungakhathazeki, abafana – namantombazane bangazithiba ekuyeni ocansini ngisho sebeqalile ukuqabulana futhi kungabi namiphumela emibi.

Abantu abaningi abasha bakholwa ngukuthi uma nike naqala nathintana futhi naqabulana nigcina seniya ocansini, ngakho kungcono ukuchitha isikhathi ndawonye nabangani esikhundleni sokuba nibe nodwa nigonene niqabulana.

Ekugcineni abantu abasha kufanele bakhethe ukuthi yikuphi okubalungele ngaphandle kokuphoqwa ngomunye umuntu. Bonisana nesoka lakho. Uma likuthanda ngempela, liyokwamukela okushoyo.

Uma kamuva unquma ukuya ocansini, qiniseka ukuthi usebenzisa **ikhondomu. Xoxani ngalokhu ngaphambi kokuba uye ocansini – kunzima ukuxoxa ngakho uma imizwa isivukile.** Khumbula, amantombazane nawo ayakwazi ukuthola nokuphatha amakhondomu abesilisa noma abesifazane. Ngikufisela inhlanhla.

U-Anti Stella

AMAPHUZU OKUZOKWENZIWA

- Ucabanga ukuthi kungenzeka ukuhagana nokuqabulana bese nima lapho ningaqhubekeli phambili (ningayi ocansini) Uma kungenjalo, yini ongayenza? Ukuba ubunguZandile, ubungawudweba kuphi umugqa ukuze ube nesikhathi esimnandi kodwa ungadlebeleki wenze okungaphezu kwalokho okufunayo?

Imibuzo: Ingabe sesilulungele ucansi?

Phendula ngoYEBO, CHA noma HHAYI NGEMPELA. Nikeza isizathu.

1. Ingabe sazana kahle futhi siyethembana?
 2. Ingabe singabangane abahle?
 3. Ingabe siyakwazi ukuxoxa ngokukhululeka ngocansi nangokuthi sifuna ukuhamba ibanga elingakanani?
 4. Ingabe sesike saxoxa futhi savumelana ngokuthi sizovikelana kanjani ekukhulelweni, izifo zocansi nesandulela ngculazi?
 5. Ingabe sesike saxoxa ngokuhlolola isandulela ngculazi ngaphambi kokuba siqale siye ocansini?
 6. Ingabe sesike saxoxa ngalokho esiyokwenza uma intombazane ikhulelwa?
- Izimpendulo. Uma niphendule ngokuthi CHA noma HHAYI NGEMPELA kunoma yimuphi kule mibuzo, mhlampe wena nothandana naye anikakulungeli okwamanje ukuya ocansini. Yisinqumo esikhulu lesi. Eqenjini lenu, xoxani ngazo zonke izizathu ezenza abanye abantu abasha baye ocansini bese nisho zonke izizathu ezenza abanye balinde baze bathi ukukhula. Yikuphi eningakukhetha futhi kungani?

Appendix 3 (a): English card no. 7

I had an STI – am I infertile? 7

Dear Auntie Stella

I broke up with my boyfriend a few months ago because I knew he was sleeping with other girls. Then a week ago he came to say that he has an STI (sexually transmitted infection) and that I should go for a checkup in case he gave it to me.

Anyway, I went to the clinic yesterday and after some tests the nurse told me I have an STI. She said I MUST take all the pills because, if I don't, I may end up not being able to have children.

Now, that really scares me! I want to have lots of kids when I'm older and have found the right guy. I'd die if I found out I could never get pregnant.

Auntie, is it true? Do you think I may never have kids? Please tell me.

Fortunate

TALKING POINTS

- Is it true that a boy or girl who has an untreated STI for a long time may become infertile? What else causes infertility?
- What would you worry about most if you found that you were infertile and couldn't have children?
- When a couple cannot have children, do you think it is most often because:
 - The man is infertile?
 - The woman is infertile?
 - It could be either the man or the woman?
- Do you think a couple can be happy without children? Why or why not?
- Do you know any ways that infertility can be cured?

English Answer card

I heard an STI! Am I infertile?

Dear Fortunate

You are lucky. If your ex-boyfriend hadn't told you about his STI, you may not have known that you were infected. But since you got treatment quickly, you are not likely to have a problem. Many people aren't as lucky as you. Women often have no signs of an STI for a long time and don't know anything is wrong. If people don't treat STIs quickly, the tubes in their sexual organs can get infected and blocked, and they can become infertile. The more often you have STIs, the more likely you are to become infertile and the greater your risk of HIV. So, in future, use a condom every time you have sex. Also, STIs are not the only cause of infertility. Other health problems can also cause it. For a couple who are infertile, it is most important to share the problem and try to solve it together. Family planning clinics can also help. Our society often blames the woman for infertility but in half the cases the problem is with the man. Couples who can't have children need support, not rejection, from their communities.

I hope this information helps you.

Auntie Stella

ACTION POINTS

- What do people say about men who can't have children? And about women who can't? Make two lists and see if the feelings are similar or different. Who gets more sympathy? Why do you think this is?
- Discuss ways you can become more sympathetic to infertile people. What can you do to improve the attitude of your community?
- If you and a partner wanted children but couldn't have your own, would you consider adopting a child who has no parents? Why or why not? What worries do people in your area or culture have about adopting, especially a child from outside your own family?
- See cards 13 and 25 for more information on sexually transmitted infections (STIs).

Appendix 3 (b): IsiZulu card no. 7

Ngaba nesifo esithathelwana ngokocansi - ingabe anginanzalo? 7

Anti Stella othandekayo

Ngahlukana nesoka lami ezinyangeni ezimbalwa ezedlule ngoba ngangazi ukuthi lalilala namanye amantombazane. Kuthe ngesonto eledlule lafika lizongitshela ukuthi linesifo esithathelwana ngokocansi ngakho kumele ngiyohlola ukuqinisekisa ukuthi alingithelelanga.

Ngiyile emtholampilo izolo, emva kokungihlola unesi ungitshela ukuthi nginesifo esithathelwana ngokocansi. Unesi uthe KUMELE ngiwaphuze wonke amaphilisi ngoba uma ngingakwenzi lokho ngingacina ngingakwazi ukuthola abantwana.

Manje kuyangithusa lokho! Ngifuna ukuba nezingane eziningi uma sengithe ukukhula sengithole insizwa efanele. Ngingafa uma ngingathola ukuthi kungenzeka ngingakwazi nhlobo ukukhulelwa. Anti, ngabe kuyiqiniso? Ucabanga ukuthi kungenzeka ngingabi nazo nhlobo izingane?

U-Fortunate

AMAPHUZU OKUXOXWA NGAWO

- Ingabe kuyiqiniso yini ukuthi intombazane noma umfana onesifo esithathelwana ngokocansi esingalaphiwe isikhathi eside angase angabi nanzalo? Yikuphi okunye okubangela ukungabi nanzalo?
- Yini engakukhathaza kakhulu uma ungathola ukuthi awunanzalo futhi awukwazi ukuthola abantwana?
- Uma izithandani zingakwazi ukuthola izingane, ucabanga ukuthi imvamisa kungenxa yokuthi:
 - Owesilisa akananzalo?
 - Owesifazane akananzalo?
 - Kungaba owesilisa noma owesifazane?
- Ucabanga ukuthi izithandani zingakwazi ukujabula ngaphandle kwezingane? Kungani kunjalo noma kungani kungenjalo?
- Uyazazi izindlela ezingalapha ukungabi nanzalo?

IsiZulu answer card

Ngaba nesifo esithathelwana ngokocansi - ingabe anginanzalo? 7

Fortunate othandekayo

Unenhlanhla. Ukube isoka owawuthandana nalo alikutshelanga ukuthi linesifo esithathelwana ngokocansi, mhlawumpe wawungeke wazi ukuthi watheleleka. Kodwa-ke ngoba washesha wathola ukulashwa, mancane amathuba okuthi ube nenkinga yokuthola abantwana. Abantu abanengi abanayo inhlanhla njengawe. Abesifazane imvamisa kababi nezimpawu zesifo esithathelwana ngokocansi isikhathi eside, bese bengazi ukuthi kukhona okungahambi kahle. Uma abantu bengaselaphi isifo esithathelwana ngokocansi ngokushesha, amashubhu ezithweni zabo zangasese angatheleleka futhi avaleke, bangabe besaba nanzalo. Uma usithola njalo isifo esithathelwana ngokocansi, kunamathuba amaningi okuthi ungabi nanzalo nokuthola isandulela ngculazi. Ngakho ngokuzayo, sebenzisa ikhondomu njalo uma uya ocansini. Okunye, akuzona kuphela izifo ezithathelwana ngokocansi eziyimbangela yokungabi nanzalo. Ezithandanini ezingenanzalo kubalulekile ukukhuluma ngale nkinga nokuzama ukuyixazulula ndawonye. Imitholampilo yokuhlela umndeni ingaba futhi wusizo.

Umphakathi wethu ujoyekele ukubeka icala owesifazane ngokungabi nanzalo kodwa izikhathi ezingana inkinga kusuke kungowesilisa. Izithandani ezingakwazi ukuthola abantwana zidinga ukwesekwa, hhayi ukukhishwa inyumbazane emphakathini.

Ngiyathemba lolu lwazi luzokusiza.

U-Anti Stella

AMAPHUZU OKUZOKWENZIWA

- NGABA NESIFO ESITHATHLWANA NGOKOCANSI. INGABE ANGINANZALO?
- Bathini abantu ngabantu besilisa abangakwazi ukuthola izingane? Bathini ngabesifazane bona? Yenza uhlu olubili ubone ukuthi imizwa iyefana yini noma ihlukile. Ngobani okuzwelwana nabo kakhudlwana? Ucabanga ukuthi kubangwa yini lokhu?
- Xoxa ngezindlela ongakhombisa ngazo uzwelo kubantu abangenanzalo. Yini ongayenza ukwenza ngcono indlela umphakathi ocabanga ngayo?
- Ngobani? Uma kungathiwa wena nothandana naye nifuna abantwana kodwa ningabatholi, ungaya ukuthola ingane engenabo abazali uyikhulise sengathi eyakho? Kungani uphendula ngendlela ophendule ngayo? Yikuphi ukukhathazeka abantu bangakini noma isiko langakini abanakho ngengane yokutholwa, ikakhulukazi uma kuyingane okungasiyona eyasemndenini?
- Bheka amakhadi 13 no 25 azokuchazela kabanzi ngezifo ezithathelwana ngokocansi

Appendix 4 (a): English card no. 16

I was raped

Dear Auntie Stella

I feel really terrible and have nobody to talk to. When I was younger my uncle always **hugged** us children nicely and gave us presents. But last year, when I was twelve, he sometimes followed me into the bush when I was fetching water, and touched my breasts and under my skirt. I was frightened but he said it must be our secret or we would both get into trouble. Then this weekend he came for a funeral and everyone was drinking **beer**. In the night, when I came back from the toilet, he was waiting. He grabbed me, pushed me down and had sex in me. It was so painful but he hit me when I cried. Afterwards he said it was my fault because I was wearing a bra and that made him need sex. Auntie, please help me. I feel bad and dirty and I keep remembering it. I'm too afraid to tell my parents. They will be very angry with me because my uncle helps us with food and money. But what if he does it again? I'm so scared. What can I do?

Sibongile

TALKING POINTS

What is rape? Is it common in your community? Are the rapists usually strangers or members of the family?

- In Sibongile's story, who was responsible for what happened? Why did Sibongile's uncle behave like that?
- Is a girl or woman ever to blame for being raped, for example, if she is wearing **sexy clothes**? Organise a debate around this question.
- What advice would you give Sibongile about what to do now?
- What would you do if you were raped? (boys and girls should answer). Would you go to the police? What are the advantages and disadvantages of reporting a rape?

Keeping silent can destroy your life; speaking out can relieve you from torments; and depression.

English answer card

I was raped

I am sorry to hear your story. What your uncle did was very wrong. It is not your fault – he committed a crime and he must be stopped from doing this again. Don't be afraid – you must tell someone immediately. You cannot keep this a secret. Umntwana ongakhaliyo ufela embelekweni (keeping silent can destroy your life). Tell your parents, another relative or someone you trust. You need someone to advise and support you who will also help you go to the police and get other help. Report the rape as soon as possible, preferably without washing or changing clothes in case the police want to take evidence. Also, ask a health worker for protection from pregnancy (**the 'morning after' pill**). Some clinics also have **post-exposure prophylaxis (PEP)** drugs which prevent HIV if taken within three days after the rape. Rape is never the victim's fault but there are ways for women to try to avoid it. Never walk alone (if you do, look confident and walk fast). Never, at any age, drink too much alcohol or smoke mbanje. If you like a boy, tell him firmly how far you want to go before you start romancing. If you are attacked, scream, kick, bite, hit or knee him between the legs – and try to get away.

Sibongile, I do hope you find the help you need.
Auntie Stella

TALKING POINTS

Why is there so much rape and violence against girls and women in our societies? Have a discussion. For each answer you give, ask the question 'But why?' to try and find a deeper cause.

Rape and abuse in your community

Look at these statements. How well do they describe your community? For each one, write TRUE, FALSE or NOT SURE.

1. In our community, girls and women can walk around safely anywhere, at any time, without being afraid.
2. Rape and abuse are not kept secret. If a young person reports rape or abuse, adults take action to stop it from happening again. No-one ever blames the young person.
3. If a young person has been raped, clinics have the right medical and counseling services and the police do their best to find and punish the culprit.
4. Boys believe and respect girls when they say 'no' to sex. They don't think they have a right to sex; they know they can control their desires.

Results: Very few, if any, of you will be able to answer TRUE to all of the above questions. What would need to happen in your community to make it a safe place, free from rape, violence and abuse?

- Find out more about the 'morning after' pill and PEP drugs. Ask your clinic if they are available there. If not, where can you find them?

Appendix 4 (b): IsiZulu card no.16

Ngadlwengulwa 16

Anti Stella othandekayo

Ngiphatheke kabi futhi anginaye umuntu engingakhuluma naye. Ngisemncane umalume wami wayehlale **esihaga** thina zingane asiphe nezipho. Kodwa ngonyaka odlule, sengineminyaka ewu-12, wayebuye angilandele uma ngiyokha amanzi emfuleni; angithinte amabele ami nangaphansi kwesiketi sami. Ngangisaba kodwa wathi kumele kube imfihlo yethu kungenjalo sizongena sobabili enkingeni. Kuthe kule mpelasonto weza emngcwabeni futhi wonke umuntu wayephuza **utshwala**. Ebusuku, ngenkathi ngiphuma endlini encane, wayesengilindile. Wangibamba, wangiphushela phansi wangidlwengula. Kwakubuhlungu kakhulu, kodwa wangishaya uma ngikhala. Kamuva wathi kuyiphutha lami ngoba ngangigqoke ubhodisi futhi lokho kwamenza wadinga ucansi.

Anti ngicela ungisize. Ngiphatheke kabi, ngizizwa ngingcolile futhi ngihlale ngikhumbula okwenzeka. Ngiyesaba kakhulu ukutshela abazali bami. Bazongicasukela kakhulu ngoba umalume nguyena osisizayo ngemali nokudla. Kodwa uma esephinda futhi? Ngiyesaba. Yini engingayenza? uSibongile

AMAPHUZU OKUXOXWA NGAWO 16

- Yini ukudlwengulwa? Kujwayelekile yini emphakathini wangakini? Kujwayeleke ukuthi abadlwenguli kube abantu bomndeni noma abangaziwa?
- Endabeni kaSibongile, ubani owayeyimbangela yalokhu okwenzeka? Yini eyenza umalume kaSibongile enze loku akwenza?
- Kuke kube yini owesifazane ozidalela ukuthi adlwengulwe, ngokwesibonelo, uma **egqoke izingubo eziveza umzimba**? Ibani nenkulumo mpikiswano ngalo mbuzo.
- Yisiphi iseluleko ongasinika uSibongile ngokufanele akwenze?
- Ungenzenjani uma udlwenguliwe? (abafana namantombazane kumele baphendule). Ungaya emaphoyiseni? Yikuphi okuhle nokubi ngokubika uma udlwenguliwe?

Ukuthula kungabulala impilo yakho;
ukukhuluma kungakhulula;
ekukhathazekeni nasekwephukeni umoya.

IsiZulu answer card

Ngadlwengulwa 16

Sibongile othandekayo

Kwabuhlungu ukuzwa indaba yakho. Lokhu okwenziwe umalume wakho akulungile. Akusilo iphutha lakho - uyena owenze icala futhi kumele avinjwe ukuthi aphinde akwenze lokhu. Ungasabi- kumele kube khona omtshelayo ngokushesha. Ngeke ukwazi ukuhlala nale mfihlo. (ukuthula kungabulala impilo yakho).

Tshela abazali bakho, isihlobo noma omunye umuntu omthembayo. Udinga umuntu ozokucebisa akuseke akuyise emaphoyiseni nithole nolunye osizo olufanele. Bika lesi sehlakalo ngokushesha, kungaba ngcono uma ungazishintshanga noma ungaziwashanga izingubo uma kwenzeka amaphoyisa edinga ubufakazi. Okunye, cela abasebenzi bezempilo bakunike okokuvimba ukukhululelwa (iphilisi eliphuzwa ngemuva kocansi olungaphephile). Eminye imitholampilo inawo amaphilisi avikelayo ukuthi isandulela ngculaza singakungeni uma uwaphuze kungakadluli izinsuku ezintathu udlwenguliwe. Ukudlwengulwa akulona iphutha lalowo odlwenguliwe kodwa zikhona izindlela abantu besifazane abangakugwema ngazo. Ungahambi neze wedwa (uma kwenzeka, bukeka uzethemba futhi uhambe usheshe). Noma ngabe unayiphi iminyaka, ungaphuzi kakhulu noma ubheme izidakamizwa. Uma umthanda umfana, mtshela ngokungananazi ukuthi ufisa ukugcinaphi ngaphambi kokuba niqale nithintane. Uma uhlaselwa, memeza, khahlela, luma, shaya noma umkhahlele ngedolo phakathi kwemilenze yakhe- bese uzama ukubaleka.

Sibongile ngiyethemba ukuthi uzoluthola usizo oludingayo.

u-Anti Stella

AMAPHUZU OKUZOKWENZIWA

- Kungani kunokudlwengula nodlame olungaka olubhekiswe emantombazaneni nakwabesifazane emiphakathini yethu? Yibani nengxoxo. Kuzo zonke izimpendulo enizishoyo, buzani umbuzo othi 'Kodwa kungani?' ukuzama ukuthola isizathu esijulile. Ukudlwengula nokuhlukumeza emiphakathini wakhoBuka le misho. Iwuchaza kahle kangakanani umphakathi wangakini? Bhala ukuthi IQINISO, IPHUTHA noma ANGIQINISEKI.
1. Emphakathini wethu, amantombazane nabantu besifazane bayakwazi ukuhamba noma kuphi noma nini ngokungesabi.
 2. Ukudlwengula nokuhlukunyezwa akufihlwa. Uma umuntu oseyingane ebika ukudlwengulwa noma ukuhlukunyezwa, abantu abadala bathatha isinyathelo sokuvimba ukuthi kuphinde kwenzeka.
 3. Uma umuntu oseyingane edlwenguliwe, imitholampilo inayo imithi efanele kanye nosizo lokweluleka futhi amaphoyisa enza konke okusemandleni ukuthola umenzi wobubi futhi amjezise.
 4. Abafana bayawakholwa futhi bawahloniphe amantombazane uma enqaba ukuya ocansini. Abacabangi ukuthi ucansi yilungelo labo; bayazi ukuthi bangakwazi ukuzibamba.

- Imiphumela: Bancane, uma bekhona kinina, abazokwazi ukuphendula ngokuthi IQINISO kuyo yonke imibuzo engenhla. Yini engadinga ukwenziwa emphakathini wakini ukuwenza ube indawo ephephile, ekhululekile ekudlwengulweni, odlameni nasekhlukunyezweni?
- Thola kabanzi ngephilisi i-‘morning after’ nemithi ebizwa ngele PEP. Buza emtholampilo wakho ukuthi ayatholakala yini. Uma engekho ungawathola kuphi?

Appendix 5 (a): English card no. 22

Dear Auntie Stella

I am a 19 year old woman and I found out I am HIV positive a year ago. At first I was shocked but I told my sister and she helped me to tell my mother. We never tell other people – I am not sick and I can still do my dressmaking. Recently I met Thando at the choir I joined. **I like him and he is proposing love to me.** But now I am so worried. I don't want to tell him that I am positive because he won't want me for a girlfriend. Also he might tell others around here and they will stop coming to me for sewing. I wonder if someone like me can have a boyfriend now. At my support group they say it is fine to have sex if we use condoms, but I am still afraid. Is it better to wait for a boyfriend who is also HIV positive so he will understand and **not blame me**? So, these are my questions: can I accept Thando's love and if I do, must I tell him about the HIV before I become his girlfriend? Auntie, please give me some advice.

Winnie

TALKING POINTS

- Would you buy clothes from a dressmaker if you knew she was HIV positive? Why or why not? Is your answer based on good information?
- In your opinion, how many young people in your area have sex without knowing their partner's HIV status – a few, some, a lot? When is this very risky, and when is it less risky?
- Is it OK for Winnie to have sex with Thando if he's HIV negative? What dangers are there? How can they avoid them?
- Is it possible Thando is also HIV positive? If yes, what should they do?
- When should Winnie tell Thando that she is HIV positive?
 - Never
 - Before she starts having sex with him
 - Only if he asks her
 - When they know each other much better
 - Only if they want to have children

Give reasons for the answer you choose. What could happen in each situation? Think of good and bad possibilities.

English answer card

Should I tell him I'm HIV?

Dear Winnie

Most importantly, I want to say that being HIV positive does NOT make you a different person from before and nobody makes special rules about what is 'allowed'.

You deserve the same as everyone else – love, relationships, sexual pleasure, marriage and children. Many HIV positive people have partners; sometimes the partners are HIV positive too but certainly not always. Telling Thando won't be easy but you will need to do it some time. Get to know him better before you do anything. You obviously need to discuss HIV and condoms with him before you start having sex. If he refuses to use condoms, won't accept you using female ones or won't stick to completely safe sex, then **sex is OUT**, however nice he is. You are absolutely right to worry about passing on HIV. I wish everyone was as responsible as you! Remember, though, even if your partner is also HIV positive, you must still use a condom so you don't reinfect each other every time you have sex. Best wishes for a happy future, whatever you decide.

Auntie Stella

ACTION POINTS

Do you agree with Auntie Stella? Why or why not?

- **ROLEPLAY:** You need two people. Winnie tells Thando she is HIV positive.

After the role play, the actors tell the group how they felt during the conversation. Then everyone can discuss these questions:

- a. What happened at the end? Who decided? Was it difficult for both actors? Was it a good conclusion? If not, how could you make it end better?
- b. Would this be the normal result among young people you know?
- c. Would it be different if Thando was the HIV positive one and he had to tell Winnie? If yes, what might the differences be? (Do the roleplay again reversing roles to see if and how it changes.)
- d. What individuals and organisations can help people in this situation?

We need to talk now. I must tell you something ...

Appendix 5 (b): IsiZulu card no. 22

Ngimtshele yini ukuthi nginesandulela ngculazi?

Anti Stella othandekayo

Ngingowesifazane oneminyaka engu-19, futhi ngithole ukuthi nginesandulela ngculazi ngonyaka odlule. Ekuqaleni ngangithukile kodwa ngatshela udadewethu wangisiza ngakwazi ukutshela umama wami. Asibatsheli abanye abantu- angiguli futhi ngisakwazi ukuthunga.

Kamuva nje ngisanda kwazana noThando ekhwayeni engalijoyina. **Uyangishela futhi nami ngiyamthanda.** Kodwa manje ngikhathazekile kakhulu. Angifuni ukumtshela ukuthi nginesandulela ngculazi ngoba ngeke angifune ukuthi ngibe intombi yakhe. Mhlawumpe futhi uzotshela abanye lapha bese bengabe beseza ukuzothungisa kimina. Kazi umuntu ofana nami uyakwazi ukuba nowesilisa athandana naye? Emhlanganeni wokwesekana bathi kulungile uma wenza ucansi uma uzosebenzisa ikhondomu, kodwa ngisasaba. Akungcono ukulinda owesilisa naye onesandulela ngculaza ozokwazi ukwamukela futhi **angangibeki icala?**

Ngakho-ke yilena imibuzo yami: ngingavuma ukuthandana noThando? Uma sengivumile ngimtshele yini ngesandulela ngculaza ngaphambi kokuba ngibe intombi yakhe? Anti, ngicela ungibonise.

uWinnie

AMAPHUZU OKUXOXWA NGAWO

- Ungazithenga izingubo ezithungwe umthungi omaziyo ukuthi unesandulela ngculazi? Kungani uphendula ngendlela ophendule ngayo? Ingabe impendulo yakho isekelwe olwazini olunembile?
- Ngokwakho, bangaki abantu abasha ngakini abaya ocansini bengazi noma abathandana nabo banaso yini insandulela ngculazi - abambalwa, abathile, inqwaba? Kunini lapho kuyingozi kakhulu noma kancane?
- Kulungile yini ukuthi uWinnie aye ocansini noThando uma uThando engenaso isandulela ngculazi? Ibuphi ubungozi obukhona? Bangazivikela kanjani?
- Kungenzeka yini ukuthi noThando unaso isandulela ngculazi? Uma ngabe unaso, yini okumele bayenze?
- Yisiphi isikhathi uWinnie okumele amtshele ngaso uThando ukuthi unesandulela ngculazi?
 - Angamtsheli
 - Ngaphambi kokuba aqale ukuya ocansini naye
 - Kuphela uma uThando embuza
 - Uma sebazana kangcono
 - Kuphela uma befuna ukuba nezingane

Nika izizathu zempendulo oyikhethile.

Kungenzekani kusimo ngasinye? Cabanga okuhle nokubi okungenzeka.

IsiZulu answer card

Ngimtshela yini ukuthi nginesandulela ngculazi?

Winnie othandekayo

Okubalulekile ngukuthi ngifisa ukusho ukuthi ukuba nesandulela ngculazi akukwenzi NHLOBO ube ngumuntu ohlukile kulowo owawunguye futhi akekho umuntu okunguyena oshaya imithetho ekhethekile yokuthi yini 'evumelekile'. Ufanele ukuba nokufanayo njengawo wonke umuntu: Uthando, ubudlelwano, ukuthokozela ucansi, umshado nezingane.

Abantu abaningi abanesandulela ngculazi banabo abathandana nabo, abanye basuke benaso bobabili isandulela ngculazi kodwa hhayi njalo. Ukutshela uThando ngeke kube lula kodwa uzodinga ukuthi ugcine umtshelile. Mazi kuqala ukuthi ungumuntu onjani ngaphambi kokuthi umtshela. Kuzodinga ukuthi nikhulume ngaso isandulela ngculazi namakhondomu naye ngaphambi kokuba niqale niye ocansini. Uma engafuni ukusebenzisa amakhondomu, engafuni usebenzise amakhondomu abesifazane noma engafuni ukwenza noma iluphi uhlobo locansi oluphephile, kusho ukuthi kumele **ningalwenzi NHLOBO ucansi** noma ngabe ulunge kangakanani.

Wenza kahle ngokukhathazeka ngokudlulisela phambili isandulela ngculazi. Ngifisa ngabe wonke umuntu uqikelela njengawe.

Ukhumbule ukuthi noma ngabe wena nomuntu othandana naye ninaso nobabili isandulela ngculazi kusafanele niqhubeke nokusebenzisa ikhondomu ukuze nigweme ukuthelelana kabusha njalo uma niya ocansini.

Ngikufisela okuhle nekusasa elihle noma ngabe ukhetha ukwenzani.

u-Anti Stella

Amaphuzu okuzokwenziwa

- Uyavumelana noma kawuvumelani no-Anti Stella? Kungani?
- UKULINGISA: Uzodinga abantu ababili. UWinnie utshela uThando ukuthi unesandulela ngculazi.

Emuva kokulingisa, abalingisi batshela abaseqenjini ukuthi bebezizwa kanjani ngenkathi besakhuluma. Wonke umuntu usengaxoxa ngale mibuzo:

- a) Kwenzekani ekugcineni? Ngubani othathe isinqumo? Bekunzima yini kubalingisi bobabili? Ingabe kube yisinqumo esihle? Uma kungenjalo, ubungenza kanjani ukuthi kuphetha kamnandi?
- b) Kungabe lokhu kungaba umphumela ojwayelekile kubantu abasebasha obaziyo?
- c) Bekungahluka yini ukuba uThando ubenesandulela ngculazi futhi kumele atshele uWinnie? Uma kunjalo, umehluko bekuzoba yini? (Phindani nilingise nishintshe izindawo ezidlalwa ngabalingisi ukuze nibone ukuthi kushintsha kanjani.)
- d) Ibaphi abantu nezinhlangotho ezingasiza abantu abakulesi simo?

Sidinga ukukhuluma manje. Kunento ekumele ngikutshela yona... ..

Appendix 6 (a): English card no. 32

I do not want this baby

Dear Auntie Stella

I'm 16 years old, still at school and pregnant! I want to kill myself. I only had sex with my boyfriend a few times and yet it still happened. I told my boyfriend but he just says how does not know it's his. He won't even talk to me. If I tell my parents **they'll kick me out**. My mother works hard to pay my school fees. She'll be so angry that I have done this. I really don't want this baby and I don't want to end my studies. I'm desperate but I can't tell anybody. The only solution I can think of is to find someone who can get rid of the pregnancy, but I'm scared and I don't have money to pay. Please help me decide what do.

Priscilla

TALKING POINTS

- Make a list of the different choices available to Priscilla now that she is pregnant. Then make a diagram to show the possible consequences – good and bad- of each one. Discuss your ideas. What would you choose to do if you were Priscilla?
- Priscilla is thinking about getting rid of the baby. What are the dangers of illegal abortion?
- Why do you think Priscilla's boyfriend stopped talking to her? How do you think he feels? What can the boy – and his family- do in a situation like this?
- How can Priscilla find a way to tell parents about the pregnancy so they will accept and help her?

English answer card

Dear Priscilla

I am sorry this happened. But you're not alone so please don't harm yourself or the baby. Talk to someone you trust in your family or in your community. This person can help you tell your parents. Your parents will probably be shocked or angry at first, but parents usually help you later. These are your options:

- Keep your baby with support from your family and, hopefully, your boyfriend. You can continue your studies when the baby is older. Or someone in your family may be happy to look after the baby while you continue with your schooling.
- Give the baby up for adoption. This way, someone who really wants a baby will have the joy of bringing up your child. Organisations can arrange this for you. Please, Priscilla, don't have an illegal abortion. They are VERY DANGEROUS and can cause infertility or death. Don't put anything into your vagina, or let anybody else do this. And don't think about dumping your baby; it is illegal and will only make you feel guilty and sad.

Think carefully before you act. I hope you get the support you need. Good luck.

Auntie Stella

ACTION POINTS

In Zimbabwe, abortion is only legal in cases of rape and if the mother or baby is in danger. The process of obtaining a legal abortion is long and difficult. In some countries, like South Africa, women can have a legal abortion if they are less than 12 weeks pregnant. What do you think about this? Organise a debate on this topic.

- **ROLEPLAY:** Three people in the group do a roleplay where the person helping Priscilla tells her parents about the pregnancy. Anyone watching can stop the actors at any time, take the place of any actor and do something different. Afterwards, discuss what was most realistic and helpful to Priscilla.
- What organisations or support groups do you know – in your area or elsewhere – that give help and advice to girls like Priscilla with unwanted pregnancies? Find out about them.
- Are any of these organisations advocating for abortion to be legalised in your country? Ask them to come and talk to you about their work.

Appendix 6 (b): IsiZulu card no. 32

Angiyifuni le ngane

Indikimba: Ukukhulelwa okungafunwa

Anti Stella othandekayo

Ngineminyaka engu-16, ngisesesikoleni, futhi ngikhulelwe! Ngifuna ukuzibulala. Ngaya ocansini nesoka lami izikhashana ezimbalwa kodwa ngakhulelwa nanxa kunjalo. Ngalitshela isoka lami kodwa lithi lizokwazi ngani ukuthi ingane eyalo. Alisangikhulumisi nokungikhulumisa. Uma ngitshela abazali bami **bazongixosha ekhaya**, Umama wami usebenza kanzima ukungikhokhela esikoleni. Uzodinwa ngokuthi sengenze lokhu.

Angiyifuni ngempela le ngane futhi angifuni ukuyeka ukufunda. Ngisenkingeni kodwa angikwazi ukutshela muntu. Okuwukuphela kwesixazululo engisicabangayo ngokuthola umuntu ozokwazi ukungikhipha lesi sisu kodwa ngiyasaba futhi imali yokukhokha anginayo. Ngicela ungisize ngingqume ukuthi ngenzenjani .

u-Priscilla

AMAPHUZU OKUXOXWA NGAWO

- Yenza uhla lwezinqumo ezahlukene uPriscilla angazithatha njengoba esekhulelwe. Yibe sewenza isithombe esidwetshiwe njengalesi esisesibonelweni ngezansi ukukhombisa okungamehlela - okuhle nokubi – kwesinqumo ngasinye. Xoxa ngamaphuzu akho. Ubungakhetha ukwenzani ukube nguweni uPriscilla?
- UPriscilla ucabanga ukukhipha isisu. Yini ubungozi bokukhipha isisu ngokungekho semthethweni?
- Ngokubona kwakho, yini eyenza isoka likaPriscilla liyeke ukumkhulumisa? Mawucabanga lizizwa kanjani? Angenzani umfana - nomndeni wakhe - esimweni esinje?
- UPriscilla angayithola kanjani indlela yokutshela abazali bakhe ngokukhulelwa kwakhe ngendlela engabenza bakwazi ukwamukela isimo bese bemsiza?

IsiZulu answer card

Priscilla othandekayo

Ngizwelana nawo ngokwenzekile. Kodwa awukho wedwa ngakho, siza ungazilimazi wena nengane. Khuluma nomuntu omthembayo emndenini wakho noma emphakathini wakini. Lo muntu angakusiza ukwazi ukubikela abazali bakho. Abazali bakho ngokusobala bazothuka noma badinwe ekuqaleni kodwa abazali bavamile ukuthi bakusize kamuva.

Nakhu ongakhetha kukho:

- Ungasikhiphi isisu bese usekwa umndeni wakho, sethemba ukuthi nesoka lakho. Ungaqhubeka nezifundo zakho uma ingane isikhulile. Noma omunye womndeni wakho angakwazi ukukugadela ingane ngesikhathi wena usaqhubeka nezifundo zakho.
- Unganikela ingane yakho njengengane yokutholwa. Ngokwenza loku, umuntu oyifunayo ngempela ingane uzokwazi naye ukuthola ithuba lokuyikhulisa ingane yakho. Izinhlango ziyakwazi ukusiza ngalokhu.

Ngiyakucela Priscilla, ungasikhiphi isisu ngokungekho emthethweni. KUYINGOZI KAKHULU futhi kungabanga ukungabi nanzalo noma ukufa. Ungafaki lutho esithweni sakho sangasese futhi ungavumeli muntu ukuthi akwenze lokho. Futhi ungacabangi ukulahla ingane yakho; akukho emthethweni futhi kuzokwenza ulahlwe unembeza futhi uphatheke kabi.

Cabangisisa ngaphambi kokuthi wenze. Ngiyethemba uzoluthola usizo oludingayo. Ngikufisela inhlanhla.

u-Anti Stella

AMAPHUZU OKUZOKWENZIWA

EZimbabwe, ukukhipha isisu kuvumeleke kuphela uma owesifazane edlwenguliwe noma uma umama noma umntwana esengozini ethile. Ukuthola imvume yokukhipha isisu kuthatha isikhathi futhi kunzima. Kwamanye amazwe, njengaseNingizimu Afrika, abesifazane bavumelekile ukuthi bakhiphe isisu ngokusemthethweni benamasonto angaphansi kuka-12.

Ucabangani ngalokhu? Hlelani inkulumo mpendulwano ngalesi sihloko.

- UKULINGISA: Abantu abathathu eqembini balingisa isimo lapho umuntu osiza uPriscilla etshela abazali bakhe ngokukhulelwa kwengane yabo. Noma ngubani obukelayo angabamisa abalingisi noma yinini, athathe indawo yomlingisi futhi enze okuhlukile. Kamuva xoxani ngokuthi yikuphi obekungokoqobo futhi kuwusizo kuPriscilia.
- Yiziphi izinhlango noma amaqembu okweseka owaziyo - ngakini noma ikwenye indawo - ezinika usizo nokwelulekwa emantombazaneni afana noPriscilla abhekene nokukhulelwa okungafunwa? Thola kabanzi ngazo.
- Zikhona kulezi zinhlango ezilwela ukuthi ukukhishwa kwezisu kube semthethweni ezweni lakini? Bacele bakuchazele ngomsebenzi wabo.

Appendix 7: Permission by gatekeeper



29 April 2016

Ms Victoria Ntanzu
School of Applied Human Sciences,
Discipline of Psychology
College of Humanities
Pietermaritzburg Campus
UKZN
Email: 216071882@stu.ukzn.ac.za

Dear Ms Ntanzu

RE: PERMISSION TO CONDUCT RESEARCH

Gatekeeper's permission is hereby granted for you to conduct research at the University of KwaZulu-Natal (UKZN), towards your postgraduate studies, provided Ethical clearance has been obtained. We note the title of your research project is:

"Assessing the Auntie Stella Sexual health education material in relation to the Life Orientation learning area in the Further Education and Training (FET) phase in South African schools".

It is noted that you will be constituting your sample by conducting Interview/Focus group discussions with IsiZulu speaking female Honours Students in the Pietermaritzburg campus.

Please ensure that the following appears on your questionnaire/attached to your notice:

- Ethical clearance number;
- Research title and details of the research, the researcher and the supervisor;
- Consent form is attached to the notice/questionnaire and to be signed by user before he/she fills in questionnaire;
- gatekeepers approval by the Registrar.

Data collected must be treated with due confidentiality and anonymity.

Yours sincerely


MR SS MOKOENA

Office of the Registrar

Postal Address: Private Bag X54001, Durban, South Africa

Telephone: +27 (0) 31 260 8006/2206 Facsimile: +27 (0) 31 260 7624/2204 Email: registrar@ukzn.ac.za

Website: www.ukzn.ac.za



100 YEARS OF ACADEMIC EXCELLENCE

Edgewood Howard College Medical School Pietermaritzburg Westville

Appendix 8: Ethical clearance



16 August 2016

Ms Victoria Ntanz (216071882)
School of Applied Human Sciences – Psychology
Pietermaritzburg Campus

Dear Ms Ntanz,

Protocol reference number: HSS/0935/016M

Project title: Assessing the Auntie Stella Sexual Health Education Material in relation to Life Skills in the Life Orientation learning area in the Further Education and Training (FET) phase in South African schools

Full Approval – Expedited Application

In response to your application received on 28 June 2016, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....
Dr Shenuka Singh (Chair)

/ms

Cc Supervisor: Dr Mary van der Riet
Cc Academic Leader Research: Professor D Wassenaar
Cc School Administrator: Ms Nondumiso Khanyile

Humanities & Social Sciences Research Ethics Committee

Dr Shenuka Singh (Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag X54001, Durban 4000

Telephone: +27 (0) 31 260 3587/6350/4557 Facsimile: +27 (0) 31 260 4609 Email: ximbep@ukzn.ac.za / snymann@ukzn.ac.za / mohupo@ukzn.ac.za

Website: www.ukzn.ac.za



1910 - 2010

100 YEARS OF ACADEMIC EXCELLENCE

Founding Campus is Edgewood Howard College Medical School Pietermaritzburg Westville

Appendix 9: Advert on the notice board



Would you be interested in participating in a discussion about Sexual Health Education?

I am looking for female Honours students who speak *IsiZulu* and must be between the ages 18-30 years from the University of KwaZulu-Natal on the PMB campus to be part of my Masters study. We will be discussing safe sex, forced sex, STI's and unwanted pregnancy.

If you will be interested in participating in this study please contact me by email:

Email – 216sexualhealthed@gmail.com

PLEASE NOTE – CONFIDENTIALITY IS GUARANTEED

Appendix 10: Letter to the Risk Management Services



Dear Sir / Madam,

I am a post graduate student from the Discipline of Psychology I am conducting a study on Sexual Health Education among tertiary level students. I would like to ask students from the University of KwaZulu-Natal to participate in my study and I request permission to put up these posters around the Pietermaritzburg campus to advertise the study. I have obtained permission from the Registrar to recruit students from the campus.

If you would like to discuss any further details of the project or have any questions about this request please do not hesitate to contact me.

Thank you for your consideration.

Kind Regards

VICTORIA NTANZI
RESEARCHER
DISCIPLINE OF PSYCHOLOGY
SCHOOL OF APPLIED HUMAN SCIENCES
PIETERMARITZBURG CAMPUS

MARY VAN DER RIET
SUPERVISOR
vanderriet@ukzn.ac.za

Appendix 11: Focus group information sheet



Thank you for agreeing to participate in this focus group. This document is intended to provide you with information about this study and your role within it. In order to participate in this study you must be a female Honours student at the University of KwaZulu-Natal, speak *IsiZulu* and be between 18 -30 years.

My name is Victoria Ntangi, I am a postgraduate student at University of KwaZulu-Natal (Pietermaritzburg). As part of my degree, I am conducting a study on Sexual Health Education amongst tertiary level students. I am going to start by asking you questions as part of our introduction in order to see how it was when you started to have relationships.

In the next part I would like you to read the cards written by young people to Auntie Stella for advice in connection with their problems. The cards have been translated into *IsiZulu*.

The card contains the problem raised, the Talking Points, the Answer card and the Action Points. Talking Point contains the discussion questions about the problem that has been raised. The Answer card gives Auntie Stella's reply.

In the Action Point you are expected to reflect on what you will do if you were in the same situations. It also focuses on the future.

The question card must be read first and then the Talking Points must be discussed before looking at the Answer card. I will read the content of the card as you will also be reading from your cards. You will be given another chance to read the card in your group. I will read each question and allow for discussion before continuing to other questions.

The other thing is to respond to the questions by discussing them in your group and point out any adjustments that you think need to be made in order to be suitable in the South African context.

I would also like you to comment about the translation.

During discussion you may code switch between *IsiZulu* and English.

By conducting this research I hope to gain a better understanding about your perspective in the content of the Auntie Stella's cards and how you will respond to these questions.

The focus group process

This discussion will last about 1 to 2 hours. This research is looking at your opinions and experiences and there is no right or wrong answers. You are encouraged to talk freely and informally. You have no obligation to answer any of the questions that you do not want to.

Your participation in this focus group is completely voluntary and you are also free to leave the study at any time if you wish with no negative consequences.

Recording the discussion

The focus group discussion will be recorded with a digital device. This is to ensure that the researcher is completely focused on the interview and are not being distracted with taking notes. These recording will then be transcribed in order to analyse what has been said in the focus group.

Confidentiality

Your identity will be kept confidential in this process by using the pseudonym of your choice. This pseudonym will be used during the discussion in the focus group, in the transcription of the discussion as well as the final research project. As this discussion is taking place in a group setting, you will be asked to sign a confidentiality pledge stating that everything said in the focus group will be kept confidential. By promising to keep what is discussed in the focus group confidential you are agreeing not to reveal the identity of anyone in the group or what was said by them to anyone outside the group. However, please be advised that we cannot guarantee confidentiality even if a pledge is signed. For this reason, you will not be asked to discuss any personal details but will instead be asked general questions about what other students do and think. It is also recommended that you do not disclose any sensitive information about yourself when taking part in this focus group discussion.

What happens after this focus group?

After the focus group discussion we will take the recordings and transcribe the information into a written form. In this process we will still refer to you by your pseudonym. These transcriptions will then be analysed and a report will be produced. This report will be used for the thesis component of my Masters Degree in Psychology and it will be examined by one internal Psychology Discipline staff member, and one other academic from another university.

The data for the study will also be available to the researcher working on the project and my supervisor. The data may also be analysed further in future studies. The findings of the study might also be reported at conferences and they may be used to write journal articles. In all of these, your identity will be kept confidential by using a pseudonym.

Storage of project data

The transcriptions of the discussions will be kept for future research purposes such as additional analyses. They will be stored for five years in a locked cabinet in my supervisor's office, as with any other materials relating to this research. To keep your identity confidential, all data will be stored separately from information which links it to your actual name.

Possible benefits of participating in the project

By participating in this research, you could benefit directly from discussing the issues of sexual health education with other tertiary level students. You could benefit indirectly from this research as the findings may assist in designing interventions for students surrounding safer sex, forced sex, STI's and unwanted pregnancy.

If you find that the discussion in the focus groups is difficult for you or causes you any distress you may want to obtain counselling. In light of this; arrangements have been made for counselling to be provided at the Child and Family Centre at the University of KwaZulu-Natal on the Pietermaritzburg campus. You can contact Nirvani Naidoo: 033 260 5166 Email – Naidoon2@ukzn.ac.za

Finally, if you would like a copy of the findings of this study this can be emailed to you on request.

Additional

If you have any questions you would like to ask us, you are welcome to contact me using the details at the bottom of the page.

If you have any questions you may also contact my supervisor:

Mary van der Riet

033 260 6163

vanderriet@ukzn.ac.za.

If you need to query anything in relation to this research project, you can also contact Ms P Ximba at the UKZN Research Ethics office. You can reach her via email: XimbaP@ukzn.ac.za

Thank you for your time and participation, we hope this is an interesting and rewarding experience for you.

VICTORIA NTANZI

RESEARCHER

DISCIPLINE OF PSYCHOLOGY

SCHOOL OF APPLIED HUMAN SCIENCES

PIETERMARITZBURG CAMPUS

MARY VAN DER RIET

SUPERVISOR

vanderriet@ukzn.ac.za

Appendix 12: Consent form

- I understand that my data will be stored securely for a period five years and may be used for future research.
- I understand that measures will be taken to ensure that my identity is protected and my participation in this research will be completely confidential in this regard.
- I understand that no identifying information about me will be published.
- I have the contact details of the researchers should I have any more questions about the research.
- In the unlikely event that any issues should arise during the research, I have been given contact details for the Child and Family Centre and clinic services.
- I have been given contact information of the Research Ethics office.
- I understand that I can stop participating at any point should I not want to continue, and that this decision will not in any way affect me negatively.
- I understand that this is a research project whose purpose is not necessarily to benefit me personally in the immediate or short term.
- I understand that my participation will remain confidential.

Signed:

NAME

SIGNATURE

DATE

Appendix 13: Consent to audio recording

In order to be able to understand clearly what has been said in this focus group, and to remember it, I would like to record the discussion on this small digital recorder. I will then listen to the recording and write it down word for word.

After this transcription has been made, I will then delete the recording on the digital recorder.

I assure you that your name will not be linked to the recording or the written information from the recording. I will give you a code name, using numbers, for example Participant 1, or Focus group 3.

I hereby provide consent to:

Audio-record interview/focus group discussion

I AGREE

DO NOT AGREE

SIGNATURE OF PARTICIPANT:

DATE:

.....

Appendix 14: Confidentiality pledge

As a member of this Focus Group, I promise not to repeat what was discussed in this focus group with any person outside of the focus group. This means that I will not tell anyone what was said in this focus group.

By doing this I am promising to keep the comment made by other focus group members confidential.

NAME

SIGNATURE

DATE

Appendix 15: Child and Family Centre letter



10 March 2016

To whom it may concern

This letter serves to provide the assurance that should any participant interviewed by Ms Victoria Ntanzu (Psychology Masters student) require psychological assistance as a result of any distress arising from the research project on "*Sexual Health Education*", the service will be provided by Masters one Psychology students and intern psychologists at the University of KwaZulu-Natal, Pietermaritzburg Campus Child and Family Centre – phone 033-2605166.

Yours sincerely,

K.P Maruping

Coordinator of University of KwaZulu-Natal, Pietermaritzburg Campus Child and Family Centre

A handwritten signature in black ink, appearing to be 'K.P. Maruping', enclosed in a simple oval scribble.

**Child and Family Centre
School of Applied Human Sciences**

Postal Address: Private Bag X01, Scottsville, Pietermaritzburg, 3209, South Africa

Telephone: +27 (0)33 260 5166 Facsimile: +27 (0)33 260 5809 Email: Naidoon2@ukzn.ac.za Website: psychology.ukzn.ac.za

Founding Campuses: ■ Edgewood ■ Howard College ■ Medical School ■ Pietermaritzburg ■ Westville

Appendix 16: Focus group schedule

- Introduction
 - The research participants will be welcomed and thanked for making time to participate in the focus group
 - The researcher will introduce herself
 - The researcher will then explain what her role is during the focus group
 - The consent form will be handed out and carefully explained reminding them that they are free to withdraw at any point. They will also be informed about the service offered by the Child and Family Centre should they wish to make use of it.
 - The research participants will then sign the consent forms
 - The researcher will explain how the focus group works, that it is a free and open discussion amongst the group

Introduction questions

1. How did you feel the first time you were attracted to someone and tried to start a relationship. Elicit a few experiences.(Comment that young people all over the world face similar experiences)
2. Who do you think young people go to for advice?
3. Has anyone read letters to “agony aunts” in the problem pages of magazines? (Are they helpful?)

Explanation: Auntie Stella is based on the same format, Talking Points and Action Points and answer cards.

- Heading of the card to be read: questions to be asked will be at the back of the question card and answer card.

SHOULD I SLEEP WITH HIM?

Remarks about translation and adjustments that need to be made.

1. How was it to read the card in *IsiZulu*?
2. In which language would you prefer the cards to be? Why
3. Which parts of the card did you find difficult to understand in *IsiZulu*? Let us discuss those parts.
 - 4.1 What was difficult to understand?
 - 4.2 Why was it difficult to understand this card?
5. What would you change in those parts in order to be able to understand them?
6. If you were to change other words in the content of the card, which ones would you change?
7. Why would you change those words?
8. Which words would you replace them with?
9. What are your comments about the nature of examples given? Do young people in South Africa Experience same problems? If yes, how do they deal with them? If not which ones are common?
11. Which common names do you think we can use in the South African context?
 - Conclusion

Quickly summarize what has been discussed

 - Ask for any final remarks
 - Thank the participants for their valuable input
 - Present each research participant with the Hex Coffee Shop voucher