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**Master's Degree Dissertation**
**BSS Social Science Masters (Clinical Psychology) degree**

**Title:** An interpretive evaluation of a positive rights based sexual health programme for Grade 11 learners in a secondary school in Durban, KwaZulu-Natal.

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## DECLARATION

I declare that this dissertation is my own unaided work. All citations, references and borrowed ideas have been duly acknowledged. This dissertation is being submitted in partial fulfillment of the requirements for the degree of Masters in Social Sciences (Clinical Psychology) in the school of Applied Human Sciences, University of KwaZulu-Natal, Durban, South Africa. None of the present work has been submitted previously for any degree or examination in any other University.

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## ABSTRACT

**Background:**

Advances in the prevention and treatment of HIV/AIDS in the past 15 years have led to a reputable decline in the rate of new infections and a reduction of HIV related deaths. However, the prevalence rate in the Sub-Saharan region reveals that HIV/AIDS still meets general epidemic criteria. South Africa is the country with the highest number of people living with HIV. While there is a number of sexual health programmes aimed at South African youth their effectiveness is not the same for all programmes. Thus, there is a continued need to evaluate implemented interventions to assess for effectiveness. This study was initiated as a response to the need for an evaluation of an annual youth sexuality and sexual health programme offered by service learning university students.

**Objective:**

In this study, a process evaluation of a sexuality and sexual health programme designed and implemented by *HIV/AIDS Service learning module* students was evaluated. The learners' subjective experience of the programme was explored. The learners' evaluation of the programme in comparison to other programmes, the experience of being taught by University students, and areas of interests related to youth sexuality were explored.

**Methods:**

Four focus group interviews were conducted with a sample of 18 learners who had participated in the programme. Interpretive data analysis was used to analyse the data.

**Findings:**

The participants were appreciatively receptive to a youth sexuality programme facilitated by service learning university students. Furthermore, the positive rights based approach was recognized by the learners as one that nurtures a comfortable environment for learning about youth sexuality and sexual health. Comparisons with previous sources of information highlighted the perceived relevance of the programme evaluated in this study. Gender inequality, sexual diversity, positive aspects of sexuality and safe sex practices emerged as key areas of interest for learners.

**Conclusion:**

There is a need for sustained efforts with the implementation of sexuality and sexual health interventions aimed at youth in the effort to curb the HIV/AIDS epidemic in South Africa. Attending to contextual factors is critical in implementing youth sexuality interventions. A positive sexuality message delivered by adequately trained interventionists will be indispensible in the quest to meet targets for a reduction in sexually transmitted HIV infections amongst the youth.

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# CHAPTER ONE: INTRODUCTION

This introductory chapter will review the HIV prevalence and incidence rates. Teenage pregnancy will be explored. Advances in the HIV/AIDS field will be detailed. A background to the current study will be provided. The chapter will be concluded with an outline of the dissertation.

## 1.1 Prevalence and incidence rates

Africa continues to be disproportionally affected by the HIV/AIDS pandemic. This is reflected in statistical data that indicates that this region, which accounts for only 12% of the world's population, contains approximately two thirds of HIV positive people (UNAIDS, 2011). According to UNAIDS (2012) in 2011 there were 34 million people living with HIV. According to a USAID (2012) report there are more than 22 million people living with HIV/AIDS in Sub-Saharan Africa. This represents roughly 68% of the global total. HIV/AIDS is the leading cause of death in Sub-Saharan Africa with the prevalence rate of above 15% in countries like South Africa, Mozambique and Lesotho, coupled with new infections, accounting for 68% of the global rate acting to maintain the regional epidemic (Juarez, LeGrand, Lloyd & Singh, 2008; UNAIDS, 2011).

The HIV epidemic remains a threat to the lives of young people in contemporary South Africa. The Department of Health (2012) estimated the number of South Africans living with HIV to be at 5.6 million. According to Shisana et al. (2009) 15% of South Africans in the age range between 15 and 49 were living with HIV in 2008. The last *South African National HIV*

*prevalence, incidence, behaviour and communication survey* indicated that prevalence in the 15-20 age group, the age group of the learners in this study, decreased from 10.3% in 2005 to 8.6% in 2008 (Shisana et al., 2009). Furthermore the survey revealed that prevalence among females is more than double that in males and it peaks at 32.7% for females in the age group 25-29. Shisana et al. illustrated that although condom use had increased there was comparatively less use of condoms in females in 2008 who are at higher risk for HIV. According to UNICEF (2013) boys report higher condom use than girls in the Sub-Saharan Africa, this correlates with incidence rates with two thirds of new infections in the age group of 15-19 years being among females.

According to the last *national antenatal Sentinel HIV & Syphilis* prevalence survey in South Africa HIV prevalence in the age group of 15-24 is seen to be a proxy measure of average incidence as it correlates with sexual onset (Department of Health, 2012). The survey indicates that there was a statistically insignificant decline of 1.3% in prevalence from 21.8% in 2010 to 20.5% in 2011. In KwaZulu-Natal the prevalence decreased by 2.1% from 39.5% in 2010 to 37.4% in 2011. The survey results indicate that KwaZulu- Natal continues to have the highest provincial HIV prevalence. The Millennium Development Goal for HIV prevalence, set in 2001, aimed for HIV prevalence to be reduced by at least 25% of the baseline prevalence of 23.1%. The decrease in prevalence and the increase in condom use is promising news. However the relatively high number of young people being infected with HIV means further ground needs to be covered with intervention remaining critical. In this respect HIV prevention and sexual health programmes that are implemented need to be evaluated for efficacy, to ensure that the most efficacious interventions are implemented in the fight to curb new infections.

### 1.2 Teenage Pregnancy

The focus on HIV/AIDS can inadvertently deflect attention from other consequences of unprotected sex which include other sexually transmittable diseases and unintended teenage pregnancy.

According to Statistics South Africa (2013) the General Household Survey for 2012 revealed that prevalence increased with age with only 0.3% of 13 year olds being pregnant compared to 10.2% of 19-year-olds. The average prevalence for 13 to 19-year-olds for the year 2011 was estimated at 4.9%. Somewhat worryingly the survey revealed that 7.8% of girls in the age range of 7 to 18- years who were not at an academic institution reported having dropped out due to pregnancy. According to Statistics South Africa the results are consistent with the 2010 and 2011 editions of the General Household Survey.

Unintended teenage pregnancy in South Africa is approached in a manner that reveals the moral agenda in sexuality education. The morally generated, and upheld, notion that the rates of teenage pregnancy in South Africa are burgeoning is misleading and inaccurate (Macleod & Tracey, 2010). Similarly Makiwane (2010) highlights the fact that contrary to the common presentation of teenage pregnancy as being a virulent problem statistical data indicates that there has been a steady decline of teenage pregnancy since the 1990s.

The evidence suggesting that the promulgation of the child support grant has not led to an increase in the rates of teenage pregnancy, as a result of the potential financial income, gives credence to the idea that youth can benefit from informative sexual health programmes

(Makiwane, 2010). These programmes can influence protective and safer sex behaviours which will in turn reduce the risk of not just HIV/AIDS but other STIs and pregnancy. Incorporation of pregnancy education is imperative in programmes that seek to educate the youth about sexuality (Macleod & Tracey, 2010; Makiwane, 2010).

### 1.3 Advances in the HIV/AIDS field

Biomedical advances in the treatment of HIV/AIDS have led to the current situation being marked by the highest rollout of antiretroviral medication in the Sub-Saharan region. According to UNAIDS (2011) the improved access to antiretroviral treatment, coupled with a still large number of new infections, is responsible for the estimate of 34 million people being said to be living with HIV in the year 2010 a 17% increase from the year 2001. According to the UNAIDS (2012) *World AIDS Day Report* there were 34 million people living with HIV in 2011 and there were 1.7 million HIV related deaths globally. According to UNAIDS (2012) in the year 2011 there were 100 000 fewer HIV related deaths in South Africa than in 2001.

The UNAIDS (2012) World AIDS Day Report highlights a 43% global decline of new infections amongst children from 2003 to 2011. According to the Department of Health (2012) the efficiency of the campaign for Prevention of Mother-to-Child Transmission (PMTCT) has led to a 56.2% decline in new infections of children aged 0-14 years from 66 000 in 2008 to 29 000 in 2011. Similarly UNICEF (2013) report that in the period from 2009 to 2012 there was a 35% decline in new infections amongst children under the age of 15 in low and middle income countries. Whilst this is promising news UNAIDS (2012) reported that 90% of new infections

amongst children in 2011 was amongst children who live in Sub-Saharan Africa, this is disheartening for people in this region.

The advance to the fixed dose combination of antiretroviral therapy (ART) is a monumental step in the road to easing access and adherence to treatment. According to Davies (2013), the switch from three separate antiretroviral drugs to the new single fixed dose combination will be cost effective and efficacious and is set to improve adherence. Davies (2013) reports that the initial rollout will prioritise certain groups such as 90% of patients who are newly initiating ART and pregnant women. Such developments are further contributing to the shift from perceiving HIV as a 'death sentence' to a chronic illness view.

There are still long strides to take with 6.8 million people who are eligible for ART treatment not receiving the treatment they need to ensure longer lives that are productive (UNAIDS, 2012). Furthermore the revelation that 50% of people living with HIV are unaware of their HIV status is a cause for concern. Thus it follows that despite the advances in the medical treatment of HIV/AIDS, the lack of full access to treatment indicates a need for practitioners to continue implementing prevention and education interventions. According to UNICEF (2013) the number of adolescents, aged 10-19, living with HIV globally was estimated to be 2.8 million in 2012. These adolescents require comprehensive sexuality education that educates on healthy, pleasurable and safe sexual functioning to prevent re-infections that would be detrimental to their health.

### 1.4 Background to the current study

There is a need to evaluate the effectiveness of youth sexual health programmes that are implemented in Sub-Saharan Africa. According to UNICEF (2013) of the 22 countries in which 90% of the global new infections amongst children occur 21 are in Sub-Saharan Africa. Furthermore a third of all new infections in the year 2012 occurred amongst youth in the age group of 15-24. Thus while there is a modest decline in new infections there is added impetus for the implementation and evaluation of comprehensive sexuality education programmes that inspire behaviour change. The dominant approach to youth sexual health interventions, particularly in the context of HIV/AIDS have focused on curbing the risks associated with youth sexuality (Allen, 2007; Macleod, 2009). Young people who have participated in traditional sexual health programmes have reported an over-emphasis of the dangers of pregnancy, abortions and sexually transmitted diseases (Allen & Carmody, 2012). Thus, messages of abstinence as a measure to avoid HIV infection and pregnancy have been prioritized in youth sexual health interventions (Setswe & Zuma, 2009; Van Donk, 2006). These interventions have been important in informing young people of the various potential 'dangers' associated with sexuality.

Interventions such as those described above are based on a conceptualisation of youth sexuality as problematic or danger-prone, and have not led to the desired impact as far as ensuring that HIV infection and unplanned pregnancy are deterred. One reason, given by young people, for traditional sexuality education messages not translating into behavioural change is that these messages are not received as valuable or useful (Allen & Carmody, 2012). According to Setswe and Zuma (2009) strong views on abstinence may not necessarily translate into abstinence

behaviour. These interventions fail in equipping youth with the skills required to negotiate the complexities of exploring their sexualities.

Interventionists who have identified these shortcomings in 'traditional' interventions have progressively developed alternative approaches. There has been a growth of literature on interventions that are in keeping with the World Health Organisation's right based approach to youth sexuality (Allen, 2007; Frizelle, 2005; Trimble, 2009).These interventions acknowledge and emphasise the positive aspects of sexuality, and address the exclusion reported by young people who decry the omission of desire and pleasure in interventions (Allen & Carmody, 2012). According to Nyazi (2011) interventions by contemporary scholars of African sexualities ought to be framed in a sexual rights framework in which sexuality is recognised as potentially positive, pleasurable and empowering. This is in line with the definition of a comprehensive sexuality education as provided by the National Guidelines Task Force:

> All people have the right to comprehensive sexuality education that addresses the socio-cultural, biological, psychological, and spiritual dimensions of sexuality by providing information; exploring feelings, values, and attitudes; and developing communication, decision-making, and critical-thinking skills (National Guidelines Task Force, 2004, p.13).

In interventions that embrace sexual rights youth arerecognised as having agency, being commendable contributors to the construction of their own sexualities and having a right to comprehensive sexual health education.

The current study aims to evaluate a sexual health programme that characterises a comprehensive approach to youth sexuality and espouses a positive and rights based approach.. The author of this dissertation was offered the chance to evaluate the sexual health programme

that makes up the service learning component of an Honours module titled *HIV/AIDS Service learning module*. The motivation for engaging in this study was to explore the notion proposed by Frizelle (2005) that positive sexual health programmes that endorse a participatory approach, facilitated by well-trained student facilitators, could be effective in ensuring young people are in a better position to understand and negotiate their sexualities in the context of HIV/AIDS.

### 1.5 Outline of the dissertation

This study report is divided into seven chapters. The second chapter encompasses a review of literature and discusses the theoretical framework of the study. The third chapter is a summary of the programme that is being evaluated. In chapter four the methodology is outlined. The results and discussion are separated into chapters five and six respectively. Chapter seven, the conclusion, reports on the main findings, limitations and recommendations for future research.

It is presumed that the results of this study will be instrumental in shaping future editions of the youth sexuality and sexual health programme being evaluated in this study by providing feedback on the learner's experience of the programme. The findings of this study may also be informative to other interventionists offering youth sexuality and sexual health practitioners who intervene in similar interventions or employ similar strategies such as the use of service learning for students.

## CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

This chapter will explore perceptions of youth and review youth sexuality and sexual health education. A positive, rights based approach to youth sexuality and this approach's effectiveness will be explored. Sexual diversity, an often neglected component of youth sexuality, will be explored.

### 2.1 Perceptions of youth

Youth is a concept that is socially constructed and this is revealed by how different age ranges are used when defining who is included in this category. Frizelle, Jwili and Nene (2013) assert that "youth" must be recognised as a historically constructed construct, experienced in a dynamic manner that is always influenced by the youth's context. Ayman-Nolley and Taira (2000) explain that the concept of adolescence is a 20$^{th}$ century construction that emanated during the Industrial Revolution firstly in Britain then the rest of Europe, America and then the colonised world. A shift towards an industrialised society in which young people did not contribute directly to the family's income resulted in young people being categorized as being in a developmental stage that was significantly different from both childhood and adulthood.

In South African HIV/AIDS research the term 'youth' includes people falling in the age range of 15 to 24-year-olds (Shisana et al., 2009). Frizelle, Jwili and Nene (2013) argue that law as an institution has contributed to the categorisation of youth, particularly individuals aged under 18, as being dependent, requiring adult protection and incapable of assuming responsibility. According to Wyn and White (1997) this categorisation of young people has led to the view that people in this age group are homogenous, a view perpetuated by the media. The portrayal of

youth as homogenous is problematic and inaccurate as it misrepresents the differing psychosocial needs youth have due to different experiences in relation to HIV/AIDS such as being orphaned, being in financial need or being raped.Nyazi (2011) argues that the construction of youth as being homogenous is a fallacy that marks youth as being static, with no capacity to develop or transform. According to Frizelle, Jwili and Nene (2013) the protectionist stance is marked with contradictions when one considers that there are children orphaned by HIV/AIDS who assume responsibility in positions of heading households. Furthermore the recent, failed, attempt to criminalise consensual sexual acts between individuals who are younger than 16 years of age is difficult to reconcile with legislation that allows individuals as young as 12 years of age to have an HIV test or abort an unwanted pregnancy without parental consent.

There is a need to highlight the way youth has been constructed in various domains as it is intricately linked to the approach that has been used in sexual education. Psychology, the political, legal and education systems and subsequently society in general have co-constructed an idea of youth that over emphasises the negative dimensions of being young. According to Schalet (2004) adolescents are seen as immoral, dangerous and requiring control, a view that permeates in psychology, political and education systems. Ayman-Nolley and Taira (2000) report that a review of psychological articles on adolescence revealed a dual perspective of adolescence; adolescents as builders of society versus adolescents as being in a period of storm and stress and being potential criminals if not controlled accordingly by adults. Adolescents' darker side; that includes the emergence of abnormal psychological behaviour, turmoil and instability is prioritised in psychological research (Aggleton & Campbell, 2000; Ayman-Nolley

& Taira, 2000). Thus the positive attributes of youth that allude to developing the emotional maturity that accompanies hormonal and physiological development are often ignored.

There is an essentialist view of young people as being at the mercy of the hormonal and physical changes that accompany growth stages such as puberty. Thus the calmer view by psychologists such as Piaget and Erikson that point out that these stages are accompanied by emotional maturity that renders the young person as being able to deal with this physiological 'storm and stress' is often ignored (Ayman-Nolley & Taira, 2000).

Francis (2010) argues that there are conflicting views of youth by adults as they are seen as being experimental while simultaneously perceived to be innocent. Francis argues that this dichotomous view of youth is likely to lead to the ignoring of other social markers that are significant for different young people. The perception of youth as innocent is evident at a time when young people are experimenting with sex and require HIV/AIDS knowledge the most (Mitchell, Walsh & Larkin, 2004; Prinsloo, 2007).

According to Mitchell et al. (2004) youth are publicly constructed as being children who require adult protection as opposed to young people who have a right to receive relevant knowledge about their sexuality. This construction of the youth as innocent inadvertently constructs the youth as pure, different from adults and un-knowledgeable about sexuality and sexual behaviour (Nyazi, 2011; Prinsloo, 2007).

There is a discrepancy between the way the community perceives young people as innocent and the way many youth are, that is, knowers with knowledge and the ability to understand and use beneficial information when they receive it. Mitchell et al. (2004) argue that the implicit message underlying the construction of youth as innocent is that there is a 'guilty' state. This is problematic as it stigmatises the sexually active youth and perpetuates the approach of protecting as opposed to empowering the 'innocent' who are not seen to be at risk. The perception of youth as innocent is particularly unfortunate when young people do not receive information that would protect them because their risk is camouflaged by the false perception of seeing them as innocent or victims without agency in their sexuality. A further contradiction of the perception of youth as being sexually innocent is in the form of intergenerational relationships involving young people. Intergenerational sexual relationships involving youth and 'sugar daddies' or 'sugar mums' are common (Nyazi, 2011). In this regard people who may be seen as parental figures clearly perceive youth as being sexually available.

## 2.2 Youth Sexuality and Sexual health education

### *2.2.1 A historical approach to youth sexuality*

It is important to engage in a historical analysis of sexuality as it is a historical construct. According to Delius and Glaser (2002) a historical analysis reveals that societies in Southern Africa had a valuable element of sexual socialisation of the youth before colonisation and the influx of missionaries and their teachings. They report that sexuality was normalised in Southern African communities that included the Zulu, Xhosa and Kgatla people. While there were variations amongst these groups there were common themes. These societies normalised youth sexuality and did not bar sexual activity but rather regulated its expression, such as with the

promotion of non-penetrative sex as opposed to penile-vagina sex that posed a pregnancy risk. Thus the youth were not perceived as being sexually innocent children with no agency, and space for the exploration of their sexuality was created.

According to Marks (2002) the migrant labour system had a paradoxical effect as it increased vulnerability to communicable diseases and removed young men from the rural society who had played a crucial role in the sexual socialisation of the male youth. Christianity, migrant labour and urbanisation collectively led to a breakdown in structures such as peer groups that had maintained the sexual socialisation of young people leading to a vacuum being created (Delius & Glaser, 2002). In a similar manner Paul-Ebhohimhen, Poobalan & van Teijlingen (2008) argue that the demise of traditional institutions such as peer groups and strong family networks in African communities meant that sexuality education of young people was not clearly established as anyone's responsibility. The vacuum created by these social structural changes was not adequately filled by any of the structures in society as schools did not have a sexuality education component in their curriculum and the churches promoted abstinence. Delius and Glaser (2002) report that the promotion of abstinence by churches was accompanied by the discouraging of non-penetrative sex and masturbation as these sexual activities were stigmatised and said to be old fashioned and unnatural.

Sexuality does not occur in a social vacuum and this became evident when the violent nature of South African society, during the political liberation struggle, impacted on sexual behaviour as sexual violence became common and normalised (Delius & Glaser, 2002). Sexual violence as a phenomenon illustrates the importance of perceiving sexuality as being gendered in its

construction and experience. Marks (2002) asserts that sexuality and violence are fatally linked with women bearing the brunt of the actions of men whose masculinity is constructed around being macho and relating to women in an objectifying manner. Nzegwu (2011) as cited in (Frizelle, Jwili& Nene, 2013) argues that a historical analysis reveals that the discourse of African eroticism in which masculinity is synonymous with dominance has its roots in Western sexualisation that erotises the subjugation of women by "dominant" men. Furthermore, within diverse African societies, in the pre-colonial era, eroticism was construed on the lines of equality thus obviating the domination and subjugation complex. Nzegwu (2011) argues that some African cultures ably constructed a positive role of the vagina during copulation, without undermining the male libido, thus acknowledging women's autonomy, capacity for pleasure and sexual reciprocity.

Women are overly represented in those who are sexually abused and disempowered resulting in outcomes that range from not being allowed to negotiate condom use to the inappropriately titled phenomenon of 'corrective rape' of lesbian women. According to Frizelle, Jwili & Nene (2013) the gendered discourse, as illustrated in their analysis of newspaper articles on youth sexuality, represents teenage girls who are pregnant as the responsible and essentially problematic party. Thus males are not seen as having a role in ensuring that those pregnancies that are unplanned are prevented with the use of contraception. A further disturbing discourse reflects how girls are disproportionately represented as victims of crime in the form of sexual abuse, cited articles revealed concern regarding girls falling pregnant as a result of sexual abuse. "In the articles women, therefore, appear to be positioned in a binary. They are positioned as either being sexually immoral or as sexual victims" (Frizelle, Jwili & Nene, 2013, p.7). While this

representation ought to be problematised, for neglecting the role of women as sexual beings with agency who have a broad range of sexual experiences, as is done in the cited study, the highlighted dominant discourses are indicative of a gendered youth sexuality. Reflecting on a dominant gender discourse Marks (2002) argues that the promulgation of a constitution that is touted as one of the most gender-sensitive in the world has achieved little in attempting to change deeply held stereotypes and ideologies of masculine behaviour. Subsequently the associated sexual violence that confines the role of women to that of providing sexual gratification for men persists.

### *2.2.2 Danger and disease metaphor in sexual health programmes*

The change to a new political dispensation in South Africa led to the announcement of a new school curriculum that included HIV/AIDS and sexual health education. Paul-Ebhohimhen, Poobalan & van Teijlingen (2008) reveal that the expectation was that pupils would get adequate sexual health education in the school setting.

With parents shying away from sexually socialising young people and religious institutions not being able to reach everyone, and also endorsing teachings that were not effective government felt compelled to intervene. The change to democracy in South Africa was accompanied by the government implementing sex education in schools as part of the *Life Orientation* subject (Macleod, 2009).

Government's point of departure was a focus on curbing teenage pregnancy and stopping the spread of sexually transmitted diseases, including HIV/AIDS (Macleod, 2009). This focus

coupled with the view of youth as troublesome members of society that required regulation led to the adoption of the 'danger and disease' model which focused on pregnancy and disease prevention. Similarly Frizelle, Jwili and Nene (2013) argue that despite research evidence that challenges the construction of youth as a time of turmoil for innocent youth this perspective still dominates the psychological literature which is used in the development of youth sexuality interventions. They reveal, in their discourse analysis, which critically discusses the construction of youth sexuality, that newspapers are prone to construct a youth sexuality that is problematic and potentially criminal. Thus the constructed context in which the government intervened in was one in which youth sexuality was seen to be problematic and requiring remediation.

Macleod (2009) reports that the *Life Orientation* subject did not include comprehensive sexuality education as sexual behaviour, desires, pleasure and identity were ignored with the focus being on highlighting the dangers of sex with an emphasis on pregnancy and disease prevention. The focus on pregnancy and disease prevention reflects the Millennium Development Goals which include a goal to reduce teenage pregnancy in African Countries by the year 2015 (Jewkes, Morell & Christofides, 2009).

Macleod (2009) illustrates that the textbooks used in *Life Orientation* are dominated by a moral agenda with premarital sex and teen pregnancy being portrayed as 'wrong'. Furthermore there is a narrow definition of sex as sexual education is largely limited to heterosexual coital sex and thus all other forms of sexual behaviour are not addressed (Bay-Cheng, 2003). According to Nyazi (2011) it is to be expected that youth sexual health programmes initiated by adults who

construe children as sexually innocent will display denial, impose restrictions and impose protection from the foreseen dangers of youth sexuality.

Despite a national mandate for the *Life Skills* subject teachers often have participated only reluctantly and there is little oversight of programme implementation (Francis, 2012). According to Allen and Carmody (2012) young people, interviewed in studies that have taken place in many different countries, report that they are aware of the awkwardness of some teachers in engaging in sexuality education and answering their questions on the subject matter. In accordance with the Department of Education's (2008) *National Curriculum Statement* the *Life Orientation* subject provides an opportunity for the development of problem solving, decision-making and appropriate action taking skills that are required for healthy and adaptive functioning in contemporary society. The subject is meant to focus on more than just knowledge with the application of skills in real life circumstances being a key focus. *The National Curriculum Statement* conceptualises a learner who has benefited from *Life Orientation* as being equipped to interact on personal, psychological and socio-economic levels and thus able to negotiate life's responsibilities and possibilities (Department of Education, 2008). Furthermore the *National Curriculum Statement* concedes that the teaching approach is largely left to the choice of the teacher although recommendations for a flexible and engaging approach are made. Placing the responsibility of how to teach the subject at the hands of the individual teacher means the subject is often taught differently by diverse teachers with different moral agendas and there is no guarantee that the subject aims will be covered. In a study on teacher training for AIDS prevention programmes nine out of twenty four teachers had not received previous HIV/AIDS or sexuality training (Ahmed, Flisher, Mathews, Jansen, Mukoma, Schaalmas, 2006). Furthermore

a majority of the teachers expressed a preference for teaching abstinence as opposed to teaching about safe sex practices.

According to Bay-Cheng (2003) the ‘danger and disease’ approach that is based on the construction of youth sexuality as being instinctual and warranting adult regulation is contradictory and fails to educate as there is a preoccupation with instilling fear. Interventions focusing on the dangers of disease and pregnancy endorse this focus to such an extent that they fail to explicitly point out that using a condom significantly reduces the risk of HIV/AIDS and pregnancy. When this education model fails, young people engage in risky sexual practices as they have not been given adequate sexual education. Bay-Cheng (2003) asserts that this approach is based on the construction of adolescent sexuality as being driven by an intense instinctual drive that has to be checked by parents as the young people cannot control it themselves. Thus biology is infused into the explanatory model to support the ‘danger and disease’ model used as an approach for regulating youth sexuality. Allen (2007) reveals that young people have reported that interventions based on the ‘danger and disease’ model do not meet their needs of information pertaining to pleasure, desire as well as the mechanics of sexual activity.

## 2.3 A positive rights based approach to youth sexuality education

### *2.3.1 A Sexual Rights Perspective*

The development and implementation of the programme that is being reviewed for this thesis was guided by a positive rights based approach to youth sexuality. This approach is based on a social constructionist understanding of sexuality (Baber & Murray, 2001). According to DeLamater and Hyde (1998) social constructionism is a broad theoretical position that asserts that reality is socially constructed with language being the medium of construction. Thus, this theoretical position assumes that there are multiple "truths". This is in contrast to the essentialist paradigm that proposes a single truth theory. An assumption of a social constructivist position to sexual health accordingly asserts that sexuality, gender, sexual orientation, and sub-categories such as youth in the category of age are to be treated as created and not fixed truths (Burr, 2003; DeLamater & Hyde, 1998; Foucault, 1986). A social constructionist paradigm applied to sexual health programmes asserts that there is a power dynamic operationalised in the production and dissemination of knowledge. Burr (2003) asserts that social constructionism argues for the adoption of a critical stance in our interaction with normalized ways of understanding the world. This enables social constructionism theorists to expose the historical and contextual basis of these understandings and the forces that maintain the *status quo*. A social constructionist understanding perceives sexuality as a historical construct infused with power dynamics that include an interaction of discourses perpetuated by institutions such as schools, individuals and society (Allen, 2007). The programme being evaluated intervenes at the school level, an institution that plays a central role in the construction and governance of youth sexuality.

According to Brick (1991) a positive approach to youth sexuality entails: a focus on acknowledging pleasure, and not just danger; accepting sexuality as a normal part of life and espousing the promotion of attitudes, values, and behaviours that enable a healthy sexual functioning. The positive rights based approach to sexuality education endorses the World Health Organization's (2004) stance on youth sexuality. The World Health Organization's (WHO) definition of sexual health is inclusive and neutral as sexual health is seen to be influenced by emotional, psychological and social factors and is the outcome of these factors, not merely the state of not having a disease (World Health Organization, 2004). The WHO affords young people the right to receive sexuality education and to decide if and when to be sexually active? The sexual rights outlined by the WHO also include a right to bodily integrity, a right to choose a partner, and a right to receive the best possible sexual health care. Furthermore the WHO highlights an appreciation of sexual satisfaction and pleasure as being part of sexual well-being, thus going beyond just a safe sex approach.

There has been a growing realisation that teaching young people about sexuality and sex is not an act of condoning or promoting sexual activity (Schalet, 2004). Viewing sexuality education as a taboo topic that needs to be blocked from society's conscience is problematic as it leaves young people uninformed and vulnerable. Youth sexuality programmes in the context of HIV/AIDS need to be based on the premise that young people are capable of responsible decision making regarding their sexuality when provided with the necessary information in a factual and informative manner (Frizelle, 2005; Trimble, 2009).

### *2.3.2 Positive sexuality messages*

The Foucaldian 'ethics of pleasure principle' is synonymous with the positive rights based approach to sexuality. According to Allen (2007) the Foucaldian ethics of pleasure proposes that people are sexual subjects. This perspective recognises and validates individuals' agency in their pursuit of pleasure whilst acknowledging the constraints placed on this pursuit by discourses that suppress the ethics of pleasure in favour of other discourses, such as the aforementioned danger and disease metaphor. The acknowledgement of pleasure in this perspective is a useful entry point for positive rights based approaches to youth sexuality as it is an area that young people have reported is lacking in youth sexuality interventions (Allen, 2005; Allen, 2007; Allen & Carmody, 2012).Vital to meeting the needs of youth is the realisation that the content of sexual health programmes needs to be inclusive of discourses that range from 'danger and disease' to desire (Francis, 2010). The ethics of pleasure principle is a dynamic shift from previous metaphors of 'danger and disease' as it takes an unprecedented interest in the positive aspects of sexuality. Allen (2007) argues that this ethics of pleasure principle is concerned with recognising young people as sexual beings, current or future, and endeavouring to empower these individuals by giving them adequate information to make responsible and safe decisions. Furthermore the 'ethics of pleasure' principle also encourages the interrogation of the complex relationships between the sub components of sexuality including, desire, pleasure and danger.

## 2.4 Evidence for the effectiveness of sexual health programmes based on a positive, rights based approach to youth sexuality

The positive rights based approach to youth sexuality, embodied by the programme being reviewed for this thesis, is evidence based with results from the national sexuality programme

introduced in the Netherlands being testament to its efficacy. The Dutch introduced a sexuality education programme that deviated from the 'danger and disease' model by portraying young people as capable of making safe decisions regarding sex when provided with accurate information and a supportive social system. According to Schalet (2004) this programme introduced an approach that was not gendered and thus did not overemphasise the differences between the two genders. This was important as this programme was based on the valuing of relationships amongst young people. Schalet (2004) points out that this programme was based on the premise that young people are emotionally mature enough to make decisions and thus the programme emphasizes self-regulation by the teenagers. This leads to safer sexual behaviour as adolescents can bring their romantic partners to their family homes where they are likely to use contraception if they have sex. The fact that the medical practitioners also embody the programme means young people have access to contraception and information that is granted to them by WHO and their country's policy. This is in stark contrast to the South African case where the constitution embodies a rights based approach to sexual health but young people have complained that the treatment from nurses at clinics is judgmental. According to Wood and Jewkes (2006), participants in their study, that explored barriers to adolescent contraceptive use in the Limpopo province, reported that the harsh treatment by nurses who scolded adolescent girls and did not acknowledge them as contraceptive users proved to be a barrier.

The outcome of the sexuality programme in the Netherlands has seen teenage pregnancies being reduced and young people reported being satisfied with the informative sexuality education that they received (Schalet, 2004). Similarly interventions carried out in the South African context that have offered factual and comprehensive sexuality education to young people have been

experienced as meaningful and helpful to young people trying to negotiate their sexuality (Frizelle, 2005).

The shift towards a positive and rights based approach to youth sexuality tends to be associated with a change in the presentation of youth sexuality and not just a change in content as is evidenced by the participatory approach taken in programmes that have adopted this approach. *Healthwise South Africa*, a school-based programme used with Grade 08 learners, was adapted from a programme implemented in the United States of America. This programme adopts an approach to youth sexuality that is characteristic of the rights based approach to youth sexuality programmes. Wegner, Flisher, Caldwell, Vergnani and Smith (2008) conducted a process evaluation of the pilot implementation of the programme in four schools in under-resourced areas of Cape Town. Wegner et al. (2008) describe the programme as a comprehensive life skills programme that aims to reduce risky substance abuse and sexual behaviours by increasing protective factors. The programme adopts a positive youth development perspective that perceives the youth as having agency and a set of protective factors that include self-management skills and decision-making skills that can be developed (Tibbitsi, Smith, Caldwell & Flisher, 2011; Wegner et al., 2008).

The sexuality component of the *Healthwise* programme consists of an integrated approach drawn from a number of sexuality curricula, which aims to increase awareness of risky sexual behaviour and teach learners how to avoid sexual risk including pregnancy, transmission of HIV and other sexually transmitted infections (Wegner et al., 2008). This component is delivered in

conjunction with a substance abuse focused component, and lessons on spending one's leisure time productively which adds to the contextual relevance of this programme.

According to Wegner et al. (2008) the sexual health component of the *Healthwise* programme is aimed at reducing sexual risk and associated effects such as pregnancy and HIV or other sexually transmitted infections by increasing awareness of risky sexual behaviours and educating learners on how to minimise risk. Furthermore the *Healthwise* programme encourages agency as the learners are made aware of their right to decide whether or not to have sex and if the decision is to be sexually active the learners' right to decide when and how they engage in sexual behaviour is expressed. The learners' agency also extends to the use of reproductive health resources which are emphasised in the programme, such as the use of condoms.

The results of the programme's sexual health component were promising as the learners reported having grasped the programme content in relation to what are risk behaviours, protective skills and self-awareness (Wegner et al., 2008). Furthermore the learners' reported that the lessons increased their capacity to make safer and healthier choices as they learnt the required skills for safety-ensuring decision-making. Skills such as the procedure of putting on a condom which were visually demonstrated in the programme reportedly enhanced the learners' capacity to choose to use a condom.

With regards to behavioural effect, results illustrate that having been on the *Healthwise* programme intervention group did not lower the probability of learners who were virgins in Grade 8 being sexually active by Grade 10. However the sexually active intervention group

youth were less likely to engage in two or more risky behaviours during their last sexual encounter in comparison to the youth who had received the government mandated *Life Orientation* curriculum (Tibbitsi et al., 2011). The results indicate that incorporating social and contextual factors in sexual health programmes results in reduced risky behaviours. This validates the view that there is a need to concentrate on factors extending beyond condom use as a reduction in related risks such as use of alcohol correlates with a reduction of sexually risky behaviour (Tibbitsi et al., 2011). It must be highlighted that although this intervention was reportedly efficacious in empowering participants with decision-making skills, that are necessary to reducing risky behaviours, the intervention's point of departure set a limit to what it could achieve. The focus on risky sexual behaviours and the neglect of positive aspects of youth sexuality meant that desire and pleasure was not reflected in the intervention. Thus it was not fully consistent with the WHO's positive rights based approach to youth sexuality that describes a healthy sexuality as being more than mere absence of disease.

The positive rights based approach to youth sexuality characterises the *Mpondombili project,* a school based youth sexuality intervention developed and run in rural KwaZulu Natal with the aims of promoting a delay in sexual debut and promoting the use of condoms by youth. The *Mpondombili project* evidences a positive rights based approach to youth sexuality in both the formative development of the intervention and the actual implementation of the programme. The programme was developed collaboratively with young people. Peer group discussions exposed issues of sexual rights, HIV/STI transmission, risky sexual behaviour, HIV testing, pregnancy, contraception, gender inequality, sexual communication and negotiation, fear of AIDS, stigma and discrimination as pertinent to a sexual health programme (Mantell, Harrison, Hoffmann,

Smit, Stein & Exner, 2006). Mantell et al. reveal that the peer group discussions highlighted the role of gender inequalities in reinforcing sexually risky behaviours with traditional gender roles being critical in limiting girls' ability for sexual communication and adequate negotiation with their partners. Similarly Selikow (2004) reflects that while it is frowned upon for a woman to have multiple partners it is encouraged with men. Selikow reports that the terms used when referring to a woman with multiple sexual partners, such as 'isifebe' (bitch) or 'mahosha' (prostitute), are degrading and demeaning. In contrast a man who similarly had multiple sexual relationships is lauded as an 'ingangara' which translates to one with a high status.

According to Marks (2002) there is arguably no human behaviour that is surrounded by more cultural sensitivities than sex. The formative research revealed that socio-cultural expectations were for male youth to uphold an image of masculinity through engaging in sexual activity whilst adolescent girls were meant to remain virgins, resist boys' sexual advances and avoid pregnancy but simultaneously expected to be conquered by boys (Mantell et al., 2006). Somewhat unsurprisingly the girls' belief systems were incongruent with their behaviours not always matching their normative beliefs and attitudes, a reflection of the ambiguity of expectation they were faced with. Mantell et al. (2006) argue that prevalent socio-cultural norms such as the belief that girls don't propose love to boys was highly correlative with most girls' belief that boys should initiate male condom use which led to them not discussing condom use before sex. The surprising finding that this is a problem to the extent that girls reported they find it easier to refuse sex than confront partners about using condoms is disconcerting.

The formative element of the project also allowed for myths about condoms such as that they may contain HIV to be unearthed and addressed in the intervention (Mantell et al., 2006). This is critical as purely focusing on how to use condoms is insufficient. The impediment to condom use may be due to myths, such as a belief that condoms should not be used by steady partners, and not an inability to correctly use a condom.

The programme was developed with a theoretical framework that drew on constructs that are endemic in the social constructionist and critical approach to youth sexuality as found in theories on psychological and community empowerment, gender and power and social learning (Mantell et al., 2006). The participatory design that was prominent in the formative component of the project was maintained in programme implementation.The use of a participatory approach in the development of youth sexual health programmes is significant as it impacts on how a programme is perceived. According to Nyazi (2011) a common path is for policymakers, scholars and programme developers, who perceive youth to be innocent, to exclude youth in discussions that formulate policies and interventions that govern or educate on youth sexuality. This is likely to lead to interventions being experienced as paternalistic, patronising and irrelevant by the youth. In her study that explored young people's suggestions for improving youth sexuality programmes Allen (2005) reported that participants called for inclusive discussions on the content of programmes requesting they be allowed to choose topics to be covered and that these be covered in a participatory manner.

Reflective interventionists are acutely aware that liberatory education must adopt a dialogical and discursive approach in a collaborative manner (Freire, 1970; Paiva, 2005). According to

Trimble (2009) a critical approach to sexuality education ought to reinforce that young people have the agency to make responsible sexual choices and it must allow for conversations that include pleasure and desire. Frizelle (2005) argues for youth to be recognised as credible contributors to critical debates that determine how youth sexuality programmes are developed and implemented to ensure that the programmes are relevant. According to Mantell et al. (2006) peer educators facilitated the programme while collaborating with other stakeholders that included school learners, teachers, nurses, locals and researchers.

The *Mpondombili project* was written into a manual with the main issues being gender and sexuality: focusing on understanding the opposite sex and the influence of gender in sexuality identity, sexual communication, delay in sexual debut, dual protection, sexual negotiation strategies and joint male-female responsibility for safer sex (Mantell et al., 2006).

The training element of the programme was of particular interest as it highlighted the conflicts experienced when implementing a sexual health programme that is critical and participatory in approach. According to Mantell et al. (2006) the training was primarily for the purpose of training the youth peer educators in participatory methods such as the use of games, role plays and interactive group discussion. Mantell et al. report it emerged during the training that teachers and nurses participating in the project were finding it difficult to talk about sex in mixed adult-youth groups which is to be expected as they shared the community's beliefs about gender and sexuality even though they may have understood the importance of sexuality education. The unearthing of this information was critical as it is a challenge that can lead to programme infidelity with teachers and facilitators likely to revert to more comfortable abstinence messages

rather than comprehensive youth sexuality education which can be seen as provocative. This challenge was addressed with two one-day workshops designed to address the teachers and nurses' reservations and issues of dual protection, gender and sexuality, and skills for facilitating discussions about sex with young people were explored.

The intervention was implemented with 670 learners aged 14-17 in Grades 8-10 in two schools in 15 forty minute sessions (Mantell et al., 2006). The implementation focused on the understanding of issues of gender and sexuality as being vital for the promotion of condom use. According to Mantell et al. (2006) the approach was to provide factual information on HIV/STI transmission, risky behaviours, HIV testing and associated rights, pregnancy and dual protection, substance use and addressing underlying factors such as gender roles and inequalities that affect sexual communication and negotiation. Sexual violence, managing abusive situations, sexual rights, fear of HIV/AIDS and the associated stigma and discrimination were also included.

The *Mpondombili project* deviates from the 'danger and disease' model as its key aim was to facilitate youth skills development in an environment that increased the learners comfort in talking about sex. A shift from the 'danger and disease' model of sexuality tends to associate with recognition of pleasure as being important in youth sexuality (Bay-Cheng, 2003). In the *Mpondombili project* sex was recognised as a pleasurable activity and non-sexual means of obtaining pleasure such as playing sports were also discussed (Mantell et al., 2006). Safe sex was characterised to include acts such as kissing, cuddling, massaging one's partner and engaging in mutual masturbation.

Mantell et al. (2006) report that the programme responded to the issues raised in the participatory formative process and fostered positive norms about gender and sexuality with an emphasis on illustrating that it was not pathological to be in a sexual relationship provided it was safe. According to Mantell et al. issues of gendered sexual relations were repeatedly addressed with the learners and the discrepancy between gender role expectations and cultural norms about sexual behaviour was covered.

The project was based on an assumption of a sense of agency and self-determination as it emphasised that delaying sexual debut is the best way to prevent HIV/STIs and pregnancy but that when learners have sex the best safety measure was the use of condoms alone or dual protection with another contraceptive also being used. According to Wegner et al. (2008) successful sexual health programmes prioritise a strong skills development. Sex refusal skills were modelled in role-plays and the choice to not be in a relationship was normalised (Mantell et al., 2006). Simultaneously the project was cognisant of the reality that young people are and will be having sex and skills in negotiation, self-efficacy and empowerment were incorporated as these enhance safer sexual practices. Unrealistic messages that link sexual readiness to milestones such as marriage were dropped with individual readiness being used as the defining criteria.

According to Mantell et al. (2006) the section on condom use included demonstration of correct male condom use and stereotypes and attitudes about condom use were challenged, with one recommendation by the learners being that couples negotiate condom use before sex as the subject was not easy to discuss during sex.

The positive rights based approach to youth sexuality espoused in the *Mpondombili project* was well received by the learners. According to Mantell et al. (2006) the programme filled a significant need for quality youth sexuality and HIV prevention education. The programme was delivered in a relevant participatory manner that allowed learners to access information and resources required for safer sexual behaviour while incorporating contextually relevant local ideas that impact on youth sexuality. Qualitative evaluation revealed that the programme had positive effects on beliefs and attitudes with positive attitudes towards condom use being attributed to the programme. The use of dual protection was accepted and the learners realised a need to move towards egalitarian gender roles pertaining to sexual communication and negotiation. A critique of the *Mpondombili project* is that although it embodies most of the features of a programme adopting a positive rights based approach to youth sexuality education, it makes no mention of sexual diversity and retains a heterosexist outlook.

### 2.5 Sexual diversity

For the purposes of this study the term LGBTI will be used to collectively refer to lesbian, gay, bisexual, transsexual and intersex people. The term ‘lesbian’ will be used to refer to women with same gender romantic feelings. Similarly the term ‘gay’ will be used to refer to men with same gender romantic feelings. The term ‘homosexual’ will be used to allude to same-sex sexual activity. According to Brewster, Velez, DeBlaere and Moradi (2012) the term ‘transgender’ is an inclusive term referring to individuals whose gender identity and behaviour is inconsistent with socially prescribed gender norms for their biological sex. Brewster et al. report that transgender identity, which may be independent of sexual orientation identity, includes transmen, transwomen, androgynies, bi-gendered people, transvestites and drag kings/queens. This

understanding of transsexuals will be adhered to in this study. The term ‘intersex’ will be used to refer to people with a variety of conditions in which the individual’s reproductive or sexual anatomy fits neither the typical male nor the typical female definitions (Breu, 2009).

The context in which an individual develops their identity is undeniably influential. The Bill of Rights, in the constitution, clearly states that discrimination on the basis of sexual orientation is unconstitutional (Mwaba, 2009; Potgieter & Reygan, 2012; Rudwick, 2010). In 2006 South Africa became the first African country to legalise gay marriage (Rudwick, 2010). This is in stark contrast to other African countries, that include Zimbabwe, Botswana, Nigeria, Uganda, Kenya and Tanzania, in which homosexuality is illegal (Mwaba, 2009).

Within the African context denial of the existence of gay men means that the history of gay men and homosexual behaviour is not well documented however there is a long history of African people engaging in same sex relations (Amory, 1997). According to Amory the influx of missionaries in Africa that accompanied colonisation led to the altering of sexual behaviours and more significantly the phenomenon of constructing same sex relations as pathology. Rudwick (2010) argues that during the apartheid era homosexuality was criminalised and homosexual people were stereotyped as being child-molesters or drag queens. Thus although homosexual behaviour happened and there were people who had a gay, bisexual or lesbian identity this was developed within a hostile environment.

Youth sexuality intervention programmes that explore the construct of sexual diversity within the South African context have a responsibility to approach the matter from a historical perspective.

Rudwick (2010) argues that the constitutional mandate may be overshadowed by homophobic sentiments that are still pervasive. Similarly Potgieter and Reygan (2012) argue that violent crime perpetrated against gay and lesbian people indicates that fellow citizens do not recognise LGBTI people as having a right to full citizenship. Anti-gay sentiment, including homophobic violence, must be understood in the context of a dominant discourse of a heteronormative view of sexuality. A heteronormative outlook stems from an unchallenged normalisation of heterosexuality. According to Gacoin (2010) a normalised heterosexuality is one that validates, without questioning, social constructions which privilege masculinity in relationships that are 'normally' between a man and a woman.

Recent literature indicates that youth sexuality interventions are marked by conservatism on the aspect of sexual diversity with issues of sexual orientation being ignored by those implementing the interventions (Potgieter & Reygan, 2012). Similarly Francis (2012) found, in a study with a sample of 11 *Life Orientation* teachers from schools in Durban, that none of the teachers planned a lesson on sexual diversity. Furthermore when issues such as homosexuality arose they opted to be cautious and were hesitant to encourage discussion at the risk of conflict or controversy. Lack of curricula guidance, teachers' lack of training on teaching about LGBTI matters, their own background (such as religious identity), and perceived lack of support from the school and parents are key factors that lead to the negligence of teaching about LGBTI people (Francis, 2012; Potgieter & Reygan, 2012).

### 2.6 Summary of literature review

This literature review chapter has attempted to illustrate how perceptions of youth that are predominantly negative influence the dominant approach to youth sexuality and sexual health education. A historical approach to youth sexuality education has revealed that social constructions of youth influence the approach taken in informing youth about sexual health. An alternative discourse as displayed in by the positive rights based approach to youth sexuality, that constructs youth as having agency and potential to engage in sound decision-making, was reviewed. This approach's comprehensive construction of youth sexuality and sexual health, that includes pleasure, desire and sexual diversity, was assessed to be potentially efficacious with an impetus for wider use and evaluation of this approach.

# CHAPTER THREE: PROGRAMME SUMMARY

This chapter will provide a synopsis of the evaluated programme. The guiding principles of service learning employed in the evaluated programme will be outlined. A brief outline of the *The Youth, Sexuality and HIV/AIDS Service learning module*, in which the programme was developed, is provided. The background to the current edition of the evaluated programme is communicated. A summary of the programme that was implemented in 2012, and is being evaluated in this paper, is provided.

## 3.1 Service Learning Interventions

Service learning based interventions contract tertiary education students to deliver interventions within communities. Service learning combines academic application with community service with the aim of enabling academic growth for the student while nurturing awareness and action for the community (Stenhouse & Jarrett, 2012). According to Freire (1970) education that is liberating encourages active participation of the learner. Stenhouse and Jarrett (2012) assert that service learning meets this requirement as they argue it is learner-centered, participatory, liberating and empowering. Critical in the pursuit of a successful service learning initiative is questioning, dialogue, planning, appropriate goal setting, monitoring, reflection and action (Frizelle, 2008; Kinefuchi, 2010; Naude, 2008; Stenhouse & Jarrett, 2012).

According to Frizelle (2008) there are several advantages to employing service learning in HIV/AIDS and youth sexuality interventions. Allowing students to develop and implement a HIV/AIDS and youth sexuality intervention makes use of an available resource, skilled students.

It also circumvents challenges teachers face when in charge of such interventions. Frizelle (2008) argues that in contrast to teachers, who may be uncomfortable and lack the necessary skills to address youth sexuality issues that go beyond basic biology, students, when provided with guidance, are equipped to implement interventions successfully.

### 3.2 The Youth, Sexuality and HIV/AIDS Service learning module

The programme evaluated in this study was developed and implemented as part of the HIV/AIDS service learning module offered at the Honours level to Psychology students at the University of KwaZulu-Natal. This module espouses a social constructionist approach to youth sexuality that manifests in a positive rights based approach to youth sexual health (Frizelle, 2008; Frizelle, Jwili & Nene, 2013). Commenting on an earlier version of this module, then offered at the third year level, Aitken (2009) reported that it could be seen to be divided into two halves. The earlier part of the module encompasses a critical review of relevant literature aimed at ensuring students gain an understanding of international trends whilst appreciating the complexities of youth sexuality and sexual health in the African and South African contexts. The second part of the module entails the planning and development of the sexual health programme that is facilitated by the module convenor but is the responsibility of the students, who are at this point expected to be well grounded in the relevant literature.

The approach to the module is participatory, reflective and reflexive which is in keeping with the adoption of a social constructionist stance. Kinefuchi (2010) argues that critical service learning ensures that students evaluate their own situatedness in their interaction with the service's recipients. According to Frizelle, Jwili and Nene (2013) students are encouraged to reflect on and

interrogate their own socially constructed views on youth sexuality. Having been a student in this module the author of this dissertation recalls how this process was instrumental in the development of a reflexive stance. During the implementation of the programme it became easier to understand the mindset of the learners who, at times, held similar constructed realities.

Paiva (2005) advocates for a critical pedagogy in which group dynamics and dialogue form the basis of development of sexual health interventions. The module heeds this call, in the development of the programme the Honours class is divided into groups with each group being tasked with working on a particular section. This leads to the content being critically discussed before being accepted and included in the programme. This conversational and discursive approach is extended when the various groups present their initial drafts to be reviewed by the students, from the other groups, as well as the module convenor. Each group is then given constructive feedback and given time to revise their initial contribution in an effort to ensure that the final product is indicative of a critically debated and collaboratively adopted output. Thus the approach is developmental and formative as opposed to being merely geared towards passing or failing the module.

The reflective approach is further illustrated in the use of a reflective paper as a final assessment as opposed to writing a 'traditional' exam (Aitken, 2009). This method of 'assessment' serves the dual purpose of ensuring students consolidate and reflect on their development as participants in the module whilst also offering insights that benefit the module convenor in subsequent years.

### 3.3 Background to current programme

HIV/AIDS and Service Learning (PSYC722) is a module that has been offered to Honours students since 2007 and was the development of a module that had in the past been offered to undergraduate 3rd year psychology students since 2002. The teaching of the service-learning module is informed by the principles of constructivism and, therefore, emphasises the importance of community learning, group tasks, guided group reflection and critical dialogue and debate. Critical pedagogy also infuses the module as students are guided to engage in critical social analysis and critical self-reflection. From 2007-2012 the module was run over a semester and involved preparing students to design and implement a theoretically informed and contextually appropriate sexual health programme at a local government high school.

According to Frizelle (2008) the programme was developed to address HIV/AIDS education with the initial plan being for students to implement a pre-developed programme. In its current format the students are responsible for designing the programme under the guidance of the module convenor. The programme has over the years matured into adopting a positive rights based approach to youth sexuality education. Thus it has expanded beyond merely addressing HIV/AIDS which was the initial area of focus. The programme consistently strives to nurture a critical and reflective approach to sexuality in both the students who design and implement the programme and the learners who are the recipients (Frizelle, 2008). Furthermore an important factor in achieving this goal has been identified as being preparing the university students adequately. According to Frizelle (2008), this entails focusing on imparting accurate information regarding sexual health, sexuality and HIV/AIDS as well as training the students on the aspect of facilitating interactions with the learners.

### 3.4 Programme Summary

The sexual health programme being evaluated in this study was developed in the HIV/AIDS and Service Learning module (PSYC722) for the year 2012 that was convened by Kerry Frizelle. The students in the Honours class for the year 2012 developed the manual for the programme by combining the course reading material and previous manuals of similar sexual health programmes that had been developed by previous students in this module. The students developed the manual under the supervision of the module convener. The manual was developed after the completion of the theoretical component of the module which informed the sexual health programme.

Paul-Ebhohimhen, Poobalan & van Teijlingen (2008) advocate for the training of facilitators in order to ensure that programme fidelity is exercised as assuming that facilitators are knowledgeable may lead to unforeseen deviation from the programme and its manual. According to Aitken (2009) former students who had designed and implemented previous versions of this programme recommended that students be trained on group facilitation skills, a recommendation that has been implemented in the evaluated programme. The facilitators participated in training workshops that included tutoring on HIV/AIDS and sex education and also allowed for role-playing of the different lessons. The workshops were overseen by the module convenor.

Sexual health programmes should be grounded in a theoretical framework that is informed by both theory and research evidence (Flisher, Mukomo & Louw, 2008; Paul-Ebhohimhen, Poobalan& van Teijlingen, 2008). This programme is securely grounded in a positive rights based approach to youth sexuality and a social constructionist perspective on sexuality. Flisher et

al. argue that sexual health programmes should be delivered with sufficient duration and intensity to produce positive changes both in the short term and long term. The manual encompassed eight lessons with each lesson being administered in a 1 hour session. The intervention was implemented over four weeks with two lessons being administered per Tuesday afternoon workshop.

The first lesson titled "Introduction to the programme and sexual rights" aimed to establish rapport between the facilitators and learners with an emphasis on creating a comfortable and safe environment. The sexual rights included in the lesson include the following: the right to seek and receive information, to have access to sex education, and express sexual desires, needs and concerns. Facilitators also used this lesson to notify the learners that the programme aimed to provide information as opposed to encouraging sexual activity. Three activities were included in the lesson. The first activity was a beach ball game designed to establish rapport through asking questions in a non-threatening manner. The questions were written on the beach ball which was thrown around the room. The second activity encompassed the facilitators explaining their role, the rationale of the programme and offering a preview of the lessons to follow. The third activity titled 'Shout the word' aimed to normalize the terminology to be used in the workshops. The activity included shouting out a word such as 'clitoris' or 'condom' to find a word companion in the workshop who had the same word as you.

The second lesson titled "Gender in a box" dealt with issues of gender construction and gender socialisation. The lesson covered biological and social themes of gender and in addition issues such as gender violence were included. The lesson was designed to help adolescents identify

both the biological and social aspects gender. Furthermore it aimed to foster a freedom to choose one's gender identity. Included in this lesson was an icebreaker designed to elicit the learner's perceptions of the differences between sex and gender. Other activities used flipcharts and pictures from magazines to illustrate social roles assigned for men and women with critical discussions and debates on gender socialisation being incorporated.

The third lesson titled "A story of gender" was a sequel to the second lesson. The third lesson predominantly focused on nurturing a critical exploration of the role gender plays in adolescent lives. The aim was for learners to challenge, question and critically engage with gender construction whilst acknowledging the role it plays in sexuality and sexual health. Gender construction and gender stereotypes, the vulnerability that arises from gender stereotypes as well as the role of gender in HIV/AIDS were emphasised in this lesson. Furthermore issues regarding agency, negotiation and empowerment were included in the lesson. The first activity, following an icebreaker, was in the form of a vignette accompanied by a discussion of the protagonist's story. The story, written from a female adolescent's perspective, explored how she felt she was treated differently to her brothers who had more freedom. The learners were tasked with reflecting on the story from their own perspective and the perspective of the opposite gender. The second activity explored the dynamics of sex as an economic commodity using a vignette with the learners being tasked with scrutinising the actions of the protagonist. In the story the protagonist, a young female, responded to receiving an expensive gift from a lover by initiating sex.

The fourth lesson titled “Thatha ma Choice: Empowerment in decision making: Relationships, negotiations, and communication” tackled the topic of decision making in adolescent sexuality. The lesson aimed to develop decision making, and also illustrate that it was possible to move beyond negative choices and experiences. Decision making was seen to encompass a clear delineation of the available options and implementing negotiation and communication to reach an optimal resolution. Decision-making cards were used in this lesson to facilitate discussion and to role-play decision-making. The cards had scenarios and different courses of action that could be taken in the scenarios. Learners were divided into groups and exercised decision making to settle on a course of action in each of the youth sexuality focused scenarios.

The fifth lesson was titled “Sexuality is “gewoon”, “indalo” meaning natural: equipping students with decision making skills within their relationships”. This lesson expanded from the fourth and endeavoured to nurture informed decision making in the learners’ personal relationships. Positive uncertainty, as opposed to feelings of isolation, loneliness and fear, was emphasised. Decision making was depicted as a form of empowerment with the learners being informed of their rights and the responsibilities that come with practicing one’s sexual agency. In the first activity titled ‘Decision making skills’ learners were given decision making scenarios and worked in groups to reach a decision. Following the groups’ presentation of their resolutions on the given scenarios the facilitators provided a decision making process using insights from what the learners had resolved. The second activity titled ‘pressure lines’ explored the role of peer pressure in decision making. In this activity learners, working in groups, were tasked with identifying and effectively responding to ‘pressure lines’ used by adolescents to pressurize their peers into having sex.

The sixth lesson titled "Love has no gender" explored sexual orientation and lesbian, gay, bisexual and transsexual rights were attended to. The lesson was intended to create awareness, introducing a different way of thinking about various types of sexual identities. The lesson also aimed to create an environment for freedom of expression and challenging stereotypes whilst respecting learners' beliefs. In one activity learners picked strips of paper from a hat and were asked to give definitions of the words they had selected. In another activity learners shared what they had heard about gays or lesbians based on the sheets of toilet paper they had torn from a roll that was being circulated. Learners' perceptions on LGBTI people were further explored with an activity in which pictures with captions were shown and learners had to respond with agree, disagree or uncertain. In an activity with an emphasis on the learners' rights to hold their own beliefs questions were asked and learners wrote down their initial responses. The responses were explored in a discussion that was guided by the constitutional rights regarding sexual identity.

The seventh lesson was titled "Name without shame: Spreading positive messages to youth around sexuality". The lesson's objectives included the following: creating awareness of sexuality and the functions of sexual organs, empowering the youth towards adopting a positive message of sexuality, deconstructing inaccurate ideas relating to sexual organs and normalising the use of sexuality terminology. In the icebreaker activity learners were asked to provide the various names, formal and slang, used for male and female sexual organs. Another activity included the labelling of male and sexual organs. Colour diagrams were used and learners, in groups, labelled both female and male sexual organs. The facilitators provided information of the uses of the various sexual parts/organs. In the final activity learners were tasked with creating

slogans for some of the terms they had learnt. The pervasive theme in all the various activities was for learners to be aware, comfortable and proud of their bodies.

The eighth and final lesson was titled “Safe sex”. The lesson aimed to encourage the prevention of HIV and sexually transmitted infections, increase and encourage correct condom use, the reduction of risky sexual behaviours and promote safe sex practices. The first activity in this lesson aimed to illustrate how pervasive HIV and STIs are. Learners were issued with small pieces of paper with symbols and asked to walk around the room greeting people. The greeting was a metaphor for having sex and the symbols on the paper represented what the ‘sexual partner’ brought to the encounter such as gonorrhoea, syphilis, no infection or HIV/AIDS. An activity in which learners were tasked with picking up paper clips while wearing condoms over their hands was employed to illustrate how much you can feel through a condom. When condoms were torn during the activity this illustrated their fragility to being damaged by fingernails or other sharp objects. In the final activity participants were divided into groups and asked to draw a body map. Thereafter they identified “hotspots” or sexual pleasure zones. This was done for both sexes before discussions around how well men and women understood each other’s “hotspots”. Furthermore the risk of HIV infection associated with touching the “hotspots” was discussed. Strategies to maintain sexual pleasure while decreasing risk of HIV and STI infection were discussed.

# CHAPTER FOUR: RESEARCH METHODOLOGY

This chapter will provide a rationale for the research design employed in this study. The sampling method will be presented. The process of data collection will be reviewed. Ethical considerations that arose will be reported. The data analysis method employed will be detailed.

## 4.1 Type of design

The study design followed a qualitative evaluative research design. Qualitative research is inherently interpretive and adopts a naturalistic approach to studying its subject matter by focusing on the meaning people attribute to phenomena (Mertens, 1998). A qualitative design was selected as the study attempted to understand the learners' subjective experience. The qualitative approach was favoured as it allows for flexibility that made it possible for valuable information to emerge spontaneously from the research process (Babbie & Mouton, 2004; Whitley, 2002). According to Clarke and Dawson (1999) the value of using a qualitative approach in evaluative research lies in this approach's ability to elucidate the social processes that influence the changes that are seen as outcomes of an evaluated programme.

The core function of programme evaluation or evaluative research is to assess the effectiveness or value of a programme. For the purposes of this study the following definition will be employed.

> Programme evaluation is the use of social research methods to systematically investigate the effectiveness of social intervention programs in ways that are adapted to their political and organizational environments and are designed to inform social action to improve social conditions (Rossi, Lipsey & Freeman, 2004, p16).

This definition was selected because it places emphasis on the use of theory based social science research methods and its emphasis on a programme's efficacy being judged based on the social action it delivers or inspires. According to Bhana and Govender (2010), programme evaluation, by means of evaluating effectiveness, ensures that various stakeholders can hold programme implementers accountable. Furthermore, evaluative research allows the evaluator, and those with access to the results, to compare similar programmes and have a working base for improving the evaluated programme.

Evaluative research may be in the form of measuring and monitoring programme outcomes, assessing the impact or effects of the programme, the assessment and monitoring of the programme's process or be formative (Clarke & Dawson, 1999; Rossi, Lipsey & Freeman, 2004; Waa, Holibar & Spinola, 1998). The current study is concerned with assessing the process of the evaluated programme.

It is elucidatory to explain the difference between formative evaluation, evaluation of outcomes and evaluation of process. Formative evaluation is concerned with gathering information for the purpose of planning, refining and improving a programme during its early development and implementation (Clarke & Dawson, 1999; Waa, Holibar & Spinola, 1998). According to Rossi, Lipsey and Freeman (2004) outcome evaluation is an assessment of the "bottom line" as outcomes are observable characteristics that are expected to be changed by a programme. In contrast, they characterize process evaluation as being an assessment of how the programme is being implemented as opposed to focusing on its effects. A process evaluation details the things done during the implementation of programme, provides information on how resources are used,

gives insights on whether a programme is implemented as intended, informs on what key stakeholders think about the programme, and offers information on the context in which a programme is offered (Waa, Holibar and Spinola,1998). They further argue that its capacity to provide information that can be used to refine a programme means a process outcome may be employed for formative evaluation purposes.

According to Bhana and Govender (2010), process evaluation offers a description of what actually happens when the programme is implemented. This includes an assessment of fidelity, which is how much the implementation process mirrors the programme plan. According to Craig et al. (2008), it must be stressed that a process evaluation is not a substitute for an outcome evaluation. A critical aspect of process evaluation is that it offers insights on how to improve the programme being evaluated (Bhana & Govender, 2010; Clarke & Dawson, 1999; Craig et al., 2008). This may be missed if the available data only shows the "bottom line". According to Clarke and Dawson (1999) process and outcome evaluations are potentially complementary when the process evaluation is used to explain the changes that lead to the observed outcomes. In this study the sampled participants were interviewed to give insights into how they experienced the process of the programme. As the programme had already been planned and implemented to completion, the evaluation was a process, and not a formative, evaluation, but the findings can be used for formative purposes.

## 4.2 Sample and Sampling method

Purposive sampling, a sampling strategy characterised by the subjective selection of members deemed to have the most meaningful information on the characteristic of interest, was employed in this study (Guarte & Barrios, 2006). The sample for this study is purposive because it is composed only of those learners who participated in the sexual health programme. The sample population for the study was all the Grade 11 learners who participated in the sexual health programme. The programme facilitators recommended three learners per group whom they thought would be suitable participants for the study based on their participation in the workshops. In this regard the purposive sampling employed in this study partly mimicked snowball sampling. In snowball sampling the researcher identifies informants with a special understanding of the phenomenon being studied and asks them to participate and also recommend potential participants, thus creating the 'snowball effect' (Ulin, Robinson, Tolley & McNeill, 2002). However, in this study the sampling strategy is not completely characteristic of snowball sampling as the student facilitators were recommending participants as opposed to participants who had participated in the research being asked to recommend their fellow learners. In instances when the recommended learners were not available for interviewing the facilitators were asked to recommend two more students. 18 learners participated in the study, 15 females and 3 males. The age range of the participants was 16 to 19. The average age was 17. The participants were divided in to four focus groups ranging from 3 to 7 participants per group.

## 4.3 Data collection method

One hour long focus group interviews with four groups of learners were used for data collection. Focus groups allow for a dynamic interaction amongst the participants that is not found in

individual interviews (Babbie & Mouton, 2004). Furthermore focus groups allow for similarities and difference of opinion in the sample groups to be uncovered and debated. This was considered to be a potentially important factor in this study if the learners experienced the programme differently. The focus groups consisted of 3-7 learners per group. A group size of 6-8 is considered to be manageable and big enough to allow for the desired level of interaction (Hancock, 1998). Whilst 6-8 members were invited for each focus group in two of the focus groups some of the invited participants did not come for the scheduled focus group.

The focus groups were organised for four different days in one week. Each focus group was scheduled for 11h00 in a pre-booked venue at the University of KwaZulu Natal. The focus group interviews took place in a consultation room at the University's Psychology clinic. The participants were offered lunch and their transport money was reimbursed. There was no reward for participation. At the beginning of each focus group the participants were orientated and a consent form was read and signed by the participants. Each participant had to produce a consent form signed by their guardian allowing them to participate in the study. The consent forms had been sent home with the learners with the assistance of their *Life Skills* teacher. The learners' consent for the focus group to be recorded was requested before each focus group started.

At the start of each focus group the learners were given the option for the focus group to be conducted in IsiZulu, the home language of most of the participants, or English, the school's medium of instruction. This is in line with the acceptance of language being a core factor in the social construction of youth sexuality and sexual health (Selikow, 2004).

### 4.4 Instrument for data collection

An interview schedule with open ended questions was used as the instrument for data collection. According to the Cozby (2004) research that attempts to elucidate how people naturally view their word lends itself to the use of open ended questioning and this study fits this profile. The questions served as an unstructured guide and the researcher expected the participants to cover the projected themes without too much structured questioning from the researcher. Furthermore this allowed for unpredicted themes to emerge from the qualitative enquiry in a manner that may have been restricted by structured questioning. Probes that were informed by findings from a previous small scale qualitative study of an earlier version of the programme were included in the interview schedule. Furthermore themes that emerged in earlier focus groups were included in questions posed to later focus groups to ensure that divergent or convergent thinking around certain themes could be observed across the different focus groups.

A biographical data page was used to collect information related to the participants' age, gender and number of workshops attended.

### 4.5 Ethical considerations

Ethical clearance was applied for and granted by the University of KwaZulu-Natal's Humanities and Social Science Research Ethics Committee. According to Zuch, Mason-Jones, Mathews and Henley (2012) the National Health Act No. 61 of 2003 which came into effect in 2012 mandates that participation of research participants in health related research requires the consent of a parent or legal guardian. In this study this was complied with by having parents or legal guardians sign written consent forms. In addition the participants were allowed a chance to

provide consent before the start of each focus group. Participants were informed that participation was not mandatory. It was made clear that they could cease their participation during the focus group interview without any negative consequences. The constraint on confidentiality was highlighted given the group interview format. The importance of maintaining confidentiality was emphasised and well received by the participants. No ethical dilemmas arose in this study. As a past student in the *HIV/AIDS Service learning module* I had to make a concerted effort to not allow my positive evaluation of the module, and previous versions of the programme, to influence this study. One such method was to not read the manual used in the evaluated programme before engaging in the data collection phase. Thus I could only comment on programme fidelity after I had read the manual following the data collection phase. Having a supervisor critique and comment on my work also minimised the potential of positive bias due to my own prior association with the module and previous versions of the programme.

### 4.6 Data analysis methods

Data was analysed using interpretive thematic data analysis. Braun and Clarke's (2006) version of interpretive thematic data analysis was used. Braun and Clarke (2006) define a theme as being a pattern of meaningful responses in the data set that captures something that is judged to be important in relation to the research question. Braun and Clarke (2006) offer a six phase guide for conducting interpretive thematic analysis which was used in this study. The six phases are; familiarising yourself with the data, initial coding, searching for themes, reviewing themes, definition and naming of themes as well as producing the report.

The first phase, becoming familiar with the data, was an on-going process from listening to the recording for the first time to the final write-up of the dissertation. A line-by-line transcription of the recordings was performed. Constantly referring back to the data ensured the researcher's interpretation was supported by the data. Reading the transcriptions and listening to the recordings to get a feel of what the study was about was an important step at this phase. As suggested by Braun and Clarke (2006) during this phase of repeated reading an overarching theme emerged. The overarching theme was contradictions in the experience of sexuality, a theme that alludes to the complexity of negotiating one's sexuality.

In the second phase, initial coding, the researcher returned to the data set and freely coded the responses while staying close to the actual language used by the participants. The process of coding is part of the analysis, however at this stage it was important for me to refrain from being overly interpretative (Braun & Clarke, 2006). The coding was done manually and the left margin was used to write the initial codes. The initial coding was done in English and thus those sections of the transcriptions that were in IsiZulu were translated.

The third phase of searching and actively creating themes followed. Reading through the initial codes led to the introduction of tentative themes which could be changed if the data set did not support them. Braun and Clarke (2006) assert that some initial codes may combine to form a single theme.

According to Braun and Clarke (2006) the fourth phase entails reviewing and refining the tentative themes, this was done to decrease the number of themes by joining overlapping themes

and cutting out themes that were not sufficiently supported by the data. 19 initial themes were refined to 10 themes that were supported by the data.

The fifth phase includes defining and naming themes while the sixth phase refers to the actual write up, these phases will be discussed in the discussion section to avoid repetition.

The decision to allow participants to express themselves in IsiZulu or English had a bearing on how the results were analysed. The decision to conduct the data collection in a bilingual manner was in keeping with the Language policy that the University of KwaZulu-Natal adopted in 2006.

According to the University of KwaZulu-Natal (2006) the policy outlook is informed by the Higher Education Act of 1997, the Language in Education Policy of 1997 and the Language Policy for higher Education of 2002. The policy endorses respect for diverse cultures and values. Furthermore the policy stipulates that it encourages research conducted in IsiZulu.

According to wa Thiong'o (1981) language is not merely a tool for expressing one's culture instead language carries the values people use to perceive themselves and the world. The social constructionist approach construes the construction of meaning as being created by and through language (Swartz, 1998). This means that translation becomes a complicated enterprise that involves much more than merely changing labels from one language to another. Thus with this frame in mind it was decided to ensure that the research participants were enabled to express themselves in the most 'natural' manner in the language they are most comfortable speaking. This was extended to the data analysis where the analysis was done in both English and IsiZulu.

It emerged that most of the collected data was in IsiZulu, albeit mixed with English, as is commonly spoken by young people in the community from which the participants were drawn from. To preserve the essence of what the participants expressed quotes are presented in IsiZulu in the *results chapter* followed by a translation into English. IsiZulu is the author's home language. The *analysis chapter* which follows the *results chapter* is written in English.

# CHAPTER FIVE: RESULTS

This section will cover the findings from the four focus group interviews that were held. The grand theme was one of ambiguity and variation regarding sexuality and sexual health knowledge and experiences. The findings are reported according to the following themes: the use of language in youth sexual health, learners' subjective experience of the workshops, previous sexual health education and HIV/AIDS knowledge, new knowledge, sexual rights perspective, relationships, gender inequality and sexuality, sexual identity and safer sex.

For the purposes of anonymity the learners will be referred to with a short pseudonym based on the Focus group they were in. Thus the third participant in the first group will be known as A3. Similarly the first participant in the fourth group would be D1. In instances where teachers' names have been used by learners in extracts quoted from the focus group interviews pseudonyms have been employed.

## 5.1 The use of language in youth sexual health

The use of language was an important factor in this study. Language was revealed to be an integral factor in the participants' negotiation of their sexual identity. Language use was important in the process of the workshops and during the data collection phase of this study. In line with the social constructionist approach to the study learners were given the opportunity to speak IsiZulu or English during the focus groups. The learners mostly preferred to be allowed to speak both English and IsiZulu even though most learners have IsiZulu as a home language.

### *5.1.1 Medium of expression*

The workshops were seen to be a platform for learners to acquire a vocabulary or language to speak about their sexuality. According to 4A:

> Abesikhulula ukuthi sikwazi ukusho some things ebesingakwazi ukuthi sizisho. Kukhona namagama ezinto ezenzeka empilweni nezinto esinazo emizimbeni ebesingakwazi ukuthi sizibize ngoba sisaba but then besikwazi ukuthi siwasebenzise sizijwayeze and sithole more knowledge about things.

Participant 4A alludes to the significance of the workshops and how the learners learnt to express themselves about what they were going through as well as about the bodily sexual experiences that they did not have a language for. Most participants agreed with the idea that the workshops offered a language to discuss sexuality.

### *5.1.2 Sexuality in IsiZulu*

The participants revealed that discussing sexuality in IsiZulu differed remarkably from exploring the topic in English. According to C4 “IsiZulu siwabeka eqinile amagama, kube engathi uyadelela”. The participant argued that words used when talking about sexuality in IsiZulu are synonymous with being rude. Similarly other participants argued that the IsiZulu words are disrespectful. C1 adds that the words are much more embarrassing to say in IsiZulu. According to C3 “Ikakhulukazi futhi manje njengoba sekufakwa amagama esitsotsi kuba nconywana ke uma uzosebenzisa wona ke ngoba awagqamisi kakhulu ukuthi ukhuluma ngani yabo”. C3 argues that the use of slang makes it easier to communicate as it is not as unrestrained as pure IsiZulu which is just blatant about the subject matter. Participant D2 argues that words associated with sexuality in IsiZulu sound like vulgar language and while they could use these words during the

workshop they would not dare try in their homes. This view is reiterated by different participants from the different focus groups throughout the study. D1 adds:

> Njengoba eshilo u D2 Isingisi ave sihloniphisa. IsiZulu into siyibeka kabuhlungu engathi uyathuka ke manje. Ukubhebhana ucabangani leyonto? Inhlamba engaka! U-boy wasekhaya angathi nje ngithuke inhlamba ayongiceba.

The participant argues that the IsiZulu term for having sex used by young people is known to be vulgar and if she were to use it in earshot of her younger brother he would be quick to report her for using vulgar language.

### 5.2 Learner's subjective experience of the workshops

The general view of the learners was one of being impressed with the approach, content and delivery of the workshops. A key factor for the learners was the relevance of the content. Participant B2 explained that the workshops were useful because they covered issues that the learners were experiencing or were likely to experience in the future. Participant B5 reflected on how the content of the workshops was related to issues they experienced or that they knew were happening. Similarly participant A2 used the words "captivating" and "interesting" to describe the workshops. According to B2 the manner in which the workshops were pitched was accessible to the learners:

> Most of the time thina as i-youth asiyifuni into ezosi-bhora, asiyifuni into ezosihlalisa phansi isikhathi esiningi silibele sithi 'yebo, yebo'. Sifuna masihleli kanje siphendule nathi sifuna ukuba involved sisho nje ukuthi awukahle wena ayikho lento oyishoyo, kubekhona i-debate somehow.

This participant emphasises that the participative nature of the workshops allowed for debate as opposed to a direct didactic approach to teaching. She elaborates and states that young people are

not keen on learning by merely listening to didactic teaching without the option to offer their own views.

When asked about their experience of the workshops most participants discussed the activities that stood out for them. Participant B2 recalled:

> Nale ekwaku khona ama-charts awu two abeka i-woman ne-male sibe sesisho amagama ngabantu besilisa ukuthi mawumubona umuntu wesilisa ucabangani bese usho ukuthi amagama lawa esibiza ngawo anawo yini umthelela? And ukuthi thina siyathanda uku-judge-a umuntu like sisho into esimu judger ngayo kanti uyabo akayona leyonto leyo.

In this statement the participant discusses how different words are used when discussing people of different genders leading to stereotypical judgements. She reports that this became explicitly evident in an activity that used a chart with people of different genders and how the activity revealed that assumptions based on stereotypes are sometimes wrong. Similarly participant B4 recalls how an activity using a poster revealed to the learners how females had more responsibilities. The learners realised the purpose of the games as expressed by A2:

> Kuma-games umuntu wayethatha njengokuthi i-game nje kuphela kanti there is a story behind it. Kukhona esasiyidlala yama-scores besitshela ukuthi just pretend ukuthi mawubhala ngomuntu ulala naye makukhona i-star u-HIV positive, makukhona ini-STI yonke leyonto leyo.

Participant A2 reveals that the games and fun activities were not merely introduced for the sake of having fun but had an accompanying message be it related to HIV or STIs or another topic altogether. Thus she alludes to the fact that the games were received as an accessible way of delivering the message. The participants further revealed that using games made sure that they were not bored. The interactive learning was experienced as making learning easier than didactic teaching and it also allowed the learners to loosen their defences and be freer to discuss sensitive or embarrassing topics.

The use of an anonymous box to ask questions at the end of the sessions was highly favoured by the participants. According to B1:

> Besibhala sifake emabhokisini kanti ema-classini kumele ubuze nje kahle kubone wonke umuntu kanti laphaya ububhala i-question and then write anonymously and ufake ebhokisini and they will answer the following week.

This participant describes the use of the anonymous box as enabling one to write a question, instead of asking verbally, with the assurance that it will be answered in the following workshop and you will not be exposed as the questioner. Participant B2 adds:

> So mabezofunda i-question yakho bethi okay nansi i-question khona owabhala i-question ethize abese eyaku-answer uyazazi ukuthi oya iminake lo, akukho muntu omunye ozokwazi ukuthi uwena owabuza lowo mbuzo ngoba umbuzo okuzokwenzeka ukuthi mangabe sowaziwa yilabantu eninabo kubekhona umthelela omubi, baku-judge, bakhulume ngawe.

In this extract participant B alludes to the importance of the protective nature of using the anonymous box as she reveals that the consequence of asking certain questions may lead to one being judged and being the subject of negative talk. The following exchange further puts into perspective the role of the anonymous box.

> D1: Cha phela mhlampe ukuthi ngibuzile ukuthi, mhlampe ngibuze into ethile mese mhlampe athi u D3 ubuze ukuthi mese ngiyamphendula
> D2: (interrupts) Kuzoba sengathi usuqalile uku-have-r i sex
> D1: Ahambe ayotshela lo bonke sebezothi hawu! Lo, kade ebuza ukuthi nokuthi...

The two participants discuss the potential outcome of asking certain questions. They argue that asking certain questions may give the impression that the learner raising the question has started having sex. This is likely to lead to rumours spreading about the learner and it is for this reason that one might shy away from asking potentially controversial questions.

Participant B3 adds to this exchange by revealing that the use of the anonymous box may lead to another learner asking a question that you feared asking and you end up benefiting from the opinions that emerge about that particular discussion. Another participant argues that not writing your name saved you from feeling offended when your question was being discussed. Participant D1 discusses a significant tenet of the anonymous box:

> Ehhe nama research sometimes kukhona la besifaka khona imibuzo kuma box benze i-research babuye bazositshela ukuthi into ewukuthi siyitholile and kuwukuthi nokuthi... Basifundele ukuthi batholeni.

The participant reveals that the anonymous box allowed the facilitators the chance to research the topics that arose in the questions posed through the anonymous box. It emerged that the learners felt comfortable with the anonymous box, the element of fear was eliminated and consequences that may have followed the act of openly asking a question were obviated.

The main response of the participants was having experienced the workshops as having been relevant, educational, fun, interesting and important.

### 5.3 Previous Sexual Health Education and HIV/AIDS knowledge

It became clear during the focus group interviews that participants reflected on the workshops by drawing a comparison with previous experiences of learning about sexual health and HIV/AIDS. *Life Skills,* previously known as *Life Orientation*, was the main source of prior knowledge. Sexual health information had also been received from sources that included parents, community members, the clinic and specific programmes.

### *5.3.1 Sexual health education in Life Skills (formerly Life Orientation)*

The collective view of the participants was one of dissatisfaction with *Life Skills* as a subject particularly with the sexual health component offered in this compulsory subject. According to A4 "Kwi-L.O ungathi it is the shallow information abasinikeza yona, le e-light nje ukuthi nje bagcine icala kanti kulama sessions we went deeper into the topics". This participant reflects on how it appeared that teachers offered information on sexual health in *Life Skills* out of obligation and thus kept the content at a superficial level. Making a similar point B2 reported:

> Ngisho noma kuthiwa siyayenza ke uthisha wethu is that person umane athi ayibo nina! Nazi izinto ezingaka nibancane. Uwumuntu okanjalo. Uyangixaka kenaye ngokwakhe ngoba naye usayingane, ula ko-24 mangicabanga. Manje masikhuluma ngalezo zinto umane athi nazi izinto ezingaka, so kuleya-session ku-allowed ukuthi ukhulume nge-experience yakho unlike ekilasini la ungeke ukwazi ukukhuluma inoma ngani nivalelene e-classini.

B2 reflects that even when sexuality and sexual health was covered in *Life Skills* the teacher was not open-minded and felt uncomfortable discussing sex with the learners even though she is only 24. The participants also reported that some teachers appeared to fear teaching them about sex. Some participants postulated that teachers felt opening up a discussion on sex would be interpreted as encouraging sex amongst the youth.

> Izinto eziningi bebengazikhavi bebesacabanga ukuthi siseyizingane mhlampe besaba ukusho lezinto othisha...mhlampe njengalokhu kwama-condoms ukuthi ama-condoms asetshenziswa kanjani...bebesitshela nje ukuthi singalwenzi ucansi sisebancane ngoba mawenza ucansi uzokhulelwa, bagcine lapho nje.

Participant C5 reported that *Life Skills* teachers were afraid of teaching youth sexuality because they thought the learners were too young. C5 cites how condom use had not been taught but they had instead been instructed not to have sex as they would fall pregnant.

The participants did not feel comfortable enough to discuss their experiences with *Life Skills* teachers as the teachers' attitude did not define the *Life Skills* subject as the appropriate platform. When sexual health education was taught learners reported being encouraged to only have sex after marriage.

One participant reflected on a positive experience of *Life Skills* when she was in Grade 9. According to B4:

> One class engilikhumbulayo elakwa-Grade 9 esasilifundiswa uthisha uNgcobo, ila esasikhuluma khona cause lapha sasi-free and naye nje wayenguthisha ovulekile, kodwa laphayana sasigxile kakhulu kuma-relationships, ya iyona into esasigxile kuyona ke.

Although mainly focused on discussing relationships B4 reported that her Grade 09 teacher was open-minded and made the learners comfortable to discuss freely. This experience was an exception for the participants who were generally unsatisfied with *Life Skills*.

A particularly concerning finding was the lacklustre attitude with which *Life Skills* was reportedly approached in the current and previous schools that the learners had attended.

> Othisha abakukhathaleli ukusifundisa i L.O cause like babona ukuthi like yonke into siyayibona but kukhona ezinye izinto ekumele sicaciselwe zona esithi masizibona sibone indlela eyiyona. Laphayana besikwazi ukuthi sichazelwe lezozinto.

Participant D1 hypothesises that teachers lack of interest in teaching sexual education in *Life Skills* may emanate from a belief that learners were exposed to everything. However D1 reveals that the workshops were useful as they got a chance to receive accurate knowledge that catered for their curiosity. Another participant indicated that she had not learnt about sexual health in *Life Skills* and had instead learnt about other topics such as discrimination, stress and democracy.

A5 reported, “Besingayenzi, bekuhlala kuyi free period”. Most participants related similar experiences of the *Life Skills* period often being a free period. According to B1:

> Bengifunda nabo laba, kodwa i-LO ay ngangingayifundi nje, ngoba nje u-Grade 11 wonke ubengekho uthisha, kwa-Grade 10 angiyikhumbuli, kwa-Grade 9 angiyikhumbuli, ngiyikhumbula kwa-Grade 8 ngiya e-ground-ini kuphela.

Participant B1 reported not having had a *Life Skills* teacher in Grade 11, having no memory of sexual health education in Grades 9 and 10 and only remembered the physical training component in Grade 8. The relatively bigger classes in *Life Skills* lessons were seen as an impediment to studying about sexual health. Having a big class was seen as being prone to disruptive behaviour. Participants revealed that at times the period would be utilised for computer studies. One participant reported that there had been times when they hadnot had a *Life Skills* teacher even though it was included in the timetable.

The lessons in *Life Skills* were experienced as didactic with an instructive attitude. The participants revealed that teachers were afraid of teaching about sexuality and sexual health. Teachers were reported to perceive sexual education to be equivalent to encouraging the learners to engage in sexual intercourse. The classes were seen to be insufficient as they paid superficial attention to sexual education.

### *5.3.2 Sexual health education from parents*

The learners’ experience of sexual health education from parents differed significantly. A minority of the participants reported having received parental advice on sex, while most participants did not have a ‘sex talk’ with their parents. Participant A3 reported a preference for hearing stories from parents on their own experiences. A male participant reported an inimitable

story of how his father encouraged him to have sex so he could gain experience. Reflecting on her parents' attitude when discussing sexual health with her participant A4 reported:

> I also think sometimes ukuthi it is the fear in them because abazali abaningi they talk from experience so mangabe wena usufuna ukuzama lento kubuye kube naleyo-anger yokuthi usekhumbula yonke lento eyenzeka in the past so that is why they end up shouting, sebethetha yabo into ezikanjalo, so it is that fear ababa nayo from their past experience.

She reflects on how parent's own experiences may come to the fore and they may then opt to intimidate you because they fear you may have negative experiences that are similar to their own. Similarly B2 reported that:

> Ezinye izingane it is hard ukuthi babuze umzali ukuthi, ma njengoba esengincenga umfana kufanele ngithini ke mina? It is hard ngempela ngoba uzovele akuthuke (Laughter from participants). Another thing for these sessions esibanawo I think kumele somehow, angazi nami kanjani kodwa, kuke kukhulunywe nabazali because inkinga ebazalini ukuthi abafuni ukuba open nezingane, I mean like ingane uma isina 13, that is just teenage years, kuqala kuyaphezulu konakala lapho. Manje the more bengafuni ukukhuluma nathi the more sifuna uku-experience ngoba sifuna ukuthi siyayi-experience kodwa, sifuna ukuzenzela thina.

The participant reported that it is difficult for adolescents to approach their parents and ask about sexuality and sexual health. Participant B2 argued that she felt intervening with parents would serve the learners well. Parents' decision to not teach the youth about sexual health was seen to be a factor that heightened young people's curiosity particularly after age 13. She further argued that parents aversion to educating adolescents about sexuality leads to early sexual experimenting.

Participants detailed further factors that made it difficult for their parents to discuss sex and sexual health with them. Learners were of the opinion that parents felt discussing sex was equivalent to permitting it. It was also revealed that parents seemed to think that sex was only for

adults and sex during youth was inherently wrong. Parents who did not spend time with their children due to work obligations were said to lack a connection with their children and subsequently were not attuned to their children's need for guidance related to sexual health and their developing sexuality.

The participants were divided on who should initiate the sexuality topic in the parent-youth dyad. Those who opted for parents to bring up the topic felt that this would make them comfortable and parents were more experienced and thus would know what to say. In addition they also feared that to initiate the discussion may be interpreted as a declaration of being sexually active. In contrast the minority who preferred to initiate the discussion felt that it was their responsibility to inform their parents that they were developmentally at an age where they were thinking about their sexuality and sexual activity and wanted to get information to protect themselves.

### *5.3.3 Sexual health education in communities*

The participants also reported that neighbours and other community members contributed to their knowledge before the workshops. Participants explained that youth residing in townships are much more aware than youth, from rural areas, whom have information concealed from them thus putting them at risk. However the majority of the participants were not pleased with the approach of the various community members. Reflecting on the type of approach taken at church C3 reported that:

> Esontweni, eish ngeke ukhulume nge-sex. Ngeke basitshele ukuthi "manje zingane zami kwi-sex kumele nizi protect-e kanje nakanje. Bazothi "zingane zami, ningayenzi i-sex because nizomitha".

According to C3 although youth sexuality is a topic in the church it is not addressed neutrally. The approach at church is not based on teaching young people how to protect themselves and ensure sexual health. The emphasis is on reinforcing the notion that young people must not engage in sex due to the consequences such as teenage pregnancy. C2 concurred and reflected on how it was the consequences of unsafe sex, such as teenage pregnancy and sexually transmitted infections that were emphasised. According to A3 "Abefundisi bakutshela nje ukuthi awulali mawungakashadi nazo zonke lezozinto aba-understand ama-situations abantu abasuke bekhula ngaphansi kwawo". In this quote the participant reflects on how pastors would emphasise the need for youth to wait until marriage before having sex. The participant perceives this view to be unrealistic and misaligned with the reality of today's youth. This participant further offers an example of how community members discuss sex in the context of warning youth against engaging in sex:

> Yabo asithi kukhona ingane elingana nawe ihlala kwamakhelwane mhlampe yona ikhulelwe kuqala mhlampe wena wenze i-mistake nje ubuye ebusuku ngephutha bese bethi "ehhe uzomitha ufane naleyangane leya". (Laughter from participants)

Participant A3 gives an example of how you are likely to be reprimanded for coming home late by community members and be compared to same aged girls who are pregnant. The dominant view seemed to be that community members, and to a certain extent parents, would give information on a reactionary basis, after something had happened.

One participant reported having been involved in a structured community based sexual health programme before moving into the community where most of the participants' reside.

According to D1:

> Mina Ogwini ka Grade 08 kukhona enye into yama peer educators ya *Siyayinqoba* esake sayi attend-a nje. Laphaya kwakugxilwa ngento e-under i-sexuality mese kufakwa kancane izinto ze-TB. Lapha kwakukhulunywa almost everything about sex.

D1 reported that there were similarities between the workshops and the camps they attended for training to be peer educators at a previous school. A noted difference was that there was a rule that a candidate who fell pregnant or it emerged was having sex would be disqualified from the camps. A peer educator programme was also said to be running in the community where the school is located. However youth sexuality was not recognised as a core focus in this programme. In addition the attendance by members was said to be linked to being motivated to attend camps that were organised and would decrease significantly after such a camp.

Other sources of sexual health education information mentioned by the learners include clinics, pamphlets and posters. The plethora of information sources contributed to a feeling of having endured exhaustive HIV/AIDS learning. The following exchange is revealing in illustrating the 'baseline feeling' of the participants before the workshops:

> D3: Ay Mina ngaqale ngabaseleka nje ukuthi hayibo! nginqena kanje! After school mina sengijwayele ukuya ekhaya.
> D2: Ay nam' angifuni ukuqamba amanga.
> D3: Kodwa ngesonto lokuqala...
> D1: Kwaqala kwaba mnandi.
> D3: Ngathi haa! Uyoshaya nini lowo past 4 ngigoduke? Kodwa ngasengifisa engathi singa extend-wa isikhath mhlampe siphume ngo 5. Lo 30 minutes omunye sihlale ngawo. The second week befikile kwakumnandi.
> D2: Wonke umuntu wayethi ha...
> D3: ...Hayibo uyasala after school? "Ya ngiyasala," yabo nje. Kodwa ngisaqala ukuzwa ngayo ngangithi nje. Ha!

In this exchange the participants reveal that at the onset of the workshops they were not keen on participating and as participant D3 recalls she anticipated that she would be painstakingly counting the minutes until the end of the workshop. The participants reveal that following the first workshop they were convinced and converted. The participants reveal that the excitement amongst those who were participating in the workshops could be seen when they asked each other if they would be staying for the after school workshops with everyone responding with an emphatic "yes". Thus the workshops were compared favourably against other sources of information about HIV and youth sexuality which were seen to be inadequate.

### 5. 4 New knowledge

Participants indicated that the workshops had led to the learning of new knowledge that was of assistance in facing the challenges abound in youth sexuality. According to B3:

> The most engikufundile, ebengiqala ngqa ukukwazi ukuthi ama-condoms you can actually suck them. Bengiqala ukukufunda lokho bengingakwazi. Bengiwanyanya ngoba ngisho ngiyibona nje ngisaba ngisho ukuyibamba. Ngesaba lamafutha angaphakathi but bengiqala ngqa khona ku leya-session cause ngangizitshela ukuthi angisoze nje empilweni yami.

B3 discusses how for her it was a new insight to find out that condoms could be used during oral sex. She further discusses how she had a loathing for condoms before the workshops and how she wouldn't even want to touch one because of not liking the oily lubricant. She reports that she had never handled a condom before the workshops and had not thought she ever would. Knowledge regarding condom use and safer sex was the main theme in new knowledge that the participants reported acquiring during the workshops. This is covered in depth in the section on safer sex.

New knowledge related to sexual acts and bodily structures included learning about the different erogenous zones and learning about the average sizes of bodily parts. This theme is explored in the following exchange:

> D2: Sengijimile. Ngicabanga ukuthi izinto eziningi ngizobhekana nazo senginayo i-idea, sengazi ukuthi ngenzani.
> Interviewer: Awungichazele ukuthi yini ngama workshops eyenza ukuthi ube naleyo confidence leyo?
> D2: Uhm, Indlela eyi present-we ngayo. It was, izinto ebengizibona sengiyazi ukuthi ok emzimbeni womuntu this is a part eyenza ukuthi kube nje, kunendawo ebengingazazi...
> D1: Ama hot spots. (Laughter by all participants)

In this exchange the participant reveals that he left the workshops feeling prepared and confident. When asked by the interviewer to elaborate D2 reveals that courtesy of the workshops he now better understands the function of different sexual bodily structures. D1 aptly responds by relating to D2 and her excitement is shared by the other participants who all seem to have enjoyed learning about erogenous zones or "hot spots".

Participants also revealed new knowledge that challenged myths they had accepted as truth. According to B4:

> Most of the time sithola abafana abathi they do not want to use condoms because abezwa kahle or into ekanjalo, base basichazela ke laphayana because there is this activity that we did. Sathatha i-condom angisazi sayigqoka kanjani, kodwa sayifaka esandleni and kwakukhona i-pin kwathiwa asithathe leyo-pin kwase kwabuzwa ukuthi umasewuyithathile leyo-pin siyakwazi yini ukuyi feel-a? Sathi "Yebo". Kwathiwa njengoba leyo-pin iqine kanje, because uma uthatha i-pin ne-vagina, izinto eziwu-two ezihlukile, ithambile so kwathiwa leyonto ayikho.

The participant reveals that an activity that involved wearing a condom on the finger, handling and feeling a needle pin illustrated that those men who said they would not use a condom because it reduced sensation were lying. Different participants reported different experiences of

new knowledge they acquired. This knowledge included a new found understanding of sex as being broader than just penetrative sex and information regarding risks related to anal sex. Debating topics such as whether virginity can be lost through "fingering" was experienced as insightful by the participants. The overwhelming response of the learners was that the workshops had led to new learning, even in areas which they thought they had covered exhaustively.

### 5.5 Sexual Rights Perspective

The manner in which the participants experienced the workshops indicated that they comprehended the sexual rights perspective guiding the workshop sessions. This understanding ranged broadly from basic rights, such as a man and a woman's choice to say yes or no to sex, to more complex sexual rights being recognised. Similarly the female participants eagerly reflected on how the workshops informed them that a woman could ask a male partner to wear a condom. Learning to discuss one's sexual health with a partner was an important lesson for participants.

Learning to communicate one's thoughts and feelings was also a key component of sexual rights. Participant B2 aptly proposed, "ingane engakhali ifela embelekweni". This IsiZulu proverb means that failure to communicate one's need for help may have dire consequences, such as a baby who dies in a cot because they do not cry to alert their parents of their distress. The importance of using one's right to communication is covered in depth in the section on relationships.

Decision making was reported to be an important component of exercising one's sexual rights. Participants reported having participated in different activities in which they hypothesised about

what decisions they would take if they were in a particular scenario. According to B3 “Engikufundile mina ke ukuthi asisizile ukuthi sikwazi ukuba ne-decision-making, sikwazi ukuthi uma sizokwenza i-decision siqale sicabange, futhi sinayo i-right yokuthi siyenze leyo-decision”. Participant B3 reveals that the workshops were instrumental in honing their decision making skills and also portraying the message that they had the right to make decisions. Participant B2 reflects on a particular activity used to role play decision making:

> Eh for mina kukhona nje le-story esasifunda ukuthi umangabe i-boyfriend yakho iku-invite ukuthi uyivakashele kubo and then basinikeza ama-different options wokuthi which decision should we take. But umuntu kuba kuyena ukuthi okay mina I will take this decision. Omunye asho eyakhe, obonayo ukuthi hawu why would you take this one? But umuntu uyena osuke azi ukuthi la yini, so bekuya nge-vote kubese kuya-discuss-wa ukuthi why sithi kanje and why iningi lithi kanje?

In this extract B2 reports that learners were given the scenario of being invited by a boyfriend to his house and being given different options you could take. Learners had to justify their decisions and the workshop groups discussed the different options. Learners reflected on the different tenets of successful decision making. According to C3 “Eyokuthi before uvume into kumele uqale ucabange kahle ama advantages nama disadvantages ozobhekana nawo if wenza leyonto, ukuthi if uhamba uyalaphaya kuzofika kwenzekaleni”. C3 reports that decision making entailed considering the advantages and disadvantages of each option. Participants reported that considering the consequences of a decision was crucial such as when one considers the outcomes of sex without a condom. Decision making was also seen to include practical steps such as ensuring you had your own condoms so as to be protected in case your partner did not have condoms.

A number of participants reported having learnt they had the right to not have sex before they were ready for it. The learners’ excitement of having learnt about bodily erogenous zones is in

line with a rights based perspective of sexual health with a definition of being sexually healthy being broader than absence of disease but encompassing complete sexual wellbeing. D2 reflected on this aspect of the workshops' embodiment of a sexual rights perspective:

> Futhi masisho into bebengasiphikisi. Besikwazi ukusho ama points wethu. Futhi nabo uthole ukuthi ngisho, awuthi ngibo, mangithi mina i-sex imnandi akazungitshela ukuthi "He-e ayikho leyonto ungayenzi i-sex, i-sex ayikho right!" Cha, mangisho njalo yena ubethi, "Wena mawusuwenza i sex wenze nje nanje nanje".

According to this participant it was important that the facilitators did not admonish learners who reported that they enjoyed sex but rather focused on giving them information for safer sexual practices. The theme of learners appreciating information that is essential for safe sex was a recurrent sub theme in the workshops. Learners reported that the information was geared towards ensuring that those who were still virgins were taught to value their virginity and also that those who were practising sex were doing it safely. Notably participants revealed that they felt empowered when they had the knowledge to protect themselves. One such instance was related to how the female participants felt their male partners would be less likely to 'take chances' or take advantage when they knew they were not sexually naive.

Participants espoused an appreciation of understanding their sexual rights. Furthermore, the right to information was seen as important in enabling participants to make informed decisions regarding their sexual health and sexuality development.

### 5.6 Relationships

The discussion of relationships in the workshops was a significant theme. The learners reported that relationships were discussed broadly and included relationships with friends, parents and romantic partners.

Participants reported that relationships between youth of the opposite sex were seen as being sexualised. According to B3:

> Iyonanto engingayithandi leyo, whenever kuthiwa umuntu uvakashele umfana everybody thinks ukuthi umuntu mayethi uvakashela umfana bazofika ba have i-sex why kungafiki ukuthi sizofike sihlale nje sibuke i-movie nje kuphele kanjalo, why do they always think ukuthi mawuya ka-mfana nje uyokwenza i-sex?

According to B3 the assumption that when a girl visits a boy they will have sex was vexatious. She further argued that this assumption delegitimises the other aspects of relationships such as watching movies with your partner.

The workshops were reported to be influential in exploring the economical nature of relationships. According to B1:

> Enye yokuthi if uyintombazane, umfana ekwenzele something big like kukhona enye intombazane eyathengelwa i-*iPhone* yafuna ukubonga umfana ngokwenza i-sex naye so umfana refused because wayemthanda in a way that akafuni kube engathi udlala ngaye. So safunda ukuthi if umuntu ekwenzele into enkulu it should not be that kumele uze ulale naye umbonga. Noma wenze into ezoba nama-consequences kuwena.

B1 reflects on a scenario given to the learners where the female character felt she had to have sex with her boyfriend who had bought her an *iPhone*. In the vignette the boyfriend refuses to have sex with her. B1 reports that the lesson they learnt was that they were not obliged to have

sex with boyfriends who bought them expensive gifts, especially since they would suffer the consequences of such an action. Nonetheless the participants reported that it was common practice for youth to trade sex for material gain.

> Ngingathini, amantombazane esikhathini samanje kukhona ezinye izinto othola ukuthi uzozicela kumzali. Umzali avele akutshele nje izitori, ukuthi, "ayi kuzomele ungilinde", bese bezama indlela ezi-short ukuze athole imali. Ukuthi anikele ngomzimba wakhe ukuze athole u-cash. That is why beba no-sugar daddy nezinto ezikanjalo.

B4 reports that when youth ask their parents for money and the money is not readily available they are likely to turn to transactional sex which she thinks is a key factor encouraging 'sugar daddies' or older men who have sexual relationships with teenage girls. The desire to keep up with the material worth of one's peers was reported to be a main factor that led to transactional sex.

Communication with one's romantic partner was identified as being vital for the participants' chances of being in mutually beneficial relationships. This is illustrated in the following exchange:

> C1: Like, kumele ni-understand-ane, ungasabi ukuxoxa no-partner wakho mhlampe uma unenkinga or some other ways, mhlampe let's say nenza i-sex uma engafuni ukufaka i-condom uzomtshela ukuthi "no sex without a condom".
> C4: Uku-adder kulokhu okushiwo u-Zanele, uku-understand-ana, nokuthi ungamsabi u-partner wakho, ukwazi nokumtshela mhlampe nalamagama lawa o-oral sex kanjalo njalo.

In this extract the two participants cite two areas in which it is important to be able to communicate. Participant C1 discusses the importance of learning to tell your partner that you will not have sex without a condom. C4 adds that you must be able to use the terms learnt in the workshops such as oral sex so as to better communicate with a sexual partner without being

anxious. Participant D4 reported that during the course of the workshops her partner was pleasantly surprised by her newfound outspokenness and commented on how it made him be at ease to openly communicate with her.

Participants also reported having learnt that a partner who loves and respects you would be willing to wait for you to be ready. Testing for HIV with one's partner was seen as being important if a relationship was becoming serious. Based on the participants' responses an ideal relationship was one based on mutual respect, understanding, and love and secured by open and unremitting communication.

### 5.7 Gender Inequality in youth Sexuality

The participants displayed an understanding of gender roles, the related power dynamics and how these roles were socially constructed as opposed to being inherent. Participants reported having explored how people of either gender could perform tasks traditionally set for one gender.

> Engakuthola mina ukuthi ukuphathwa kwabantu besifazane, ama-females nama-males. Wonke umuntu angakwenza okungenziwa omunye. Njengokugada ingane. Ama-examples abasinika wona ukuthi umuntu wesilisa angaba nengane akwazi ukupheka njengoba kwenziwa abantu besifazane. Nabo abesifazane bangakwenza okwenziwa abantu besilisa njengokuba i-entrepreneur kungabi into yabantu besilisa kuphela.

In this extract participant A1 reflects that the workshops illustrated that females and males could carry out tasks that have become largely engendered. A1 cites the examples of a man being able to care for a child or a woman becoming an entrepreneur.

The power dynamics in the politics of gender were seen to be biased against girls and women. According to A2:

> Kukhona nale eyayithi indlela i-society ecabanga ngayo ngathi, as women, ifuna senze izinto ngendlela bona ababenza ngayo noma abathanda senze ngayo. Indlela abasi treat-a ngayo, njengokuthi uma ungumfana nje wena mawufika kini ufike udle nje kuphela kodwa mawuyi ntombazane uya-cleaner, upheke, i-gender inequality.

The theme of teenage girls feeling disempowered was profoundly represented in their discussions on gender. Girls reported that they were expected to keep strict curfew times, and do more domestic chores while boys were given leeway. Parents were seen to be overprotective of girls. Participants agreed that at times this was related to ensuring their safety in the midst of high sexual violence directed towards women. However they argued that even when they wanted to go out "in broad daylight" they were much more restricted than boys.

One outcome of what the participants described as excessively zealous protection of girls was that it led to a rebellious attitude in some girls. According to B2:

> Kwenza ukuthi amantombazane akhulelwe kakhulu because the time umzali wabo emvumela umfana ukuthi abuye ngo-seven ebusuku intombazane ayivumelekile, la iyithola khona i-chance yokuthi ihambe iya-excel ibuye isikhulelwe.

The participant explains that a girl whose parents forbid her from going out will get one chance, "excel" (go wild or overboard) and become pregnant. Participants further reported that when teenage pregnancy occurred it was the girl who was seen to be responsible. According to B1:

> Masekuthiwa kini ke okay fine intombazane ikhulelwe, umfana umithisile ngeke kuthethiswe umfana kuzothethiswa intombazane, ngeke kuthiwe kuyena, "awusho umithiseleni?" Uzoyekwa kuthiwe, "ay ke uzozibona wena uzosebenza", intombazane igitshelwa ekhanda ibuzwe yonke into le, izibe nangakhakhi ingane usathethiselwa leyo ngane.

The participant reported that girls were seen as being responsible for teenage pregnancy while the involvement of the boy who impregnated her is not emphasised. Female participants reported

that although women were expected to ensure sexual health it was seen as being promiscuous when they carried their own condoms. While they understood that carrying condoms would enhance their safety female participants reported it was embarrassing to be the one carrying condoms. They argued that the societal expectation was for men to initiate sex and when you carried condoms you were seen to be seeking sex.

Female participants reported that male partners had a higher propensity towards being abusive. The male participants reported that female partners could also be abusive. When probed this was reported to be related to girls cheating on their boyfriends. Having multiple partners was interpreted differently depending on the person's gender.

A large number of participants reported that it was still socially accepted for men to have multiple partners with the labels used by society indicating this. According to D2:

> Njengokuthi uZuma, hayibo yinindaba? Mina mangase ngishade nabafana abawa 5 sengiyisfebe. Yizwa igama elisetshenziswayo, sengiyisifebe. UZuma ushade, angazi bangaphi omakoti bakhe, usazoshada futhi I am sure. Uyisoka! Yabo lawomagama lawo ayi. Yinindaba kungathiwa ngiyintombi? (Laughter from all participants)

Participant D2 argues that South African president Zuma, a known polygamist, is touted as 'isoka'. However if she were to have 5 partners she would be called an 'isifebe' a hurtful term implying she lacked morals. Similarly Participant A5 reflected on how old people would commend and applaud a boy with many girlfriends and use the term 'isoka' which means a man who is popular with girls. On the contrary a woman who similarly has many partners is described as 'unondidwa' which means a woman of loose morals. This attitude was reported to be harmful as women were said to bear the brunt when they were infected with sexually transmitted

infections by promiscuous partners while they were faithful. One participant reported that the reason why it was not acceptable for women to have multiple partners was that they would suffer physical harm to their genitalia if they had multiple sexual partners.

While the participants reported a change in gender roles such as women getting into careers previously dominated by men the changes did not seem to extend to sexuality. Thus for example participants reported that the general view in the workshops was that it was better for a lesbian couple to adopt a child than a gay couple because a child required a mother's care. Society was said to favour men and place responsibility for sexual health on women without empowering women to take self-protective decisions such as carrying condoms.

### 5.8 Lessons on sexual identity

The participants had contrasting views on sexual identity and their views were affected by the workshops in differing ways. This section will cover the participants varying attitudes about sexual identity. An emphasis on attitudes held before and after the workshops will be intersected by lessons reported to have been embedded in the workshops.

#### *5.8.1 Participants' attitudes before the workshops*

Participants had contrasting views on sexuality before attending the workshops. The area of sexual orientation was given a great deal of attention and carried strong sentiments. According to D2:

> Ukuthi indlela shuthi ke abadalwa ngayo, ama hormones abo. Yebo ngoba thina simane sibabuke indlela abangenwe i-demoni thizeni. Abantu abangasile! Sibeyise. Sibathathele phansi engathi abasile, kanti banga bantu.

Participants reported that religion was a significant factor in determining their views on gay and lesbian people. In the above extract D2 expresses that prior to the workshops they perceived people with a non-heterosexual orientation to be possessed by demons. According to D3:

> Noma singangaba nenkinga but yi-religion edlala kakhulu indima, yabo. Yi-religion e-affect-ayo because ukuba i-religion ibingekho besingeke sikunake bekuzoba normal ukubona umuntu wesilisa ethandana nomunye umuntu wesilisa kodwa i-religion abayifake bathi iBhayibheli lithi...

The participant reported that homophobia is spurred on by religion. She hypothesised that if it wasn't for religious views, such as those said to be taken from the Bible, people would have no qualms with a man being in love with another man. In a related manner the well rehearsed argument that 'God created Adam and Eve' as opposed to 'Adam and Steve' was raised. When probed some participants felt this argument was ridiculous.

The responses of participants regarding sexual orientation were dominantly sexualised. Participants were preoccupied with how one could have sex with someone of the same sex. Discussion of homosexual activity ranged from how gay and lesbian people engaged in sexual intercourse to disdain for gay and lesbian identity because participants found it incomprehensible that you could desire to have sex with someone of the same gender.

Another dominant sub theme regarding attitudes prior to the workshops was a perception that being gay or lesbian was abnormal. According to D3 "Ya ikhona leyonto ayishoyo ukuthi kwadalwa umuntu wesifazane nowesilisa yingakho nje abantu sebefuna kube kanjalo manje mase kuwu muntu wesilisa no wesilisa sekungathi akukho normal".Many participants, similar to D3, argued that God had created man and woman so that there would only be heterosexual relationships.

Hypotheses for why some people were gay or lesbian varied significantly. Participants reported that upbringing played a role, with boys who played with dolls and lacked exposure to playing with other boys being said to be likely to be gay. Erectile dysfunction was cited as a possible cause for men being gay. Having had bad experiences with men or seeking revenge was said to lead to a woman experimenting with being a lesbian. Some participants also reported that gay and lesbian people were created by God with that particular identity.

Most participants reported that gay or lesbian people behaved in a manner that illustrated that they wanted to be like the opposite sex. This was said to be evidenced by dress style, tone of voice, walking style, girls being macho and gay boys being effeminate. According to A1:

> Indlela abenza ngayo nabo emphakathini. Kwabesilisa sebegqoka ama-skinny jeans umuntu usephenduke intombazane. Awusazi noma intombazane noma umfana? Uma kuqhamuka inja umuntu useyajika ukhulumisa okwesilisa uma eyigxosha leyonja. Uma ebanjwa inkunzi abafana ehamba nentombazane akasakwazi nokugijima. Seku ngama ntombazane bobabili, ungumjita kodwa usephenduke intombazane, into engaqondakali.

In this extract the participant argues that gays become effeminate in their dress style and flamboyant behaviour to such an extent that even when they are being mugged they will act like a woman. A1 finds this behaviour to be perplexing. Participants reported that such behaviour fuelled their dislike for gay and lesbian people. In response to a probe for further comment following the above quote participant A5 quipped “kuyabheda ukuba isitabane”, which means being gay is foolish.

### *5.8.2 Lessons learnt from the workshops*

Participants revealed that they were taught about the existence of different sexual identities. However sexual orientation seemed to be the most prominent aspect. Participants reported that the workshops were geared towards normalising people with a sexual orientation that was not heterosexual. This was reiterated by many participants who reported that they were taught that gays and lesbians are normal people. Participants reported having been taught that being gay, lesbian or bisexual was not a choice and people were born like that. Participants also reported they were taught that the South African constitution forbids discrimination based on sexual orientation and that gay or lesbian people can legally marry. Pertaining to the workshops D4 reported that:

> E group-ini ngikhumbula into encane but kwakuyinto yase group-ini ukuthi if sikhuluma la asinga offend cause umuntu angeke uze umazi. Mhlampe nami la ngithandana ne lesbian. Ukhuluma kabi nge lesbian, I might feel offended.

Reflecting on the workshops D4 reported that one message, in their group, was for the learners to not be offensive as one can find that there are lesbian people in the group and they may take offence. One participant reported that the facilitators asserted that during the liberation struggle South African men were in exile and some women became lesbian lovers.

### *5.8.3 Attitudes following the workshops*

Participants had conflicting responses to learning about different sexual orientations in the workshops. A few participants reported they accepted gay people. These participants were likely to report having friends or relatives who were gay or lesbian. According to A4:

> As in ukuthi it is not like yinto that they want to do but it is not that they also don't want to. It is something ezenzakelelayo nje ukuthi they are not attracted to the opposite sex so it is who they are, they are just like that.

Participant D1 reported she accepted people with a non-heterosexual sexual orientation because they are created that way and it could have been the same with her.

Some participants reported they would be accepting if certain conditions were met. A key requirement was for abstinence from public displays of affection. A condition that was important for male participants was that physical contact would be limited to handshaking. The conditions of acceptance are aptly described by A3 when she says, "Mina anginankinga nje as long as ngingeke ngibone lutho, ungenze lutho, anginandaba you can do whatever you want to do, I'm okay, impilo yakho." She argues that as long as she does not see anything and you do not interfere with her you are entitled to do whatever you want with your life.

A number of participants reported that their anti-gay views were not changed by the workshops. According to A1:

> Mina ngasebulilini ama-gays ngabatshela nje kahle ukuthi ngiyawazonda. Futhi angiwafuni eduze kwami. Awahambele kude! Futhi nama-lesbians avesane enze izinto ezi-funny phambi kwethu. Bethintana khona la futhi phambi kwethu. Babese bethatha izintombi zethu, yabo izinto ezikanjalo nje. Kodwa ke sagcina sesifundile ngagcina sengibonile ke ukuthi kusawumuntu njenga nami kumele nje ngimhloniphe njenga ngizihlonipha mina, ngimthande njengoba ngizithanda mina nga-understand-a ke although nga-maintain-a ukuthi cha angibafuni eduze kwami. (laughter from participants)

Participant A1 reveals that he hated gays and lesbians before the workshops particularly because they did things he did not approve of like public displays of affection and stealing their

girlfriends. He adds that the workshops taught them to accept and respect gays and lesbians as they are people like him. However he still maintains that he hates gays and lesbians.

While the discussion on sexual identity was mainly dominated by attitudes on gay and lesbian sexual orientations participants mentioned they had also discussed bisexual identity. The full breadth of lesbian, gay, bisexual, transsexual, intersex identity issues was not fully comprehended by learners. It became evident that there was confusion to this regard with frequent remarks of gay people being men in woman's bodies and similar comparisons being drawn about lesbian identity.

### 5.9 Safer sex

The participants from the different focus groups revealed a ubiquitous theme in the workshops of safe sex being emphasised and the details of how to ensure safer sex being shared.

Information related to ensuring safe condom use was appreciated by the participants. Being given information on how to protect themselves as opposed to being told to not have sex was said to be a preferred approach by the participants. The use of condoms for ensuring safer sex was a strong feature in the focus groups. Important information that some participants reported having not known before included the use of liquid based lubricant as opposed to petroleum jelly, not re-using condoms, not using two condoms at once. According to A5:

> Ugcobe lento yakhona, uma kuwukuthi awunayo ilahle usebenzise enye ngoba izoqhuma and futhi kufanele wenze sure ukuthi uma uyikhipha ulandela ama-instructions akhona uyisebenzise ngendlela.

In this extract the participant reflects on having learnt about using a lubricant, ensuring a condom did not break due to friction and the steps to follow when removing a condom after sexual intercourse. A number of participants reported that visual demonstrations of correct condom use and being able to touch and even lick condoms was particularly helpful.

Most participants reported that they had no prior exposure to the female condom before the workshops. Most female participants reported they were unlikely to use the female condom even though they realised its value as a protective contrivance. The way the condom was inserted was cited as a deterrent. According to C2, "indlela efakwa ngayo, engathi ibuhlungu nje impela." She reports that the way a female condom is inserted appears to be painful. The participants unanimously expressed dislike for the female condom.

Information related to safer sexuality practises was seen as being linked to various aspects of sexuality and sexual health. Participants made a link between condom use and prevention of unplanned pregnancy and infection with sexually transmitted infections and HIV/AIDS. Similarly participants revealed that information on safer sexual practices was coordinated with learning a language for talking about sex and learning to communicate with one's partner to request they use a condom and saying no to sex without a condom. A noteworthy finding was that participants discussed HIV/AIDS and teenage pregnancy primarily in the context of using safer sex practices such as male condom use to avoid infection or unplanned pregnancy.

### 5.10 Teaching style of facilitators

The teaching style of the participants was experienced as a significant aspect of the workshops for the learners. Learners compared the teaching style with that of their teachers. Examples of the comparisons raised by the learners are cited below. The main characteristics of the teaching style of the facilitators compared to the teaching style of teachers are illustrated in the table at the end of the section.

Participants frequently reported that the facilitators were comfortable teaching about youth sexuality and in response the participants were free to talk openly. According to B2:

> Makukhona into ofuna ukuyibuza mayelana nocansi or anything ungasabi kanti kuthisha wakho ubuye ucabange ukuthi, "weh uzongibuka kanjani", ngizothi ngisahamba la athi "le ngane le ayi angiyicabangi".

The participant highlights how she felt free to ask questions related to sex which is in contrast to asking a teacher who may be judgemental. Similarly other participants reported that they felt free to discuss anything during the sessions while knowing that there were rules to be followed.

Participants frequently reported that it was easier to identify with the facilitators due to a smaller age gap as opposed to teachers. However participants reported that the relationship with facilitators was different to that with their friends. According to D1:

> Bewu feel-a engathi yabo ukhuluma nomngani mfethu, kodwa umngane oku advice-a ngendlela e-right. Cause abanye bethu sinabo abangani kodwa uyesaba ukukutshela iqiniso. Kunalokho uvele akugqugquzele ukuthi yenza lento embi. Bona bebekubuyisela endleleni e-right.

The participant reports that whilst there are similarities the facilitator differed from a friend who may be afraid of telling you the truth and may encourage you to do the wrong things. The

facilitators were experienced as caring and focused on ensuring the learners were on the right path.

Participants emphasised that the facilitators were there to teach them about sex and sexuality and not trying to encourage them to have sex. Capturing this sentiment D4 argued, “abasigqugquzeli bayafundisa”. Meaning the facilitators were not encouraging sexual activity but teaching and informing learners about sexuality.

Self-disclosure by the facilitators was cited numerously by participants who appeared to appreciate it. According to participant B3:

> Kungenzeka ukuthi sometimes ni face-a ama challenges afanayo. Nawe into obungakwazi ukuthi ungayi handle-lisha kanjani kodwa u decide ukuthi ungayi handle-lisha kanje u-add nokunye kulokho.

The participant reports that the importance of self-disclosure lies in learning from the facilitators who may have dealt with challenges that the learners are currently facing. Furthermore participants revealed that self-disclosure by facilitators gave them knowledge on how to deal with potential future challenges such as having a child during adolescence.

> Kukhona omunye usisi owasho i-story sakhe, yena ke waba nezingane eziwu-two kodwa still useyafunda so engakubuka kuyena ukuthi no matter what ama-challenges owaficayo endleleni ungawa-allow ukuthi kube iyona into ezokuvimba ukuthi ube-successful empilweni.

According to B3 she learnt from a facilitator who had two children in her adolescence but persisted with her studies. B3 reported learning to not be derailed by challenges.

The participants spoke affectionately about the facilitators. They were grateful for the workshops and how they were delivered. One participant remarked, "bakwazile ukuthi bayihlanganise ngendlela yokuthi ingene engqondweni yengane". The participant explained that the facilitators were able to pitch the workshops at an age appropriate level. Participants were overwhelmingly fond of their facilitators and were left yearning for more whilst acknowledging that they had learnt a great deal in a short period of time.

The table below illustrates some of the comparisons the participants drew between their workshop facilitators and teachers who taught youth sexuality and sexual health.

| **Workshop facilitators** | **Teachers** |
|---|---|
| ➢ Younger and peer like. | ➢ Older and parent like. |
| ➢ Liberating attitude. | ➢ Reprimanding attitude. |
| ➢ Comfortable teaching youth about sexuality. | ➢ Uncomfortable teaching youth about sexuality. |
| ➢ Facilitative, informative and authoritative approach. | ➢ Instructive and authoritarian approach. |
| ➢ Fun. | ➢ Serious. |
| ➢ Anonymous. | ➢ Omnipresent. |
| ➢ Trustworthy and confidential. | ➢ Confidentiality not guaranteed. |

# CHAPTER SIX: DISCUSSION

This chapter will analyse the results of this study juxtaposed with the literature that was reviewed in *chapter two*. The discussion will include a look at teaching youth about youth sexuality and HIV/AIDS education, issues around language, the dynamics of gender in youth sexuality, sexual diversity and the role of a positive outlook of youth sexuality and sexual health.

## 6.1 Teaching youth sexuality and HIV/AIDS education

Consideration of who should teach youth about sex and how this endeavour should be carried out were significant in this study. There are various sources imparting information, related to youth sexuality, onto young people. However the responses of the participants reveal that the authenticity and credibility of the sources is perceived differently by young people with the outcome being influential in their decision making.

### *6.1.1 The role of the church in teaching youth about sex*

Delius and Glaser (2002) argue that churches predominantly offer a pro-abstinence position on youth sexuality. This argument is reflected in the participants' responses on the role of the church in teaching them about sexual health. The participants revealed that the church was limited to a moral position which presents premarital sex as a sin and thus obviates comprehensive sexual education. This position was experienced by the participants as inadequate and unrealistic. The church was seen as reinforcing the 'danger and disease' model at the expense of an informative education. Thus while abstinence proponents argue that this is

protective, young people perceive this approach as having a deleterious effect as they are left without the knowledge to act in a self-preserving manner (Allen, 2007).

### *6.1.2 Learning about sex from the community*

The African proverb that asserts, 'it takes the whole village to raise a child' seems to hold, partially, true for the community's role in teaching youth about sexuality and HIV/AIDS. In this study it became evident that the messages from the participants' communities were varied with a few core themes. Structured and formalized sexuality education seems to be a rarity in the communities that the learners emanate from. Community members, who do not hold defined positions, were seen to offer advice on a reactionary and reprimanding manner. Participants described how sexual behaviour would be discouraged with youth who had engaged in unprotected sex being cited as 'bad apples'. Thus community members adopt the role of imposing 'guilty' judgment on youth who suffer the consequences of unprotected sex, without providing comprehensive rights based education on how to develop an assertive sexuality whilst minimising potential dangers.

### *6.1.3 Sex education by parents*

The 'sex talk' discussion by the parent-youth dyad, particularly, in Westernised cultures, is well known. Delius and Glaser (2002) report that on the contrary sexual socialisation of the youth in pre-colonial Southern African societies had taken place in the realm of peer groups with older members playing a role in the guidance of younger youth. The participants' experiences of sexuality and sexual health education are significant when interpreted against the backdrop of these two juxtaposed approaches. With a few exceptions most participants reported that their

parents had not engaged in discussion of sex, youth sexuality or sexual health with them. Francis (2010) argues that parents may perceive their children to be innocent and thus discussing youth sexuality and sexual health is averted to preserve the perceived *status quo* and preclude 'inciting' sexual experimentation. It is hypothesised that this explanation is applicable in this study and is supported by the learners' assertion that parents may conflate discussing sex with encouraging sexual intercourse.

In instances when the participants did discuss youth sexuality and sexual health with their parents certain patterns emerged. Inconsistency amongst different parents was evident. This ranged from parents encouraging early sexual debut to garner experience to parents prohibiting sex before marriage or the completion of the youth's academic studies. When discussions were said to have occurred parents were seen to endorse a 'danger and disease', moralistic approach.

The predominant approach focused on intimidating youth, discouraging sexual behaviour and highlighting the dangers of sex without attending to the ameliorating effects of safer sex practices. Mitchell et al. (2004) argue that youth who are the most vulnerable by virtue of being uninformed and simultaneously experimentalist are disadvantaged by a parental approach that endorses 'protecting young people from the dangers of youth sexuality'. The argument proposed by Mitchell et al. is particularly poignant in this study given the participants general frustration with parents whose *modus operandi* is denying youth sexuality.

### *6.1.4 Sex education in Life Skills (L.O)*

The compulsory school subject *Life Skills* (L.O), has a sex education component. This has ensured that teachers are compelled to play a role in educating youth about their sexual identity and sexual health. It is discouraging that the participants' experience of *Life Skills* is incongruent with the objectives of the *National Curriculum Statement*. This policy document indicates that the subject is aimed at developing problem solving and decision making capacity of learners to enable them to make healthy decisions (Department of Education, 2008). However the learners' were largely dissatisfied with *Life Skills* which was either not offered consistently or was seen to be inadequate for addressing the learners' sexuality and sexual health information and skill building capacity.

Learners reported that teachers were not comfortable teaching them about sex. Subsequently they taught in a morally driven manner that limited the information shared with the learners and did not allow for discussion. Macleod (2009) reports that the *Life Skills* subject was initially introduced in response to the HIV/AIDS epidemic and teenage pregnancy. The participants' responses indicated that when *Life Skills* is taught and sex education is included the focus is on discouraging learners from having sex to prevent HIV infection and teenage pregnancy.

According to Frizelle (2008) teachers, who have not been adequately trained, report being uncomfortable with teaching youth about sexuality issues that go beyond basic biological functions. The sex education component of the *Life Skills subject* described by participants in this study does not meet the criteria for a comprehensive youth sexuality and sexual health education. A critique of the *National Curriculum Statement* is that the implementation is largely

left to the interpretation of individual teachers (Francis, 2012). Varying experiences indicated that those teachers who were not comfortable discussing sex with youth offered limited or no sexual education whilst teachers described as being open-minded were able to satisfy the learners' need for education and information. A disconcerting revelation was that some learners reported not having been taught anything about condom use because they had teachers who favoured abstinence. This finding mirrors Ahmed et al. (2006) reporting that teachers who had not been previously trained on teaching youth about sexuality and HIV/AIDS endorsed a preference for advocating abstinence as opposed to teaching about how to engage in safe sex.

### *6.1.5 Youth sexuality and sexual health programme facilitated by the service learning students.*

The participants' shared experience of the workshops being facilitated by students provides a laudable option in terms of who should teach youth about sexuality and sexual health. The participants reflected that students fill that liminal position between discussing with a friend and being taught by a teacher.

According to Frizelle (2005) well trained university students, when compared with peer educators, have significantly enhanced critical thinking skills and are better able to implement participatory methods. Furthermore university students, who are slightly older than peer facilitators, have been trained much more intensely in participatory approaches and are less likely to revert to didactic metghods as opposed to inexperienced peer facilitators. Thus university students, when given an opportunity to nourish their critical thinking ability and

trained on how to employ participatory facilitation methods, are well positioned to deliver dialogical, critical and relevant interventions.

Participants reported that students were able to create a comfortable environment. The experience was said to be similar to talking with a peer, whilst also possessing the authority associated with teachers whose opinion is valued and accepted as having inherent veracity. Participants who had participated in sexual health or life skills facilitated by peers reported that this experience was different to the workshops facilitated by the university students. Although the learners did not always explicitly reflect on the reported differences certain common observations were made. Pertaining to perception of the legitimacy of the discussed content the participants preferred the university students, with the knowledge that they researched questions and were generally better informed from a theoretical perspective being significant. In contrast to being taught by teachers the relative anonymity of the students was also cited as a factor that enabled self-disclosure on the part of the participants. The learners also reported valuing both the opinion and lived experience of the students with disclosure made by the students being seen as being important for providing vicarious learning. The differences noted by the participants were not merely a reflection of age-based influence as the participants reported that they were impressed with the attitude of the facilitators whom they experienced as being self-disclosing, caring and trustworthy. Thus it appears that the student facilitators were able to strike the balance between providing facts and opening up a space for critical discussion that is collaboratively directed as envisaged in (Frizelle, 2005).

Frizelle (2008) argues that the training of facilitators who deliver youth sexuality and sexual health programmes is pivotal. In this study it appears that the facilitators benefited as they were comfortable enough with the content to the extent that they made the learners feel equally comfortable to participate. This point was driven home by a learner who said she ordinarily didn't participate in any of her classes but felt at ease during the workshops. Frizelle (2008) asserts that trained students are equipped to implement successful youth sexuality and sexual health programmes. The reception of the workshops by the participants in this study pays testament to this assertion. Thus it emerged that student facilitators were valued because they filled a gap created by the inadequacy of the *Life Skill*s subject and silence from a majority of parents who either offered little sexuality education or were ill-equipped to address the topic.

### 6.2 Language

Language emerged to be a key factor in this study. Youth sexuality is a socially constructed concept (Allen, 2007; Baber & Murray, 2001; Bay-Cheng, 2003; Foucault, 1986). Language is the medium in which social constructions are created and thus exploration of this factor was particularly significant. To enhance the process of illuminating the role of language in the construction and understanding of youth sexuality and youth sexual health, participants were allowed to use English and/or IsiZulu during the focus group. A number of participants reported that talking about sex in sexuality in their home language, IsiZulu, was not easy or comfortable and they preferred using English. This seems to be in keeping with previous research in which participants reported that using direct language in their home language, IsiXhosa, may be offensive and thus they preferred using euphemisms or English (Cain, Schensul & Mlobeli, 2011).

A dominant subtheme in the role of language in negotiating one's sexuality for the participants in this study emerged to be that the workshops imparted an accessible and acceptable language that the learners could use to discuss and debate youth sexuality and sexual health. The participants were undeniably appreciative of the opportunity to learn terminology for various concepts related to sexuality. More importantly they were appreciative of the manner in which discussing the intricacies of sexuality was normalised in the workshops. Thus they were able to reflect on the workshops during the focus group using the language they had learnt with the knowledge that this was normal and not something to be embarrassed about. The significance of language use is further explored in the discussion of *the dynamics of engendered relationship*s and discussion of *sexual diversity*.

### 6.3 The dynamics of engendered relationships

The realisation of how sexuality and sexual health are experienced within relationships was reflected by the participants. The dynamics of parent-child relationships are portrayed in the section on sexual education by parents and thus will not be repeated. Similarly the perception of the role friends played in one's negotiation of their sexuality is discussed in the section on the learners' experience of participation in a youth sexuality and sexual health programme facilitated by university students. The participants' perceptions of non-heteronormative relationships are discussed on the section on sexual diversity.

Heterosexual romantic relationships were given primary emphasis and thus are discussed at greater length. The power dynamics of gender which are operationalised in the form of gender roles were recognised by the participants as being significant in youth sexuality and sexual

health. Participants' views indicated that the patriarchal influence was as significant in matters of sexuality as it is in other aspects of life such as in the economic sphere and domestic space where women are still disempowered. The female participants reported disgruntlement with *the status quo* that placed responsibility for sexual health on their shoulders whilst not empowering them in the decision-making process. A cited anomalous scenario is when a young couple has unprotected sex which leads to the pregnancy of the girl. This is followed by the condemnation of the girl whilst the boy who impregnated her does not face condemnation of equal intensity. Juxtaposed with the dominant view amongst participants who reported that it is still frowned upon for girls to carry condoms it appears to be illogical and unfair to blame the girl. Mantell et al. (2006) highlight the need to address this unfortunate situation. Mantell et al. argue that socio-cultural expectations send contradictory messages. Young girls are expected to prevent falling pregnant while simultaneously advocating an image of male masculinity based on sexually conquering girls. In this respect it seems the participants in this study are faced with the same dilemma as outlined by Mantell et al. (2006).

Sexual assertion was reported to be an area that most vividly illustrated the gender based inequality in heterosexual relationships. Having multiple sexual relationships is endorsed for men and is seen as an emblem of masculinity. In contrast a woman with multiple sexual partners is seen to be an indictment to femininity (Selikow, 2004). Similar to Selikow's (2004) findings the participants in this study reported that a woman with multiple sexual partners was called 'isifebe' (bitch) or 'unondindwa' (a woman with loose morals). The term used to refer to a male who is polygamous or a man who is in multiple relationships 'isoka' is similar to 'ingangara' the term Selikow (2004) reports in that it celebrates the man's sexual assertion by constructing it as a

desirable trait of masculinity. The participants' critical reflection of the perceived gender inequality and their reference to the 2nd and 3rd workshop lessons, which explored gender issues, indicated programme fidelity. Their reflection also suggested that the lessons were pitched in a manner the learners could comprehend.

According to Schalet (2004) the sexuality programme introduced in the Netherlands which advocated for valuing of romantic relationships in young people while not emphasising the differences between the two genders resulted in safer sexual behaviours. In this study participants reported that relationships amongst young people were construed, by society, in a sexualised manner which left no room for amity and other non-sexual aspects. Whilst it is not plausible to argue for a blind replication of the programme espoused by Schalet (2004) given the differing social and cultural make-up of the two countries youth sexuality interventions must attend to the romantic relationships of young people. It may not be culturally permissible for youth to sleep at their romantic partner's home. However aspects such as nurturing friendship within romantic relationships and encouraging communication between youth and their parents may be worth exploring.

The gendered nature of sexual violence was highlighted by the participants, with the girls understanding the constraints placed by the risks they faced. Sexual violence was seen to be perpetrated by men with women as the victims. This was seen to place limits on girls such as having to abide to stricter curfews due to being at a higher risk for being raped.

Young people's romantic relationships were revealed to be a space where youth sexuality and economics intersect. The phenomena of 'sugar daddies', older men who use their economic standing to engage in sexual relationships with younger girls was reported to be common. The participants reported that the workshops were instrumental in offering a different narrative that assured them it was a misleading notion to say you had to sleep with a partner who spent their money on you. Nyazi (2011) cautions of the risk youth are exposed to when they are in intergenerational relationships with so called 'sugar daddies' or 'sugar mums' who are likelier to be HIV positive than the youth's peers. In this regard exploring the economical nuances of relationships appears to have been a worthy endeavour. The participants identified an exercise in the workshops in which they had collectively discussed what was expected of a young female when her partner bought her an expensive present. In this regard the discussions that emerged, framed in a social constructivist analysis, enabled what Paiva (2005) refers to as analysis of a sexual scene. Thus the approach enabled the participants to engage with an actual scenario in a manner that encourages a critical dialogue on the contextual factors that influence the behaviour of a young person faced with such a situation.

### 6.4 Sexual diversity

The participants' conceptualisation of sexuality was predominantly based on a heteronormative world view. The participants' views on various sexual identities must be understood in this context. The participants had fervent opinions on gay and lesbian identities. Whilst there were exceptions a large number of participants were not accepting of people with non-heterosexual identities before the workshops. Rudwick (2010) argues that whilst the South African constitution has a sexual orientation clause and same-sex marriages have been legalised since

2006, homophobia is still pervasive. In this regard it appears that the participants' anti-gay views were at odds with the constitutional prerogative. It must be noted that whilst there was a change in attitude reported by some participants this was largely a shift from a homophobic stance to one of tolerance as opposed to acceptance. Thus a participant would report they no longer hated gay or lesbian people as much as they did before but would only accept people in same sex relationships if they did not have to be confronted or exposed to homosexual behaviour.

The use of language in discussion of people with non-heterosexual identities is notable in this study. Most participants preferred to use the English terms 'gay' and 'lesbian'. Another term that was used was 'isitabane' which was used in reference to people who identify as being sexually attracted to people of the same sex. Notably this term was used to describe men.

Rudwick (2010) argues that the term, 'isitabane', is contested as it is used in townships to refer to people who desire same sex partners but has also been used to mean that the defined people are intersexed. The lack of clarity on the intended meaning is compounded by the definition offered in a relatively recent Isichazamazwi sesiZulu, an IsiZulu dictionary. According to Mbatha (2006, p.1159) "isitabane: umuntu wesilisa oziphathisa okomuntu wesifazane aze aqome omunye umuntu wesilisa". Paraphrased this definition describes isitabane as a male who acts like a woman to the extent that he engages in a relationship with another man. Notably the term excludes women in same sex relationships, depicts all gay men as being effeminate and fails to distinguish between homosexual behaviour and gay identity. The lack of clarity on appropriate terminology for people with lesbian, gay, bisexual, transsexual, and intersexed identities may be

taken to be an offset of societies not creating space for the existence of such identities. A famous example being a politician who reported that there are no hermaphrodites in his culture.

The IsiZulu dictionary cited in the previous paragraph is somewhat recent and it marks a departure from other, older, IsiZulu dictionaries in which there are no definitions for non-heterosexual sexual identities. The acceptance of terminology such as 'isitabane' by the media and society without scrutiny of the meaning of such terminology requires exploration by developers of sexuality education programmes. This is a constitutional prerogative if the constitution's acceptance of different sexual orientations is to be realised and hate speech, intended or unintended, is to be averted.

Participants were able to grasp the message of accepting sexual diversity inherent in the workshops, on an intellectual level. However this did not translate to lived acceptance for all participants. Nonetheless the workshops can be seen as being successful in getting the learners to appreciate the constructed nature of diverse sexual identities and begin the process of questioning their deeply held beliefs. The workshops argued for respect of people's views on sexual identities. Whilst this is admirable it must be cautioned against given the clear prerogative of the constitution. Thus the situation defined by Francis (2012) in which programme implementers opt to not discuss and explore matters pertaining to sexual diversity because they fear causing controversy must be discouraged. A delicate exploration of differing views that are evidently influenced by religious and sociocultural attitudes needs to be emphasised in youth sexuality interventions with the constitution being used as a guiding framework. A failure to

address this issue allows for research participants to continue holding, as true, beliefs that are inaccurate and contradictory to the constitutional mandate.

### 6.5 A positive outlook of youth sexuality and sexual health: Safer sex in the context of HIV/AIDS.

The responses of the participants indicated that they, unanimously, experienced the workshops as being an enterprise set to inform them about the choices they had and the actions they could take to enhance their chances of having a safe and positive sexuality.

A sexual rights perspective argues for recognising sexual agency in young people and complementing it with the provision of accurate information on sexual health (WHO, 2004). In this regard the implementation of the programme appears to have been in keeping with this rights based approach's imperative. The participants were appreciative of the workshop sessions because they felt like their opinions mattered and they were not merely lectured to but rather engaged in constructive discussion of matters pertaining to negotiating their sexuality. Thus it appears the facilitators were adherent to the theoretical recommendation that argues for providing factual information to youth who have the capacity to be responsible decision makers (Frizelle, 2005; Trimble, 2009).

The learners' expressed gratitude for being taught correct condom use vindicates the positive rights based approach's critique of the 'danger and disease' model which is seen as being harmful when safer sex practices are neglected in the quest to emphasise the potential dangers of unsafe sex. The participants in this study echoed previous research which suggests that youth

interpret being taught about condoms as an attempt to increase their capacity to make safer choices (Mantell et al., 2006; Schalet, 2004; Wegner et al., 2008).

The biggest flaw of the fear message inherent in the 'danger and disease' model is that it fails even at the level of instilling fear because evidently youth are experimenting and having sex. Metaphorically youth are scientists in the field of sexuality and the onus is on interventionists to decide if they prefer a scientist who engages in practicals to have had a theoretical background or not. Participants in this study reported they benefited from learning about condoms in a visual manner, touching the condoms, knowing what lubricants are safe to use, and being alerted of dangers of reusing or using multiple condoms. This is empowering as the participants are clearly informed of the relevant information on how to ensure they are safe if they choose to have sex (Mantell et al., 2006; Wegner et al., 2008).

The positive rights based approach adopted in this study meant that HIV/AIDS and teenage pregnancy were attended within the context of discussing safer sex practices. Thus the participant learns how to prevent HIV/AIDS and other sexually transmitted infections whilst developing a healthy sexuality as opposed to being enticed into not engaging in sexual behaviour.

Historically sex education was introduced in an effort to curb the spread of HIV infection and control teenage pregnancy (Macleod, 2009). The youth sexuality programme evaluated in this study argues for achieving this goal through information and enhancing the learners' decision making ability. According to the participants factual information is important but not decisive. It

is only when youth feel confident to adhere to the recommendations based on factual information that they are able to follow a decision making process. This is in agreement with Wegner et al. (2008) who reported that participants valued lessons in which their decision making ability was sharpened.

Lastly, but certainly not least in the eyes of the participants, the workshops were experienced as being able to educate about sexuality in a fun, pleasure recognising manner. Interventions that focus on the deleterious effects of unprotected sex tends to dismiss the reality of sexual pleasure (Bay-Cheng, 2003; Macleod, 2009). In accordance with Allen (2007) negligence of information pertaining to sexual pleasure is cited by youth as one of the shortcomings of sex education programmes. In this regard the participants in this study enthusiastically reported having enjoyed learning about "hot spots" or heterogeneous zones. The learners consistently reported that this was one of the ways in which this programme differed to prior sex education that they had received. At a time when the attraction of learning about HIV/AIDS may not be attractive, the inclusion of positive messages about sexuality may be what is needed to gain the attention of young people.

# CHAPTER SEVEN: CONCLUSION

This chapter will summarise the main findings of this study. The limitations of this study are reported. Recommendations for future research are offered.

## 7.1 Summary of findings

Findings related to an evaluation of a sexual health programme facilitated by students is pertinent at a time when South African youth report dissatisfaction with the sexuality education that they are exposed to by sources that include teachers, parents and community members. The most resounding finding was the participants' acceptance of and satisfaction with the positive rights based approach to youth sexuality and the delivery by university students. In accordance with Frizelle (2008), training of the students crucial. This study reveals that adequately trained students are able to deliver a youth sexuality intervention that is both empowering and appealing to youth.

The reflective comments by participants in this study are an indication that fidelity was ensured in the implementation phase. The participants reported having learnt from content and developed skills that were reflected as objectives in the programme's manual. The participants in this study were able to identify that this study differed from their previous experiences of learning about HIV/AIDS, sexuality and sexual health. The learners reported an appreciation of the broader scope of focus that characterised this programme when compared to previous experiences. Participants who had initially reported they were not keen on yet another programme about HIV/AIDS reflectively reported that they were pleasantly surprised to have garnered new and

relevant information. Literature that embodies a social constructivist approach to youth sexual health programmes reveals that young people are in favour of programmes that include a discourse of pleasure and desire (Allen, 2005; Allen, 2007; Allen & Carmody, 2012). It emerged in this study that the inclusion of this discourse was appreciated and added a feeling of excitement that the participants do not ordinarily associate with programmes that address sexual health.

The significance of the use of university students to implement the programme was revealed in how the participants reflected in a manner that illustrated their perception of the facilitators as being the embodiment of the programme. Thus social constructivist theoretical propositions, such as the use of participatory group based approaches, were seen to be an innovation of the students who were admired by the participants and compared favourably against teachers, peers and parents.

Neglecting contextual factors in youth sexuality interventions aimed at South African youth is a stumbling block (Frizelle, 2005). This study reveals that attending to contextual factors is at the core of delivering a relevant youth sexuality programme. Issues pertaining to gender inequality highlight how social constructions within defined cultures must be attended to, to ensure that barriers to implementing the knowledge acquired in programmes are minimised. Thus, for example, information on condom use is essential but not adequate. The contextually relevant practitioner ought to look into what prevents youth, with knowledge and access to condoms, from using them. In this study perception regarding masculinity and femininity and subsequently gender role ascribed behaviour was revealed as a significant factor. This study revealed that the

critical thinking embodied in a positive rights based approach is effective in not only getting learners to realise contextual factors that affect behaviour but also challenging these influential social constructions. For example, female participants exposed and challenged societal scripts that praise men with many partners and deride women who act in the same way. This reveals that interventions must play a role in enabling participants to critique and reconstruct the grandest of social constructions, that being culture.

A significant finding, related to the broader topic of context, is the non-negligible role of language in youth sexuality interventions. Language emerged to be critical as a medium of construction of youth sexuality. Attending to the impact of language use in the planning, implementation and evaluation phase of this programme was vital. Interventionists are implored to be reflective and employ critical thinking in the choices they make about language use in youth sexuality interventions.

Previous research reveals that youth are seeking programmes that nurture skills development and employ interactive learning (Mantell et al., 2006; Wegner et al., 2008). In concord with this research participants in this study revealed that the use of real life dilemmas and role played decision making, facilitated in group based discussions, empowered them with the necessary decision making skills to negotiate their own sexualities in the context of HIV/AIDS

According to Francis (2012) teaching youth about sexual diversity remains a complex issue with some interventionists either completely neglecting it or discussing it based on atheoretical preconceptions such as one's religious viewpoints. The contentious viewpoints that arose

regarding sexual diversity and sexual orientation in particular were note worthy in this study. There were no complaints about how the topic was facilitated. This is an indication of programme fidelity as the participants' reflection did not suggest that the topic was ignored or approached in a manner reflective of the facilitators own beliefs or religious views of homosexuality. The participants reflected on the workshops critical discussions on sexual orientation with some adapting their previously homophobic beliefs whilst others appeared to be shifting from anti-gay sentiment towards tolerance albeit not overall acceptance.

### 7.2 Limitations of the evaluation

An unforeseen limitation in this study was the under-representation of male participants. Out of 18 participants, only three were male. This was due to a number of, invited, male participants not being available for a variety of reasons, such as vacation work or visiting distant family. This is likely to have led to an under-emphasis of male youths' views on youth sexuality and sexual health. This is most likely to be important in discussions of gender inequality and sexual diversity due to the perceived gender differences in experiencing these elements of youth sexuality.

Another limitation is not having accounted for the views of those participants who dropped out or did not attend any of the workshops. Their views may be instrumental in elucidating the reason for non-participation in HIV/AIDS and youth sexuality programmes.

A concerning realisation highlighted in literature is that programmes that are successful in imparting new knowledge and changing attitudes are not always successful in effecting

behaviour change (Flisher et al., 2006; Frizelle, 2008). Whilst anecdotal reports by participants in this study revealed self-reported positive changes in behaviour, this component was not measured in this study.

## 7.3 Recommendations

It is hoped that the recommendations that emanated from this study will be useful for future developments of the evaluated programme as well as be informative to researchers in the field of HIV/AIDS and youth sexuality research.

### *7.3.1 Recommendations for future implementation of evaluated programme*

In light of the subjective focus of this study, it is prudent that the recommendations for future versions of this programme are inclusive of direct feedback by participants. The participants' appreciation of the participatory approach employed in the evaluated programme leads to the recommendation for this approach to be used in the future as it leads to the learners being engaged and is experienced as being empowering. The admiration of the university students' delivery of the programme also warrants mention. The participants experienced their facilitation as being different, fun, egalitarian, informative and educational. The use of games and innovative techniques such as the anonymous box ensured that the messages contained in the workshop were not only relevant but easily accessible to the youth. This aspect of the programme should be maintained.

Pertaining to the content of the programme the participants consistently remarked on the comprehensive nature of the programme and their delight with the inclusion of topics on sexual

pleasure and desire. The detail to which the learners reflected on the topic of sexual diversity, particularly in relation to gay and lesbian lifestlyes, is an indication that this is an area they had not explored in depth before and it is worth including.

Participants hypothesised that the reason for, some of, their fellow learners declining the opportunity to attend the workshops emanated from a dismissive attitude towards HIV/AIDS education. A reparative recommendation was for future implementers to offer a preview of the workshops. This could be in the form of a meeting in which all the possible participants, for example an entire Grade 11 group, are invited to an assembly where the approach, content and values of the programme are explained beforehand. This would ensure that those who turn down the opportunity to participate make an informed decision.

The topic of sexual diversity, particularly in relation to people with same sex romantic desires, emerged to be highly contentious in this study. It is recommended that this topic be covered in future interventions. It is recommended that implementers are not deceived into thinking they can offer a value-free, objective, outlook. Instead, it is suggested that they are guided by the constitution, the vanguard of the values of all citizens, to ensure an informative rights based approach is nurtured.

An insightful recommendation was a request for parents to participate in workshops designed to explore topics related to youth sexuality and sexual health. Literature indicates that teachers who are not trained adequately struggle to teach youth sexuality and sexual health to learners. It is

similarly plausible that parents would benefit from workshops designed to explore how they can open the door of sexuality communication with their children.

### *7.3.2 Recommendations for future research*

The consensus regarding poor reception of *Life Skills* as a subject, and its youth sexuality components in particular is disconcerting and warrants investigation. A study of the effectiveness of the mandatory subject would be valuable as a mechanism to assess if the implementation is in keeping with the *National Curriculum Statement* policy document.

In agreement with Flisher et al. (2006), there is a need to engage in evaluative research of youth sexuality interventions to assess and compare the effectiveness of these interventions. In agreement with Craig et al. (2008) it is noted that process evaluation is not a substitute for an evaluation of outcomes, thus a case is made for this and other positive rights based sexual health programmes implemented in the South African context to undergo outcome evaluations. There is also a need for randomised control trials that compare positive rights based youth sexuality and public health programmes with other interventions, such as the *Life Skills* youth sexuality component, to comparatively assess the efficacy of the positive rights based approach.

## REFERENCE LIST


Aggleton, P., & Campbell, C. (2000). Working with young people towards an agenda for sexual health. *Sexual and Relationship Therapy, 15*(3), 283-296.

Ahmed, N., Flisher, A.J., Mathews, C., Jansen, S., Mukoma, W., & Schaalmas, H.(2006). Process evaluation of the teacher training for an AIDS prevention programme. *Health Education Research, 21*(5), 37-47.

Aitken, J. (2009). *Exploring students' experiences of an HIV/AIDS service-learning module at the University of KwaZulu-Natal.* Unpublished masters' thesis, University of KwaZulu-Natal, Durban, South Africa.

Allen, L. (2005). 'Say everything': Exploring young people's suggestions for improving sexuality education. *Sex Education, 5*(4), 389-404.

Allen, L. (2007). Doing 'it' differently: Relinquishing the disease and pregnancy prevention focus in sexuality education. *British Journal of Sociology of Education, 28*(5), 575-588.

Allen, L., & Carmody, M. (2012). 'Pleasure has no passport': Re-visiting the potential of pleasure in sexuality education. *Sex Education: Sexuality, Society and Learning, 12*(4) 455-468.

Amory, P.D. (1997). "Homosexuality" in Africa: Issues and debates. *A Journal in Opinion, 25* (1), 5-10.

Ayman-Nolley, S., & Taira, L.L. (2000). Obsession with the dark side of adolescence: A decade of psychological studies. *Journal of Youth Studies, 3*(1), 35-48.

Babbie, E., & Mouton, J. (2004). *The practice of social research.* Southern Africa: Oxford University Press.

Baber, K.M., & Murray, C.I. (2001*).* A postmodern feminist approach to teaching human sexuality. *Family Relations, 50*(1), 23-33.

Bay-Cheng, L.Y. (2003). The trouble of teen sex: The construction of adolescent sexuality through school-based sexuality education. *Sex Education, 3*(1), 69-74.

Bhana, A., & Govender, A. (2010). Chapter 4: Evaluating interventions. In I. Peterson., A. Bhana., A.J. Flisher., L. Swartz., & L. Richter (Eds.). *Promoting mental health in scarce-resource context contexts: Emerging evidence and practice*. Cape Town: HSRC Press.

Braun, V & Clarke, V. (2006).Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.

Breu, C. (2009). Middlesex meditations: Understanding and teaching intersex.*The English Journal, 98*(4), 102-108.

Brewster, M.E., Velez, B., DeBlaere, C., & Moradi. (2012). Transgender individuals' workplace experiences: The applicability of sexual minority measures and models. *Journal of Counseling Psychology, 59*(1), 60-70.

Brick, P. (1991). Fostering positive sexuality. *Sexuality Education*, September, 51-53.

Burr, V. (2003). *Social constructionism (2nd ed.).* London: Routledge.

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.

Clarke, A. & Dawson, R. (1999). *Evaluation research: An introduction to principles, methods and practice*. California: Sage publications.

Cozby, P. (2004). Chapter 7: *Asking people about themselves*. In Methods in Behavioural Research (8th ed.). USA: McGraw Hill.

Craig, P., Dieppe, P. Mcintyre, S., Mitchie, S., Nazareth, I., Petticrew, M. (2008). Developing and evaluating complex interventions: the new Medical Research Council guidance. *Research Methods and Reporting, 337,* 979-983.

Davies, G. (2013). Advice document: Fixed-dose combination for adults accessing antiretroviral therapy. *Southern African Journal of HIV Medicine, 14*(1*), 41-43.*

DeLamater, J.D., & Hyde, J.S. (1998). Essentialism vs. social constructionism in the study of human sexuality. *The Journal of Sex Research, 35*(1), 10-18.

Delius, P. & Glaser, C. (2002). Sexual socialisation in South Africa: A historical perspective. *African Studies, 61*(1), 1-23.

Department of Education. (2008). *National curriculum statement: Learning programme guidelines, Life Orientation.* Republic of South Africa: Department of Education.

Department of Health. (2012). *The national antenatal Sentinel HIV &Syphilis prevalence survey in South Africa*. Pretoria: National Department of Health.

Flisher, A.J., Mukomo, W., & Louw, J. (2008). Evaluating adolescent sexual and reproductive health interventions in Southern and Eastern Africa. In K. Klepp, A.J. Flisher & F. Kaaya (Eds.), *Promoting adolescent sexual and reproductive health in East and Southern Africa*. Cape Town: HSRC Press.

Foucault, M. (1986). The *care of the self: The history of sexuality (vol. 3)*. London: Penguin books.

Francis, D.A. (2010). Sexuality education in South Africa: Three essential questions. *International Journal of Educational Development, 30,* 314–319.

Francis,D.A. (2012). Teacher positioning on the teaching of sexual diversity in South African schools. *Culture, Health & Sexuality, 14*(6), 597-611.

Freire, P. (1970). *The pedagogy of the oppressed.* London: The Continuum International Publishing Group.

Frizelle, K. (2005). Negotiating identity within the politics of HIV/AIDS: Developing interventions for young South Africans. *The International Journal of Critical Psychology, 13,* 76-95.

Frizelle, K, (2008). Case study 14: Service learning in psychology. In Higher Education Quality Committee. *Service learning in the disciplines:Lessons from the field*(261-275). Pretoria: Council of Higher Education.

Frizelle, K., Jwili, O., Nene, K. (2013). Vulnerable sexualities: Constructions of youth sexuality in South African newspaper articles aimed at an adult readership. *Agenda: Empowering women for gender equity,* 1-13.

Gacoin, A. (2010). Sexuality, gendered identities and exclusion: the deployment of proper (hetero)sexuality within an HIV-prevention text from South Africa. *Culture, Health & Sexuality, 12*(4), 429-444.

Guarte, J. M., & Barrios, E. B. (2006). Sampling theory: Estimation under purposive sampling. *Communications in Statistics- Simulation and Computations, 35*, 277-284.

Hancock, B. (1998*). Trent Focus for research and development in primary health care: An Introduction to Qualitative Research*. Nottingham: Trent Focus Group.

Jewkes, R., Morell, R. & Christofides, N. (2009). Empowering teenagers to prevent pregnancy: Lessons from South Africa. *Culture, Health & Sexuality, 11*(7), 675-688.

Juarez, F., LeGrand, T., Lloyd, C.B., & Singh, S. (2008). Introduction to the special issue on adolescent sexual and reproductive health in Sub-Saharan Africa. *Studies in Family Planning, 39*(4), 239-244.

Kinefuchi, E. (2010). Critical consciousness and critical service-learning at the intersection of the personal and the structural. *Journal of Applied Learning in Higher Education, 2,* 77-93.

Macleod, C. (2009). Danger and disease in sex education: the saturation of 'adolescence' with colonialist assumptions. *Journal of Health Management, 11*(2), 375-389.

Macleod, A.I., & Tracey, T. (2010). A decade later: follow-up review of South African research on the consequences of and contributory factors in teen-aged pregnancy. *South African Journal of Psychology, 40*(1), 18-31.

Makiwane, M. (2010). The child support grant and teenage childbearing in South Africa. *Development Southern Africa, 27*(2), 193-204.

Mantell, J.E., Harrison, A., Hoffmann, S., Smit, J.A., Stein, A., & Exner, T.E. (2006). The "Mpondombili" project: Preventing HIV/AIDS and unintended pregnancy among rural South African school-going adolescents. *Reproductive Health Matters, 14*(28), 113-122.

Marks, S. (2002*).* An epidemic waiting to happen? The spread of HIV/AIDS in South Africa in social and historical perspective. *African studies, 61*(1), 13-26.

Mbatha, M.O. (2006). *Isichazamazwi sesiZulu.* Pietermaritzburg: New Dawn Publishers.

Mertens, D.M. (1998*).Research methods in education and psychology: Integrating diversity with quantitative and qualitative approaches*. Thousand Oaks, CA: Sage Publications.

Mitchell, C., Walsh, S., Larkin, J. (2004).Visualising the politics of innocence in the age of AIDS. *Sex Education, 4(1*), 35-47.

Mwaba, K. (2009). Attitudes and beliefs about homosexuality and same sex marriage among a sample of South African students. *Social Behaviour and Personality, 37*(*6*), 801-804.

National Guidelines Task Force. (2004). *Guidelines for comprehensive sexuality education: kindergarten through 12th grade.* New York: Sexuality information and education council of the United States.

Naude, (2008). Case Study 13: Service learning in psychology.In Higher Education Quality Committee. *Service learning in the disciplines: Lessons from the field*(241-260). Pretoria: Council of Higher Education,.

Nyazi, S. (2011). Unpacking the [govern]mentality of African sexualities. In S. Tamale (Ed.). *African Sexualities: A reader.* Cape Town: Pambazuka Press.

Nzegwu, N. (2011). 'Osunality' (or African eroticism). In S. Tamale (Ed.). *African Sexualities: A reader.* Cape Town: Pambazuka Press.

Paiva, V. (2005). Analysing sexual experiences through 'scenes': A framework for the evaluation of sexuality education. *Sex Education, 5*(4), 345-359.

Paul-Ebhohimhen, V.A., Poobalan, A., & van Teijlingen, E.R. (2008). A systematic review of school based sexual health interventions to prevent STI/HIV in sub-Saharan Africa. *BMC Public Health, 8*(4), 1-13.

Potgieter, C., & Reygan, F.C. (2012). Lesbian, gay and bisexual citizenship: A case study as represented in a sample of South African Life Orientation textbooks. *Perspectives in Education, 30*(4), 39-51.

Prinsloo, J. (2007). Media, youth, and sex in the time of HIV: A South African study. *Journal of Children and Media, 1*(1), 25-34.

Rossi, P.H., Lipsey, M.W., & Freeman, H.E. (2004). *Evaluation: A systematic approach (7th ed.)*. London: Thousand Oaks.

Rudwick, S. (2010). 'Gay and Zulu, we speak isNgqumo': Ethnolinguistic identity constructions. *Transformation: Critical perspectives on Southern Africa, 74*, 112-134.

Schalet, A. (2004). Must we fear adolescent sexuality? *Medscape General Medicine, 6*(4), 1-23.

Selikow, T. (2004). "We have our own special language". Language, sexuality and HIV/AIDS: A case study of youth in an urban township in South Africa. *African Health Sciences, 4*(2), 102-108.

Setswe, K.G. & Zuma, K. (2009). Young South Africans' views, and perceptions of, abstinence and faithfulness. *Health SA Gesondheid, 15*, 1-7.

Shisana, O., Rehle, T., Simbayi, L.C., Zuma, K., Jooste, S., Pillay-van-Wyk, V., et al. (2009). *South African national HIV prevalence, incidence, behaviour and communication survey 2008: a turning tide among teenagers?* Cape Town: HSRC Press.

Statistics South Africa. (2013). *General Household Survey, July 2012.* Statistics South Africa.

Stenhouse, V.L., & Jarrett, O.S. (2012). In the service of learning and activism: Service learning, critical pedagogy and the Problem Solution Project. *Teacher Education Quarterly, Winter, 51*-46.

Swartz, L. (1998). *Culture and mental health: a southern African view*. Cape Town: Oxford University Press

Tibbitsi, M.K., Smith, E.A., Caldwell, L.L., &Flisher, A.J. (2011). Impact of Healthwise South Africa on polydrug use and high-risk sexual behaviour. *Health Education Research, April,*1-11.

Trimble, L. (2009). Sex education: sexuality, society and learning: Transformative conversations about sexualities pedagogy and the experience of sexual knowing. *Sex Education, 9*(1), 51-64.

Ulin, P.R., Robinson, E.T., Tolley, E.E., & McNeill, E.T. (2002). *Qualitative methods: A field guide for applied research in sexual and reproductive health.* North Carolina: Family Health International.

UNAIDS. (2011). *UNAIDS world AIDS day report 2011: How to get to zero faster better smarter*. Geneva: UNAIDS. Retrieved March 20, 2013 from http://www.unaids.org/en/media/unaids/contentassets/ documents/unaidspublication /2011/jc2216_worldaidsday_report_2011_en.pdf

UNAIDS. (2012). *UNAIDS world AIDS day report 2012.* Geneva: UNAIDS. Retrieved September 24, 2013 from http://www.unaids.org/en/media/unaids/contentassets/ documents /epidemiology/2012/gr2012/jc2434_worldaidsday_results_en.pdf

UNICEF. (2013*). United Nation's Children's Fund, Towards an AIDS-Free Generation-Children and AIDS: Sixth Stocktaking Report*. New York: UNICEF.

University of KwaZulu-Natal. (2006). *Appendix D4: Language policy of the University of KwaZulu-Natal.* University of KwaZulu-Natal, Durban, South Africa.

USAID. (2012). *HIV/AIDS health profile: Sub-Saharan Africa.* USAID. Retrieved March 19, 2013 from http://transition.usaid.gov/our_work/global_health/aids/Countries/africa/hiv _summary_africa.pdf

Van Donk, M.V. (2006). "Positive" urban futures in sub-Saharan Africa: HIV/AIDS and the need for ABC (A broader conceptualization). Environment and Urbanization, 18, 155-175.

Waa, A., Holibar, F., & Spinola, C. (1998). Programme evaluation: An introductory guide for health promotion. Auckland: Alcohol & Public Health Research Unit

wa Thiong'o, N. (1981). *Decolonising the mind: The politics of language in African literature.* Harare: Zimbabwe Publishing House.

Wegner, L., Flisher, A.J., Caldwell, L.L., Vergnani, T., & Smith, E.A. (2008). Healthwise South Africa: a cultural adaptation of a school based risk prevention programme. *Health Education Research, 23*(6), 1085-1096.

Whitley, B. (2002). *Principles of research in behavioural science* (2nd ed.). USA: McGraw Hill.

Wood, K., & Jewkes, R. (2006). Blood blockages and scolding nurses: barriers to adolescent contraceptive use in South Africa. *Reproductive Health Matters, 14*(27), 109-118.

World Health Organisation. (2004). Sexual health: A new focus for WHO. *Progress in Reproductive Health in Research, 67,* 1-8.

Wyn, J., & White, R. (1997). *Rethinking youth.* London: Sage.

Zuch, M., Mason-Jones, A.J., Mathews, C., & Henley, L. (2012). Changes to the law on consent in South Africa: implications for school-based adolescent sexual and reproductive health research. *BMC International Health and Human Rights, 12* (3), 1-5.

## APPENDIX A: INFORMED CONSENT


Dear Guardian

REQUEST FOR GUARDIAN'S PERMISSION FOR PARTICIPATION IN WORKSHOP EVALUATION.

A group of students who are studying psychology at the University of KwaZulu-Natal offered a human sexuality health programme for all Grade 11 learners at Chesterville Extension High School. Human sexuality is seen by the Department of Education as an important part of young people's education. The workshops covered a number of topics during four workshops offered after school on four afternoons that included workshops on HIV/AIDS, abstinence, healthy relationships, communication skills, facts about the human body and safer sex. The workshops were run by senior students under the supervision of a Counselling Psychologist.

We have reached the end of the workshops and would now like to find out how they were received by the learners. Your learner is being invited to participate in a group discussion that will be run by a Master's level Psychology student with the aim of finding out how the learners experienced the workshops. This student is doing this for his research and he will use what he learns from your learner to improve the workshops in the future. Your learner does not have to attend this discussion group as it is voluntary. If your learner does attend the discussion group and decides that s/he wants to leave s/he is free to do this. When the student writes about what was discussed he will not identify the school's name or any of the learners' names. This means that they are free to discuss anything they want without being identified. Your learner will have the opportunity to discuss the experience of University and the subject of Psychology with the Master's student. Lunch will be provided and money for transport will be provided when your learner arrives for the group discussion.

Please will you complete the following form for us **if you are agreeing that your learner is allowed to participate in this group discussion.** If this form is not returned then we will accept that you have not given permission for your learner to attend the group discussion.

I (write your name here) _____ agree that my learner (write your learner's name here) _____ **is allowed** to participate in the sexual health programme group discussion evaluation described above.

Signature: _____ Date: _____

If you wish to obtain information on your rights as a research participant's guardian, please contact Ms Phumelele Ximba, Research Office, UKZN, on 031 260 3587.

Kerry Frizelle (Counselling Psychologist and Research Supervisor, Discipline of Psychology)
031 260 2861 frizellek1@ukzn.az.za
Sduduzo Mncwabe (Clinical Psychology Master's student)
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## APPENDIX B

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

18 June 2012

**Mr Joachim S Mncwabe (208502169)**
**School of Human Applied Sciences**

Dear Mr Mncwabe

**Protocol reference number: HSS/0340/012M**
**Project title: An interpretive evaluation of a positive rights based sexual health programme for Grade 11 female learners in a secondary school in Durban, KwaZulu-Natal**

In response to your application dated 06 June 2012, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has 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 school/department for a period of 5 years.**

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

Yours faithfully

.....

**Professor Steven Collings (Chair)**
**Humanities & Social Science Research Ethics Committee**
**/ms**

cc Supervisor: Kerry Frizelle
cc Academic Leader: Professor JH Buitendach
cc Mr Praveen Rajbansi

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