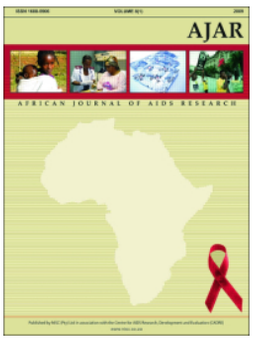

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Research Article

Giving condoms to school children: educators' views on making condoms available in South African schools

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One of the policy goals of the South African Department of Basic Education's National Policy on HIV, STIs and TB of 2017 is to reduce the incidence of HIV and pregnancy among learners. This is expected to be achieved by improving access to prevention services, including the provision of condoms in schools. This study uses street-level bureaucracy theory to explain how educators can play a more productive role in ensuring that policy goals are achieved. Educators provide their views on their role as condom promotion agents, their perception of demand and utilisation among learners, as well as their insights on suitable distribution mechanisms in the school setting. Trepidation exists among educators about their roles in the promotion and education of condoms. Educator statements suggest that they see the value in their policy-ascribed role to deliver sexual health messages and are also open to performing a role in the distribution of condoms at schools. However, our findings reveal that their role as policy communicators or "street-level bureaucrats" is complicated by inadequate policy guidance. We therefore conclude that to achieve optimal outcomes in terms of safer sexual practices among learners, condom messaging and distribution mechanisms in school settings require evidence-informed implementation strategies.

Keywords: condom availability at schools, Life Orientation educators, sexuality education, policy implementation, South Africa, street-level bureaucracy

Introduction

In an effort to arrest persistently high rates of HIV incidence among adolescent girls and young women in South Africa and to address challenges related to accessing sexual and reproductive health (SRH) services, the Department of Basic Education (DBE) developed the National Policy on HIV, STIs and TB in 2017. The policy provides a framework for the DBE's response to HIV, with the aim of achieving an HIV-free generation in the under-20 age group by 2030 in line with the National Strategic Plan on HIV, STIs and TB for South Africa, 2017–2022 (South African National AIDS Council, 2017). Part of the policy's prevention focus covers the delivery of comprehensive sexuality education (CSE) using scripted lesson plans (SLPs) while allowing learners access to condoms at schools. Implementation of these policy objectives are yet to be assessed.

The development of the policy was in response to high HIV rates among adolescent girls and young women, accounting for 29% of all new HIV infections in South Africa in 2018 (UNAIDS, 2020) and high birth rates among teenagers (DBE, 2019). A national study undertaken in 2017 revealed that condom use among adolescent girls and young women was sub-optimal, with only 47.3% using condoms at last sex, while young males (15 to 24 years old) engaging in multiple partnerships reported only using condoms 68% of the time at last sex (Department of Health, 2019).

CSE and unencumbered access to protective measures is considered a viable option in allowing young people to protect themselves, notably when considering the prevalence of risky sexual behaviour and unwanted teenage pregnancy in the context (Gevers et al., 2013; DBE, 2019). The rationale for providing access to sexual health information and condoms is premised on evidence that adolescents between the ages of 12 and 16 years are already exploring their sexuality and engaging in sexual activity, which is considered both developmentally significant and normative (Gevers et al., 2013). These learners are often doing so without either the information on sexual and reproductive health required to be safe, or the contraceptives to protect themselves from the risks associated with sexual activity such as pregnancy and the transmission of HIV and STIs. The Society for Adolescent Health and Medicine (2017) promulgates that providing adolescents and young adults with access to free condoms in schools can effectively increase the use of condoms and improve sexual health. Learners themselves support school-based condom availability programmes (Kapolo, 2014; Andrzejewski et al., 2018).

However, the teaching of sexuality education and the provision of condoms to learners has been met with

trepidation and resistance, based on the belief that both would encourage sexual activity (Han & Bennish, 2009). This is despite evidence suggesting that condom availability at schools can be an effective strategy for improving condom coverage and reducing risky sexual behaviour (Wang et al., 2018), while also showing that sexuality education (Paul-Ebhohimhen et al., 2008) and condom availability (Blake et al., 2003) in schools do not increase sexual activity.

Nevertheless, fears of escalating sexual behaviour in the face of easy contraception access remain pervasive and are mirrored in social attitudes, rendering it difficult for adolescents to access condoms and other sexual and reproductive health services, even at clinics (Gilmour et al., 2000; Tanser, 2006; Alli et al., 2013). Schools have proven to be a contested space with regard to the delivery of CSE and condom distribution, with educators themselves having reported feeling that making condoms available in schools is morally wrong, while also recognising that learners are engaging in risky sexual behaviour and are at risk of contracting HIV (see Hlalele & Alexander, 2011; Kapolo, 2014). This is concerning, given that educators can play a key role with the on-the-ground implementation of the DBE's HIV policy.

As part of government policy, CSE and condom distribution are meant to introduce a rights-based, value-free view on youth sexuality. The assumption is that, if well-implemented, moral frameworks attached to young people' sexual activities can be balanced with a more biomedically driven view. What this means for educators, their own views and the responses they are confronted with from others is not central to policies themselves. This article draws upon Lipsky's theory of "street-level bureaucracy" in an effort to understand educator's role not just in channelling health messages and teaching condom use, but also in reconciling different expectations and views as "street-level bureaucrats". Lipsky (2010) posits that to better understand policy implementation, one needs to understand that policy implementation is dependent on those tasked with ensuring that policy objectives are realised. Educators are the key agents tasked with this responsibility and have to navigate the juxtapositions of policy imperatives and moral and social norms (de Bruin & Panday-Soobrayan, 2017). Previous research has revealed that educators adopted discretionary practices in response to these tensions, either selectively delivering sexuality education content or avoiding delivering these lessons altogether (Zulu et al., 2019). Discretion is a central tenet of Lipsky's theory (Gilson et al., 2014), with this article adopting this framework to establish how educator practices affect condom promotion and distribution. Engagements with educators highlight what they identify as challenges and how they work with them. The article seeks to elucidate how schools and educators can become effective conduits for policy implementation as a principle step to achieving the ultimate 2030 objective of an HIV-free generation among adolescents.

Methodology

Qualitative interviews were conducted with secondary school educators teaching the subject known as Life Orientation (LO) in the Further Education and Training (FET) phase in the South African provinces of the Western Cape (WC) and KwaZulu-Natal (KZN). LO educators attended training workshops in August 2018, facilitated by the education development centre (EDC) and focused on the utilisation of scripted lesson plans (SLPs) developed for the CSE component of the LO subject area. Interviews were conducted privately in a separate room and in English with 25 (8 in the Western Cape and 17 in KwaZulu-Natal) randomly selected LO educators present at the training workshop. Table 1 provides a demographic breakdown of the sample.

Ethical approval for the research study was received from the Humanities and Social Science Research Ethics Committee at the University of KwaZulu-Natal, as well as the DBE. Prior to the interviews, the purpose of the data collection was explained and informed consent was provided by the interviewees, who were also made aware that their participation was voluntary. Information was handled confidentially and the identities of interviewees remain anonymous.

The audio-recorded interviews (between 30 and 60 minutes each) were limited to respondents' role of an educator. Regrettably, the interview setting and framework did not allow us to gain a more detailed impression of life histories and how the role of an educator may intersect with others, for instance with that of being a parent. Rather, questions focused on the practical aspects of bringing across the subject at hand, facilitating safer sex, and did not delve into what motivates, stimulates or discourages them as educators more broadly. These questions would make for more nuanced insights and should be picked up by follow-up research. Observing educators (and learners) in a classroom setting would add a phenomenological aspect that is missing from this exploratory article which seeks to convey trends, given the lack of scholarly insight into the intricacies of delivering sexuality education and navigating the path towards achieving larger health goals. This study is therefore limited in scope but seeks to emphasise educators' own words to give them more weight, with the results section detailing direct quotes, followed by a discussion incorporating theory and other literature.

Thematic analysis was applied in line with Braun and Clarke (2006). After familiarisation with the data in its entirety, themes considered to be important in describing LO educators' views on condoms were identified as patterns across the data set and informed both the results and discussion section. Themes were chosen and developed in acknowledgement of the ways in which individual interviewees made meaning of their experience as LO and CSE educators engaging with learners, with

Table 1. Demographic breakdown of sample

Characteristic	Number	Per cent
Western Cape	8	32
KwaZulu-Natal	17	68
Total	25	100
Male	7	28
Female	18	72
<10 years teaching experience	8	32
≥10 years teaching experience	17	68

specific reference to condom promotion and distribution. Specifically, we focused on what educators found challenging in fulfilling their momentous role of unpacking health messages — in terms of student and parent responses as well as school support structures. Responses were then interpreted against the backdrop of broader social contexts impinging on these meanings. The thematic analysis approach served to filter out meaning across the dataset regarding questions of how LO educators interpreted their role in addressing sexual health issues with learners. It also drew out assumptions about youth sexuality which educators had to deal with. Findings point towards how educators may be better supported.

Results

What proved to be critical in how educators navigated sexuality education, condom instructions and distribution (where already implemented) was their own understandings of how child and adolescent sexuality may be expressed. Also significant were considerations of potential responses from learners and their parents. These concerns manifested in attempts to reconcile a perceived obligation to protect learners with a fear of being held responsible for increased sexual activity among them.

Assuming responsibility and setting personal beliefs aside

Educators felt discomfort between their own personal beliefs and the subject material in the curriculum. This resonates with Francis's (2013) findings that South African LO educators insert their values when teaching sexuality, sometimes in ways that undermine the key points of the CSE curriculum, and determine whether and how different aspects of sexuality education are taught.

Interviewed LO educators accepted that they had a responsibility to engage with sensitive topics such as sex and contraception with their learners as a result of a lack of other reliable sources of information, especially since parents were said to sidestep topics around sexuality with their children. Some educators understood that it was necessary to separate personal moral inclinations when engaging with learners and stressed the importance of leaving "*beliefs outside the classroom*". Yet, it was also suggested that this was not always easy. One educator anticipated the consequences of not fully standardising the messaging:

> *We may need to put aside some of our beliefs or attitudes towards the topic of sexuality as a whole. Because two teachers teaching the same syllabus will teach completely different things. I may be teaching ABC — Abstaining, Be faithful, Condomise. Another teacher may say, yes, ABC exists, but stressing AAAAA* ["A" standing for abstinence] (KZN, 39, male).

Francis and DePalma (2014) suggest that teachers may attempt to reconcile co-existing expectations of teaching abstinence-only and CSE and merge them into a hybridised perspective. This may mean that abstinence is promoted while the value of some of the broader issues of comprehensive sexuality such as relationships and safe sex are recognised.

However, even though educators acknowledged the importance of CSE and providing condoms, they remained pessimistic as to whether learners would adopt safer sexual practices:

> *I am for the idea of making condoms available in schools. Because the pregnancy rate and infection rate at our school is quite frightening. Grade 11: currently five students are pregnant and six gave birth last term. It's like they want to outdo each other* (KZN, 44, female).
>
> *I doubt that CSE has an impact. They see it as something like mathematics, like any other subject. I doubt that it* [CSE] *is crafted or designed such that it has an impact on what they are doing. They learn it at school, but I don't see it being practised in their daily lives. The reason that I am saying this is the rate of teenage pregnancy* (KZN, 43, male).

These views are affirmed by studies undertaken in South Africa which suggest that LO efforts may not translate into the adoption of healthier sexual attitudes and behaviour among learners (Hendricks & Tanga, 2016). LO, literature suggests, appears to be failing to positively impact sexual practices and experiences and ultimately falls short of its goals (Sedibe, 2014; Shefer & Mcleod, 2015).

Regardless of reservations around the efficacy of CSE, the majority of educators expressed the belief that it is a necessity for learners to be exposed to sexuality education, including contraceptive choices and condoms specifically, and supported them being made available at schools. Some educators were reluctant about the promotion of condom use, but few explicitly opposed the idea of making condoms freely accessible. Although the literature has not associated condom availability at schools with increased sexual behaviour (Wang et al., 2018), the conceptual link exists for some LO educators who are concerned about the potential for heightened sexual activity following the distribution of condoms. Where discomfort was expressed, educators often indicated a willingness to suggest condom use to learners, but remained hesitant to distribute them.

> *I agree we should teach them what a condom is, how it's used and if you're sexually active — use them. But making them available…the health centres should. I'm comfortable discussing it, but not distributing them. It's like encouraging them* (WC, 36, female).

Educators navigating condom demonstrations

Educators expressed discomfort at performing demonstrations in the classroom. Overall, various teaching techniques were adopted by educators to expose learners to condoms, including the use of videos and props. However, some more reluctant educators preferred bringing in a nurse to relieve them of this responsibility. This was indeed the discretionary practice among a number of educators and schools. This serves to show that while many educators supported sexuality education in principle, there remained a hesitance to engage with the demonstrative aspects of condom use and promotion, but for different reasons:

> "[I am] *so ashamed to promote the use of condoms to them, what I am emphasising is to abstain from sex to them* (KZN, 46, female); "*I have organisations*

> *that do the demonstrations…I don't do it myself, I don't even have the equipment. The female condom and the male condom*" (KZN, 51, female).

One educator resolved to only teaching in English (instead of the learners' mother tongue), as she thought it would reduce questions to the quintessential ones and minimise provocative commentary. Insecurities were expressed about the skilful conveying of sensitive content or topics relating to complicated gender frameworks:

> *I show them the pictures but with the actual condom demonstration…I don't know if I can do it properly. Especially understanding sexual orientation…having to understand sex play…understanding themselves in terms of their gender. Even when referring to what society says how they should hold themselves…as boys, as girls* (KZN, 36, female).

Discretionary distribution of condoms

Regarding the articulation of actual strategies governing condom distribution at schools, the policy is silent. Interviewed educators identified and discussed a number of current and potential approaches, with those from schools where condoms were already made available to their learners being able to reflect on their own experiences. Educator views were varied with respect to the most appropriate ways in which condoms should be made available to learners. There were concerns about the practicality of distributing condoms at schools, cautioning that it should be done in a way which optimises the purpose:

> *Sometimes I feel that our learners at school are not mature enough to know what the reason is…for condoms at school. They might think it's promoting using condoms at school. I think if we can sensitise them as to why they are available. Because sometimes you can see condoms flying around. Because now it's a whole joke for them. They need to be sensitised before we make them available* (WC, 54, female).

Reflecting on the maturity levels of learners, educators expressed concerns about distributing condoms through collection points: "*If condoms are made available, it should be through an LO educator. If it's made available in toilets, they will just play with them*" (KZN, 42, female).

> *You can't leave them in the toilets because grade 8 will play with them and make them into balloons. It should be monitored. In my school, we have an LSA* [learner support agent],[1] *but I don't think it will be easy for them to go and ask for a condom. Someone has to keep them. But in my school, we have an LSA, so then maybe...But it will be a good thing rather than having someone pregnant* (KZN, 51, female).

In one of the schools where condoms were made available, learners were encouraged to ask their educators for condoms if they needed them. Specifically referring to boys, the interviewee expounded:

> *They ask, "Ma'am, can you give me that thing* [condom]*?" Condoms are available at our school. They ask for them and we give. They are not afraid to ask, with me and the LSA. I think it is a positive thing* (KZN, 44, female).

At another school where condoms were available, an educator expressed her support for the availability of condoms and SRH services at schools, but critiqued that

> *A lot of kids aren't comfortable with condoms being available in the bathrooms for everyone to see when they take one. So maybe if it's designated to one teacher for them to get condoms from* (WC, 25, female).

The educator in question would not mind taking on that role herself, suggesting it would provide her an opportunity to engage with learners and lend guidance. Research suggests that the impact of condom availability has varied, with reduced uptake observed in contexts in which condoms are provided without counselling (Buckles & Hungerman, 2018). Thus, it is important that LO educators, if used as a direct point of reference for learners accessing condoms, are comfortable in guiding them in how to explore their sexuality safely.

At one of the schools, the role of distributing condoms was performed by a nurse visiting the school on a weekly basis. Other schools had collection points. In these cases, learners did not seem hesitant to collect condoms: "*Condoms are next to the principal's office. At the beginning, they were not taken, but now, the box is empty*" (KZN, 35, female).

Overcoming cultural norms

LO educators advocating for the adoption of safe sexual behaviour and making condoms available to learners are often met with resistance from the broader schooling faculty and parents. Educators suggested that parents and school staff would benefit from sensitisation training before condoms are made accessible to avoid resistance and unintended consequences, including increased stigma and discrimination towards learners requesting or seen taking condoms. Educators had misgivings about how parents might respond to condom distribution at schools. In the words of one educator: "*Condoms in school will be met with much resistance from parents. Eventually, they will come to understand, but initially, it will be met with resistance*" (KZN, 43, male). Another interviewee commented:

> *Parents will have a problem with that. I feel like parents even need a wakeup call. Because just because your child is an angel in front of you, doesn't mean it's an angel when it walks out the door. You never know what your child is up to* (WC, 25, female).

In some cases, parents try to shield their children from a discourse on sexuality by discouraging them from participating in classroom discussions on sex:

> *We had a parent a few years ago and she told her daughter if the educator talks sex, you must close your ears. The child was sitting in class like this* [covers her ears] *the whole period* (WC, 54, female).

Another educator was vocal in promoting condoms and explained:

> *You know, I call a spade a spade and not an agricultural tool. That's my motto in class and they know it. After the previous session, I went to them and I demonstrated to them how to put on a condom and I even tell them, if your parents have a problem with it, they must come talk to me. Because the*

parents are sometimes not comfortable talking about these things (WC, 54, female).

For the reasons stated above, it was argued that parents should become more aware of CSE education and its relevance:

Parents must get involved. Because a learner once told me regarding the book they give them, because it is those private parts of the female and the male: "Hey Ma'am, my mother says I mustn't choose this book. It will teach me bad things". So about that, I think parents need to be informed or to be engaged in this. It will help them, together with the learners (KZN, 45, female).

Much work remains to be done with regard to increasing access and utilisation of condoms among sexually active learners. It has already been noted that educators have reservations about the efficacy of CSE in the adoption of safer sexual practices. Future research will need to determine whether the exposure of learners to CSE and the availability of condoms in schools correspond with increased condom usage and, ultimately, reduced incidences of teenage pregnancy and HIV, with one educator remarking:

Students say we don't need condoms. Flesh to flesh is good, even if they know about HIV, pregnancy. They don't want to use condoms, condoms are available in clinics, toilets and the library. They are stubborn to go and get those condoms. What can LO do to make them chose to use condoms? (KZN, 45, female).

Discussion

This study examined educators' views on their role in teaching sexuality, specifically looking at condom promotion and demonstration. There remains discomfort among educators in teaching sensitive topics in the broader sexuality education frame. At times, this would have to do with their own sociocultural values and moral beliefs (Beyers, 2011) and with policies that make demands which conflict with some of the educators' personal identities and practices (Jansen, 2001; Francis, 2011). Reservations about addressing issues around sexuality have been linked to notions of childhood innocence, which culminate in apprehension and anxiety around teaching sexuality, but fail to quell the wish to protect children from behaviour considered inappropriate, immoral or harmful (Bhana, 2007). This can lead to educators feeling trapped between policy imperatives and their own values and the values espoused by the communities in which schools function (Harley et al., 2000). It can furthermore create a juxtaposition between stated policy and contextual realities, with Lipsky (2010) suggesting the need to understand how these realities impact on the ability to implement policy. Although many educators recognise the value of teaching some of the broader issues of comprehensive sexuality such as relationships and safe sex (also see Francis & DePalma, 2014), concerns about younger learners in particular engaging in sexual activities and the moral implications of being condom distributors seem to frequently overshadow the focus on the cultivation of safer sexual practices in place of risky sex due to a lack of information or contraceptives (Hlalele & Alexander, 2011; Kopolo, 2014). Age-related unease also finds resonance in our findings, namely in interviewed LO educators' fears that their health messages may be interpreted as an encouragement to be sexually active. The 2017 policy may amplify insecurities through its inexplicit language, stating that teachings ought to be "age-appropriate, culturally relevant, scientifically accurate, realistic and non-judgmental" (DBE, 2017, p. 12), without offering guidance on how this may be achieved.

Surprisingly, in the light of previous studies emphasising moral concerns, our interview sample showed little opposition to CSE or condom distribution. An insistence on abstinence-only messages was rare, and some educators emphasised a need "*put aside their own attitudes*" in teaching CSE. Even though our interviews captured significant positivism, they also revealed anxieties about educators' difficult role as safe-keepers and potential responses of "immature" learners who would view health messages and condoms "*as a joke*". In response, educators appear heterogeneous in their approach to classroom management, topic selection, language and teaching pedagogies. Specifically, condom demonstrations were sometimes avoided or outsourced, usually when educators were unsure about how to meet challenging responses from learners such as complex questions or unruly classrooms.

Another aspect of the 2017 National Policy on HIV, STIs and TB that may augment educators' hesitation to deal with condoms confidently and in a standardised manner is that it fails to provide concrete guidance for how condoms are to be made available at schools. Instead, the decision to distribute condoms is left to each school's governing body. This discretionary approach runs the risk of uneven applications, disparate communication and mixed messages when it comes to implementing the policy. An unclear stance of schools concerning CSE and condom distribution and concerns about parent responses likely compound apprehensions in conveying health messages in schools operating in more conservative contexts and among less-experienced LO educators.

The fact that the interviewed educators sometimes felt challenged to comply with aspects of the newly standardised LO curriculum despite general acknowledgement of a need for both quality CSE and condoms at schools demonstrates the challenging nature of their role as key policy implementers. LO educators embody the services "delivered" by the government in relationship to their learners and thus find themselves in the position of what Lipsky (2010) would call street-level bureaucrats. As with other street-level bureaucrats, LO educators' challenge lies in their roles being dichotomised. While they ought to follow curricula and adhere to policies, these very same directives can conflict with personal and community beliefs, culture and norms.

How street-level bureaucrats, or educators in this case, act, as Lipsky (2010) argues, is influenced by their environment. The ability to set aside individual beliefs and community norms can be challenging, with these challenges being amplified by policies which are not accompanied by clear directives. Finding themselves in situations characterised by uncertainty, some LO educators will resort

to the adoption of discretionary methods when dealing with sensitive subject matter, a hostile environment (classroom discipline, parental opposition and lack of collegial support) and inadequate guidance in which to act on. Previous literature has already highlighted that concerned educators deviate from the official curriculum (which is rights-based) and adopt a more value-based approach to delivering sexuality messaging (Mayeza & Vincent, 2019).

Conclusion

The implementation of the 2017 DBE's National Policy on HIV, STIs and TB was expected to see condoms being made available in schools. Ideally, this would lead to increased condom use and the adoption of safer sexual practices among young people in South Africa. LO educators remain ideally situated to be effective agents for condom promotion and distribution, ensuring that learners are appropriately exposed to condom information and creating fertile ground to access and optimally use condoms. However, it must be acknowledged that this is by no means an unambiguous role to take on. The concern, based on previous findings and our own data, is that policy in its application, simultaneously condensing and broadening the scope of discretion for the central figure of the LO educator as a policy communicator may seriously hamper aspirational outcomes. The pressures of mediating policy goals may, in some cases, develop into an unyielding element if not supplemented with substantial support systems for LO educators.

In the absence of precise directives, schools and their educators have to interpret and apply discretion in their delivery of CSE and distribution of condoms in the school environment. While policy goals and the SLPs seem straightforward in their effort to achieve the comprehensive goal of an HIV-free generation among the under-20 age group by 2030, state communication via LO educators in establishing trajectories faces a multitude of hurdles and finds expression in the different, nuanced fears outlined in this article.

Contexts remain characterised by educator anxieties and community resistance to sexual health policy initiatives. Policy implementation strategies need to be mindful of this and ensure adequate empowerment and sensitisation among all stakeholders. Specifically in the promotion and distribution of condoms, policy must be accompanied by evidence-informed advocacy campaigns, addressing myths around increased sexual activity in the context of condom availability, with the aim of shifting societal norms towards an open discussion of adolescent sexual and reproductive health.

Policy should be followed by implementation plans that take into consideration the complex role of educators as well as the broader social environments learners find themselves in. These plans should also provide schools with tangible guidance on appropriate condom distribution mechanisms, informed by different models already employed across schools and valuable lessons learnt and should include mechanisms of information exchange.

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Notes

[1] Learner support agents work closely with principals and educators in providing individual or group support to learners experiencing social, health, behavioural and poverty-related problems.

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