# ATTITUDES OF HIGH SCHOOL LEARNERS TOWARDS SEXUALITY EDUCATION IN ZULULAND.

By

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## DECLARATION

This is to declare that this is my own work and all the sources used have been indicated and acknowledged by means of complete references.

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## ABSTRACT

With the constant rise of HIV/AIDS and pregnancies amongst teenagers in South Africa, it is important for research to investigate and evaluate attitudes held by teenagers towards their sexuality education. This research study examined teenagers attitudes towards sexuality education with a questionnaire, eliciting both quantitative and qualitative data, which was administered in two schools, one urban and one rural, to 200 participants whose ages ranged from 12to 20 years. The findings indicated that learners held generally positive attitudes towards sexuality education, with female and urban learners holding significantly more positive attitudes than male and rural learners respectively. Learners indicated that the sexuality programme provide valuable information especially with regard to their own bodies and self-respect. They were of the opinion that teenage pregnancy and HIV/AIDS could be prevented through abstinence, condom and contraceptive use, parental involvement, stopping grants for teenage pregnancy, promoting virginity, masturbation the use of sex toys, Finally they thought that sexuality education could be improved parents and teachers telling the truth, through the teaching of values and morals and by making the subject more practical, prominent in churches. Discussion is concerned with findings and recommendations which are of special relevance in the South African context.

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# CHAPTER 1

# INTRODUCTION

## 1.1 INTRODUCTION

For many years the situation has been that many teenagers would gain initial information about sexuality and related issues from other misinformed youngsters who did not know much themselves. Vergnani and Frank (1998:182) state that most adolescents do not receive direct formal lessons or talks about sexuality and sex education from their parents or teachers. Rather, what they know about sexuality and sex comes from what they see and hear from their siblings, peers and the media. This has led to the decision made by the Department of Education to make sexuality education part of the curriculum to be taught in South African schools.

Since 1997 there have been many programmes developed to train educators on sexuality education (Department of Education, 2004). Sexuality education can range from direct teaching about biological 'plumbing' through to decision-making and value oriented approaches (Moore and Rosenthal, 1993:75). The desired outcome of sexuality education is an increase in future knowledge about bodily functions and in sexually responsible behavior or even abstinence.

Ansphaugh, Ezell, and Goodman, (1987:82) state that the appreciation for the self must start early in life and be developed further each year if children are to feel comfortable with their sexuality and make good sexual decisions through preadolescent, adolescent and adult years. Finger (2000:256) further states that sexuality education can result in young adults delaying first intercourse or, if they are already sexually active, in using contraception.

A study conducted by Amoko, Buga, and Ncayiyana, (1996:32) on rural Transkeian adolescents shows that sexual maturation seems to be experienced at earlier ages than previously. They further state (1996:34) that this is associated with early initiation and a high level of sexual activity, low contraception usage, and a high rate of teenage pregnancies and STD's, which exposes them to HIV infections. This type of information shows that there is an increased need for sex education at the beginning of adolescence.

## 1.2 MOTIVATION FOR THE STUDY

It has become clear that the introduction of sexuality education as part of the curriculum is not helping much. Research by Macleod (1999:32) indicates that at least 50% of scholars are sexually active, with more than one sexual partner and unprotected sexual intercourse in more than 50% of the cases. Knowledge of condom use in this particular study was found to be poor. A number of factors relating to resistance to condom use were identified.

Ignorance concerning sexuality, contraception and responsible sexual behavior has been identified as a major factor contributing to teenage pregnancies and HIV/AIDS infections in young people. In a South African study Macleod (1999:32) found that both males and females demonstrated a significant increase in their level of sexual knowledge after being exposed to a programme presented by FAMSA. However, their attitudes towards contraception and sex did not change; nor did their sexual behaviour. Similar research by Kuhn, Steinberg, and Matthews (1994:8) on knowledge, attitudes, and sexual behaviour related to AIDS showed that, while knowledge of HIV/AIDS among adolescents is generally good, many still engage in high-risk sexual behaviour. Such behaviour seems to be common also among Zulu speaking learners. Harvey (1997:55) found that, more than a third (34.9%) of Grade 10 Zulu speaking learners reported

being sexually active, with some having more than one sexual partner. Less than half of all students (42%) understood that being faithful to one uninfected sexual partner was an effective preventative measure. The study further revealed that more than 50% of sexually active students never used a condom. This research motivated the present study of learners' attitudes towards sexuality education.

## 1.3 STATEMENT OF THE PROBLEM

A major study of South African youth conducted by the University of Witwatersrand's Reproductive Health Research Unit in 2003, found that one in every 10 South Africans aged between 15 and 24 was HIV- positive (www.IrinNews.org). Other than the sexuality education that is taught in schools, programs like LoveLife have been introduced to help increase awareness in young people about the risks of irresponsible sexual behavior. According to Moore. Rosenthal and Mitchell (1996:76), in spite of high levels of knowledge, young people do not appear to be applying that knowledge to their sexual behavior. The alarming rate of teenage pregnancies, STD infections and HIV infections are debilitating factors to the growth of the community, our young people and to their future. This study will focus on understanding the attitudes of high school learners towards such sexuality education.

## 1.4 OBJECTIVES OF THE STUDY

The objectives of the study were as follows:

- To investigate learners attitudes towards sexuality- education.
- To discover whether there are differences between girls and boys attitudes.
- To find out whether there are differences in attitudes of rural and urban school learners.

## 1.5. HYPOTHESES

1.5.1. High school learner's attitudes towards sexuality education are negative.

1.5.2. The type of school attended will not influence learner's attitudes towards sexuality education.

1.5.3. The gender of the learners will not influence their attitude towards sexuality education.

## 1.6. DEFINITION OF TERMS

### 1.6.1 Sexuality

Sexuality is one of those terms we all use frequently yet seldom stop to consider what different shades of meaning might be contained within it. Gittins (1998:175) states that sexuality can usefully be divides into the following broad categories: first, the biological, physical aspects that include the body and its sensations, its ability to reproduce, and sexual acts and secondly, the social and political aspects.

### 1.6.2 Sex education

Sex education is s a broad term used to describe education about human sexual anatomy, sexual reproduction, sexual intercourse, and other aspects of human sexual behavior. Common avenues for sex education are parents or caregivers, school programs, and public health campaigns (Wikipedia, 2007). Sex education includes all educational opportunities which help individuals understand and prepare for those experiences in life that deal with the social, physical, emotional and mental aspects of human sexuality. Sex education should prepare individuals to be responsible regarding their sexual behaviors. Sex education means the preparation for personal relationships between the sexes by providing appropriate

educational opportunities designed to help a person develop understanding, acceptance, respect and trust for himself or herself and others. Sex education includes the knowledge of physical, emotional and social growth and maturation and understanding of the individual needs. It involves an examination of men and women' role in society, how they relate and react to supplement each other, the responsibilities of each towards the other throughout life, and the development of responsible use of human sexuality as a positive and creative force

(http://www.sexpressions.ca/Definitions.html.)

### 1.5.3 Sexuality education

Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs and values about identity, relationships and intimacy, Sexuality education encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image and gender roles. Sexuality education addresses the biological, socio-cultural, psychological and spiritual dimensions of sexuality from 1) the cognitive domain, 2) the affective domain, and 3) the behavioral domain, including the skills to communicate effectively and make responsible decisions.

### 1.5.4 Adolescence

Adolescence refers to the time of life from onset of puberty to full adulthood. The exact period of adolescence, which varies from person to person, falls approximately between the ages 12 and 20 and encompasses both physiological and psychological changes. Physiological changes lead to sexual maturity and usually occur during the first several years of the period. This process of physical changes is known as puberty, and it generally takes place in girls between the ages of 8 and 14, and boys between the ages of 9 and 16. In puberty, the pituitary gland increases its production of gonadotropins, which in turn stimulate the production of predominantly estrogen in girls, and predominantly testosterone in boys. Estrogen and testosterone are responsible for breast development, hair growth on the face and body, and deepening voice. These physical changes signal a range of psychological changes, which manifest themselves throughout adolescence, varying significantly from person to person and from one culture to another. Psychological changes generally include questioning of identity and achievement of an appropriate sex role; movement toward personal independence; and social changes in which, for a time, the most important factor is peer group relations (Hine, 1999:36).

### 1.5.5 Teenager I

A teenager is a young person, usually between the ages of 13 and 19 (Hine, 1999:44).

### 1.5.6 Attitudes

Attitudes have generally been regarded as either mental readiness or implicit predispositions, which create an influence over a large class of evaluative responses. These responses are usually directed towards some object, person or group. In addition, attitudes are seen as enduring predispositions, which are learned rather than innate. Thus, even though attitudes are not temporary, they are capable of change (Zimbardo and Ebbesen, 1970:86). Attitudes have generally been divided into three components: affect, cognition, and behavior.

The affective component consists of a person's evaluation of, liking or emotional response to some object or person. The cognitive component contains person's beliefs about, or factual knowledge of the object or person. The behavioral component involves the person's overt behaviour directed towards the object or person. (Zimbardo and Ebbesen, 1970).

## 1.6 VALUE OF THE STUDY

This study will bring about understanding with regard to what problems learners encounter and what causes their sexual behaviour. This will then allow the development of improved strategies of help or intervention.

# CHAPTER 2

# LITERATURE REVIEW

## 2.1 INTRODUCTION

Sexual health education for children and young adults is one of the most hotly debated and emotional issues facing policy makers, national AIDS programme makers and educators today. Arguments have ranged over how explicit material should be, how much there should be, how often it should be given, and at what age should it be initiated (UNAIDS, 1997:7). The question has have been asked as to why teenagers should be educated about sexuality and related issues. This question has been answered in different ways by different authors. In answering this question Gillham (1997:38) state that sexual behaviour can lead to large-scale social problems, of which unintended pregnancy is just one. Managing this biological drive is and has been a major preoccupation for all societies in recorded history. There is a big need for children to be given more information about sex and sexuality, and for their misconceptions to be corrected. "Research has shown that by the age of nine or ten children are beginning to pick up a range of sexual values from the family, the media, the hidden curriculum and peers, but they all too often have

no one but equally inexperienced peers with whom to discuss them" (Halstead, 2003:50).

## 2.2 HIV/AIDS AND YOUNG PEOPLE IN SOUTH AFRICA

The poorest most underdeveloped region in the world, Sub-Saharan Africa, faces by far the highest rate of HIV infections. Although this region accounts for only 10% of the world population 85% of AIDS deaths have occurred here (World Bank, 2000). Young people have the fastest -growing infection rate. The statistics seem to increase every year, which has made sexually transmitted diseases (STD's), HIV/AIDS and teenage pregnancy one of the biggest problems facing teenagers today. Sherr, (1997; 110) states that "every year, one of every eight sexually active adolescents is infected with a sexually transmitted disease". South Africa is currently experiencing one of the most severe HIV epidemics in the world. By the end of 2005, there were five and a half million people living with HIV in South Africa, and almost 1,000 AIDS deaths occurring every day, (UNAIDS, 2005). A survey published in 2004 found that South Africans spent more time at funerals than they did having their haircut, shopping or having barbecues. It also found that more than twice as many people had been to a funeral in the past month than had been to a wedding (Pembrey, 2003). Young people are the age group most severely affected by AIDS in South Africa, with the

largest proportion of HIV infections in the country occurring amongst people between ages15 and 24.

## 2.3 TEENAGE PREGNANCY

Alarming figures released by a South African provincial education department indicated that schoolgirl pregnancies have doubled in the past year, despite a decade of spending on education.

The number of pregnant schoolgirls jumped from 1,169 in 2005 to 2,336 in 2006 in Gauteng, the country's economic heartland and most populous province, according to statistics released in the provincial parliament (Irin humanitarian news and analysis, 2007).

## 2.2 FACTORS THAT PROMOTE OR PERPETUATE UNSAFE SEXUAL BEHAVIOUR.

Eaton, Flisher & Aaro (2004:66) used the following model (Figure 2.1) to describe findings obtained from a series of research studies conducted on South African youth between 1990 and 2004 to describe factors promoting or perpetuating unsafe sexual behaviour. These factors are in three different groups.

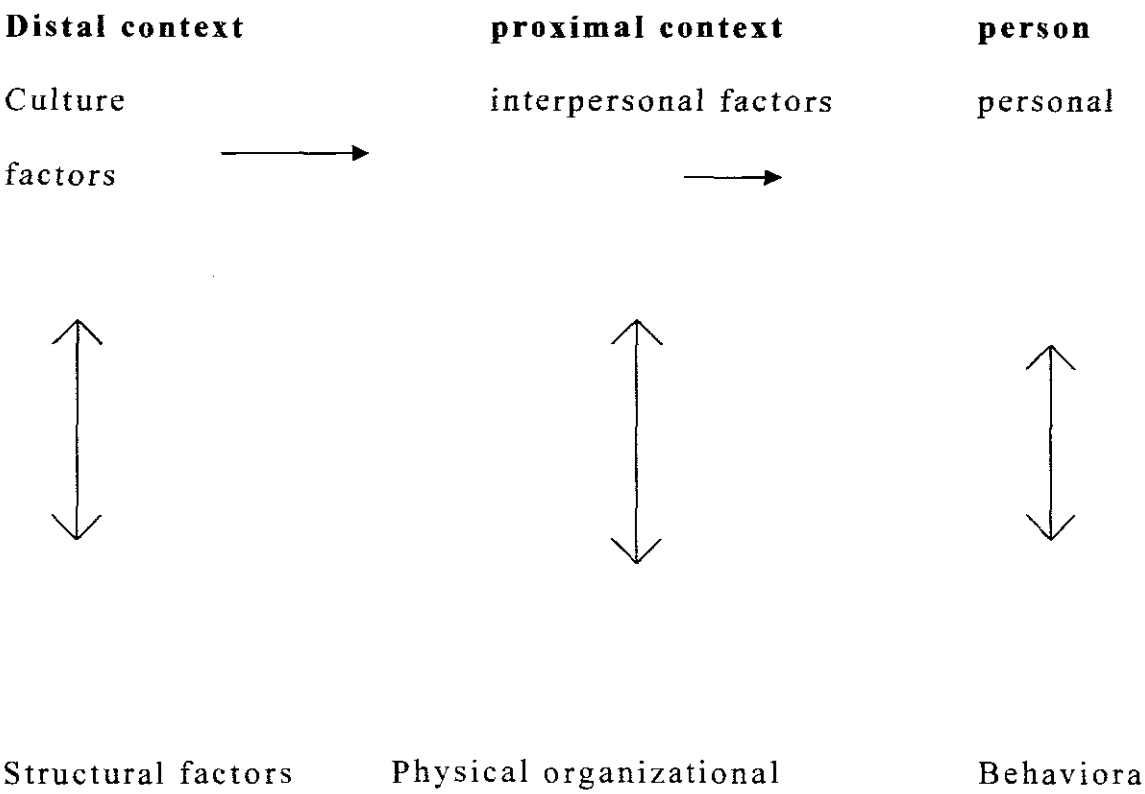



***Figure 2.1.*** *Framework for organizing and relationship between sexual behaviour. Personal* Factors and the Proximal and Distal context.

### 2.2.1 Personal factors

#### Knowledge and beliefs

Over 90% of young South Africans in the 1990's are reported to have known that AIDS is a fatal, sexually –transmitted disease. However, the nature of HIV, the mechanisms of transmission and methods of prevention were not as good, research results showed that there were serious gaps in knowledge since in a few interviews undertaken it

appeared from the young peoples answers that their understanding of HIV/AIDS and prevention was sketchy (Richter, 1996). There was also uncertainty about proper use of condoms. Serious misconceptions seemed to have been held by some young people, for example, that hormonal contraceptives and intrauterine contraceptive devices offer protection against HIV infection, or that the same condom may be used more than once (Blencher et al., 1995). Mythical disadvantages were attached to condoms, such as the widespread belief that condoms can 'disappear' into women and cause them serious injury.

**Perception of low personal risk** -According to Eaton et al., (2004) the Health Belief Model (HBM) and Social- Cognitive Learning Theory (SCLT) both stress the importance of perceptions about the seriousness of health threat, perceptions about one's personal vulnerability to a health threat, and one's perceived ability to reduce one's risk, as key determinants of health behaviour. Low perceived personal vulnerability is a risk factor because it reduces the motivation to take the necessary precautions. The South African research does indicate that higher perceived vulnerability and anxiety about personal risk is linked to greater intended and actual sexual behaviour change. Unfortunately a lot has been written about how many South African youth underestimate their risk for contracting

HIV. While many methods have been used to assess perceived risk, it has been clear that fewer than half of South African youth perceived any risk to themselves and fewer perceived a high risk (Everatt and Orkin, 1993). Perceptions of risk are unrealistically low in some groups with high rates of sexual activity and low condom use. Denial of risk and personal responsibility may be more prevalent among men than among women (MacPhail & Campbell, 2000).

**Self – efficacy**

The expectation that one can successfully complete behaviour, such as using a condom, is theorized to be an important predictor of whether one attempts the behaviour (Azjen, 1985; Bandura, 1991). Two South African studies with young adults suggest that self-efficacy for condom use is indeed linked to higher self reported condom use (Eaton et al., 2004).

**Perceived costs and benefits**

The main social- cognitive models posit that people consider positive and negative features of preventive behaviours and the balance will influence their behaviour. For example, many young men claimed that abstinence or suppression of sexual desire leads to ill health (Meyer-Weitz, Reddy, Weijtz, Van den Borne and Kok, 1998). A further perceived disadvantage of abstinence is that it prevents

people from demonstrating their fertility by conceiving babies. Other reported disadvantages of condom use are loss of pleasure as most young men would report that they like sex to be 'skin to skin', too many condoms are required for many rounds of sex, fear: of condoms breaking or slipping; and awkwardness in purchasing condoms (Richter, 1996). Most of these factors perceived to be a disadvantage seem to prevent young people from using protection.

**Intentions**

In South Africa the intention to abstain altogether from sex until marriage is expressed by a small minority, mostly women from conservative Christian backgrounds and rarely by young men. The intention to be monogamous is expressed by many women (although not all). With young men, however, the picture is different: many consider monogamy to be just as undesirable as abstinence (Blecher et al., 1995:19).

**Self esteem**

Research has shown that low self-esteem is associated with earlier onset of sexual activity and having more sexual partners (Goliath,

1995). It has been hypothesized that a person with a poor sexual self-concept may rely on others for affirmation. This may lead him or her to search for external affirmation in multiple sexual encounters. Research has also indicated that young people with low self esteem may be more concerned about what their partners think of them and with avoiding displeasure or rejection from partners than are people with more positive, self affirming self concepts (Perkel, 1991:102). People with low self esteem are then more likely to think condoms may be offensive to their partners, to think that using a condom can make their partners think they are dirty, to be embarrassed about using condoms and to have a negative attitude towards condoms.

### 2.2.1 The Proximal Context

#### 2.2.1.1.Interpersonal factors

**Negotiating condom use**. Communication with one's partner about STD risk and condom use has been found to be strongly correlated with willingness to use condoms and with self reported use. But talking about condoms is not easy. Discussions tend to be limited and awkward. Introducing condoms into a sexual encounter is still perceived to break the intimacy and romance of the moment (Reddy and Meyer- Weitz, 1997). Condoms are sometimes perceived to be

associated with promiscuity, STDs and AIDS, so suggesting condom use may imply that one either has a sexually transmitted disease, or that one mistrusts one's partner.

**Coercive male dominated sexual relationships**. Sexual negotiation of any kind, be it about condom use, faithlessness, or about the nature and frequency of sexual intercourse is lacking in many sexual relationships among South African's. Qualitative research by (Eaton et al, 2004:56) indicated that young people's heterosexual relationships in certain communities frequently involve sexual coercion of, and violence towards, the female partner. Such studies also have described young women who are physically forced or bullied into having sex. In such relationships the partner largely controls the sexual activity, which usually prevents young girls and women from insisting on condom use. In relationships with such an imbalance of power, young women's ability to practice safer sex is constrained by their partner's demands.

**Peer pressure**. South African research has addressed the issue of peer pressure mostly in studies of black youth. This research shows that both girls and boys experience considerable same sex peer pressure to be sexually active (Buga, Amoko, & Ncayiyana, 1996). For boys pressure has to do with proving manliness, and having many

sexual partners wins a young man status and admiration. Young men often encounter negative peer attitudes towards condoms. For girls pressure sometimes comes from sexually experienced peers who exclude inexperienced girls from group discussions because they are still 'young' (Wood et al., 1997). For Perkel (1991) however peer pressure does not always have the same negative influence on all youth, individuals differ in their susceptibility, and younger men seem to be influenced to greater extent than younger omen. Peer pressure is also not necessarily negative. Positive examples set by friends and role models can promote safer sexual behaviour.

### 2.2.2 The Distal Context

#### Culture

Edwards (1999:9) defines culture as anything humanly created. Culture is a set of guidelines, which individuals inherit as a member of a particular society, and which tells them how to view the world, how to experience it emotionally, and how to behave in relation to other people. It has been observed elsewhere that traditional African cultures are frequently patriarchal and oppressive towards women (Airhihenbuwa, 1995:68).

Research into the discourse that surrounds the subordination of women reveals two main themes relating to male sexuality: biologically determined 'need' and sexual 'right' for example in discussion of monogamy man claim that they need variety (Richter, 1996:47). They claim that it is in a man's nature to want many partners, and that staying with one woman therefore goes against the essence of being a 'man'. Some women come to believe this too. The notion that masculinity implies having unprotected sex with numerous partners is "particularly well developed in South Africa" (MacPhail & Campbell, 2000:205).

According to Eaton (2004:76) young people also justify impulsive, unprotected sex through a discourse of biology and desire. The discourse of rights appears in the way young men claim 'ownership' of their sexual partners. The behaviour is supported by the social norm that a man has a right to sexual intercourse within a romantic relationship, and that therefore he has a right to use force if necessary to obtain it.

**Structural factors**

**Urban versus rural conditions.** Not much research in South Africa has focused on both rural and urban and differences in terms of

sexual risk behaviour. The few studies that have covered the whole country (e.g. Du plessis et al., 1993; NPPHCN, 1996) do not look for distinctions between urban and rural sexual behaviour patterns. Some research provides evidence of urban youth being better informed about HIV/AIDS than rural peers (Abdool-Karim et al., 1994; Goliath, 1995). This then indicates a need for research to be done in this area.

**Poverty.** In South African research, poverty, unemployment, overcrowding, and low levels of education appear to be linked to higher levels of adolescents' sexual activity and less knowledge about HIV and AIDS (Du Plessis et al., 1993:34). Poverty is often seen as the reason for the co modification of sex, in which women in dire economic circumstances agree to sexual relationships with men in exchange for financial support (Adams & Marshall, 1998:59). Socio economic status is also related to the likelihood of young people experiencing physical abuse and sexual coercion within relationships.

## 2.3 SEXUALITY EDUCATION

Throughout the years there has been a lot of interest in sexuality and sex education, many writers interested in this field have come up

with some definitions of sexuality education. The need for teenagers to understand or to know more about themselves arose since more and more teenagers are getting involved in sexual activities at an earlier stage in their lives then before (Carr, 2002; Gillham, 1997; Sherr, 1997;). The aim of introducing sexuality education in schools and in other areas of their lives, for example at home, church and in the media, is to help teenagers acquire information, beliefs and values about identity, relationships, intimacy and reproductive biology, to understand the positive view of sexuality, to provide information and skills about taking care of and promoting their sexual health, to make decisions now and in future, to prepare for marriage and responsible parenthood, to learning to enjoy and control sexual behaviour and to promote responsible reproductive behaviour. Other goals freedom from shame, guilt and false beliefs about sexuality, freedom from sexual dysfunctions and organic disorders, to create awareness about sexual abuse, teenage pregnancy, STD-HIV infection, population explosion and quackery, and to create awareness about sexual-social issues like gender discrimination, child marriage, dowry, prostitution and Deodasees. The essential primary goal of sex education is promotion of sexual and reproductive health. "There is a pressing need to raise the levels of information of the young people who are embarking on sexually active life. From experience and research it is clear that sex education has the potential to improve the sexual

health of an individual, and so of community and of the nation. Sex education is like immunization. It can help to prevent physical, psychological, marital and social problems related to sexuality." (Hine, 1999:42).

Halstead (2003:7) refers to a sexually educated person as somebody who will have certain information, for example, how to achieve pregnancy and how to avoid it. Secondly a sexually educated person will have certain personal qualities, for example appropriate self assertiveness in resisting peer pressure and in saying 'no' to unwanted sexual experience. Thirdly, a sexually educated person will have certain attitudes; for example, respect for people who's views differ from his or her own on controversial issues such as abortion, contraception, same sex relationships, celibacy and divorce. These attitudes are underpinned by the liberal values of tolerance, freedom, equality and respect. Fourth a sexually educated person will have certain skills, for example the skill of decision-making. Since sexual desire usually focuses on another person, responsible sexual decision-making involves taking into account that person's needs and wishes as well as one's own. It involves evaluating conflicting desires and choosing between them, respecting and being sensitive to the sexual vulnerability of others, reflecting on what we owe to

others and what we expect from them. All of these skills are said to have a firm ground on moral value.

## 2.4 HIV PREVENTION CAMPAIGNS IN SOUTH AFRICA

### Community campaigns

The issue of HIV prevention in South Africa has attracted less controversy and debate than other aspects of the country's response to AIDS. There have been a number of community and national efforts, including:

- **'The Soul City Project'**, which was started in 1994 and educated people about AIDS through radio, print, and television, using dramas and soap operas to promote its message.

- **The 'Beyond Awareness' campaign**, which ran between 1998 and 2000 and concentrated on informing young people about AIDS through the media.

- **The 'Khomanani' ('caring together') campaign**, run by the Aids Communication Team (ACT), a group that was set up by the government in 2001. The Khomanani campaign has used the

mass media and celebrity endorsement to get across HIV prevention messages, with a particular emphasis on encouraging HIV testing.

- **LoveLife**, the most prominent HIV prevention campaign to be carried out in South Africa, which specifically targets young people and attempts to integrate HIV prevention messages into their culture. It was launched in 1999, with the aim of reducing rates of teenage pregnancy, HIV and sexually transmitted infections amongst young South Africans. The campaign attempts to market sexual responsibility through the media as if it were a brand. It also operates a network of telephone lines, clinics and youth centres that provide sexual health facilities, as well as an outreach service that travels to remote rural areas, to reach young people who are not in the educational system.

- **Virginity testing**, Although there are still some disagreement about using traditional methods as a way of preventing HIV/AIDS infections in young people and also teenage pregnancies, some people, including young people, still believe that traditional methods for example virginity testing are the best ways of preventing HIV/AIDS. Because of concerns about HIV/AIDS traditional affairs MEC Mike Mabuyakhulu said that

> the traditional heads of regiments and maidens for Zulu youth are the only solution to instill discipline among youths. He further said that they believe that the influence of these traditional practices in society particularly on young men and women, put them in the right position to become active foot soldiers in the fight against HIV/AIDS, particularly in rural areas (The Witness: 2007).

Although these campaigns have probably saved many lives, the actual difference they has been made in reducing the number of new HIV infections is very difficult to measure. The prevailing high rates of HIV found across South Africa suggest that either the message isn't getting through to many people, or that people are receiving information but not acting upon it.

However, the seeming lack of progress made by HIV prevention campaigns does not necessarily reflect a lack of effort. Various social factors make it difficult to carry out effective HIV prevention campaigns in South Africa, as the population is highly diverse and divided by deeply rooted social inequalities. South Africans have a mixture of ethnic backgrounds: black people account for 75% of the population, whites make up around 13%, Asians make up about 3%, and other people of mixed racial heritages account for about 9%.

There are 11 official languages and many dialects; around 86% of the population is literate. Some live in large, crowded cities, while others live in sparsely populated rural areas, many of which are isolated, underdeveloped and lacking infrastructure. This diversity has made it very difficult to carry out AIDS awareness campaigns that actually influence people's behaviour (Pembrey, 2007:87).

## 2.5 PSYCHOSOCIAL DEVELOPMENT AND ADOLESCENT SEXUAL BEHAVIOUR

Erickson, a psychoanalytic theorist, categorized the human life cycle into eight stages. Stage five is adolescence, beginning with puberty and ending around 18 or 20 years old. The task during adolescence is to achieve ego identity and avoid role confusion. It was adolescence that interested Erickson first and most, and the patterns he saw here were the bases for his thinking about all the other stages.

Ego identity means knowing who you are and how you fit in to the rest of society. It requires that you take all you've learned about life and yourself and mould it into a unified self-image, one that your community finds meaningful (Huebner, 2000).

There are five recognized psychosocial issues that teenagers deal with during their adolescent years (Huebner, 2000). These include:

1. **Establishing an identity**. This has been called one of the most important tasks of adolescents. The question of "who am I" is not one that teenagers think about at a conscious level. Instead, over the course of the adolescent years, teenagers begin to integrate the opinions of influential others (e.g. parents, other caring adults, friends, etc.) into their own likes and dislikes. The eventual outcome is people who have a clear sense of their values and beliefs, occupational goals, and relationship expectations. People with secure identities know where they fit (or where they don't want to fit) in their world. Marcia cited by (Carr, 2002:3), has found that adolescents may cope with the task of identity formation in four distinct ways and has termed these Foreclosure, Identity diffusion, Moratorium and achieving a clear identity.

**a. Foreclosure**

With foreclosure, vocational, political or religious decisions are made for the adolescent by parents or elders in the community and youngsters accept these without entering into prolonged decision making about their own identity. This may happen where youngsters are expected to join a family business, take over the running of the

family farm or strictly adhere to a clearly defined religious or ethnic lifestyle. These adolescents tend to endorse authoritarian values and are unlikely to engage in risky sex.

**b. Identity diffusion**

With identity diffusion the youngster makes no firm commitment to personal, social, political or vocational beliefs or plans. These teenagers devote themselves to seeking excitement and fun and drift from situation to situation without establishing a long-term plan or a coherent view of their identity. Some become disenchanted and socially withdrawn. There is a high probability that those who endlessly pursue excitement and fun will engage in risky sexual behaviour.

**c. Moratorium**

In cases where a moratorium is reached the adolescent experiments with a number of roles before settling on a clear identity. Some of these roles may be negative (e.g. delinquency) or non conventional (e.g. dropout / commune dweller). However they are staging posts in a prolonged decision making process on forming a stable identity. During this moratorium state, adolescent may engage in sexually risky behaviour as part of the roles with which they experiment.

**d. Achieving a clear identity**

Where adolescents achieve a clear identity after a successful moratorium, they develop a strong commitment to vocational, social political and religious values and usually have good psychosocial adjustment in adulthood. Where a sense of identity is achieved following a moratorium in which many roles have been explored, the adolescent avoids the problems of being aimless, as in the case of identity diffusion, or trapped, which may occur with identity foreclosure. Youngsters who have achieved a clear sense of identity are probably far less vulnerable to engaging in risky sexual behaviour than those who have not done so.

**2. Establishing autonomy**. Some people assume that autonomy refers to becoming completely independent from others. They equate it with teen "rebellion." Rather than severing relationships, however, establishing autonomy during the teen years really means becoming an independent and self-governing person within relationships. Autonomous teens have gained the ability to make and follow through with their own decisions, live by their own set of principles of right and wrong, and have become less emotionally dependent on parents. Autonomy is a necessary achievement if the teen is to become self-sufficient in society.

**3. Establishing intimacy**. Many people, including teens, equate intimacy with sex. In fact, intimacy and sex are not the same. Intimacy is usually first learned within the context of same-sex friendships, then utilized in romantic relationships. Intimacy refers to close relationships in which people are open, honest, caring and trusting. Friendships provide the first setting in which young people can practice their social skills with those who are their equals. It is with friends that teens learn how to begin, maintain, and terminate relationships, practice social skills, and become intimate.

**4. Becoming comfortable with one's sexuality.** The teenage years mark the first time that young people are both physically mature enough to reproduce and cognitively advanced enough to think about it. The teen years are the prime time for the development of sexuality. How teens are educated about and exposed to sexuality will largely determine whether or not they develop a healthy sexual identity. More than half of most high school students report being sexually active. Many experts agree that the mixed messages teenagers receive about sexuality contribute to problems such as teen pregnancy and sexually transmitted diseases.

**5. Achievement**. Our society tends to foster and value attitudes of competition and success. Because of cognitive advances, the teen

years are a time when young people can begin to see the relationship between their current abilities and plans and their future vocational aspirations. They need to figure out what their achievement preferences are-what they are currently good at and areas in which they are willing to strive for success (Huebner, 2000).

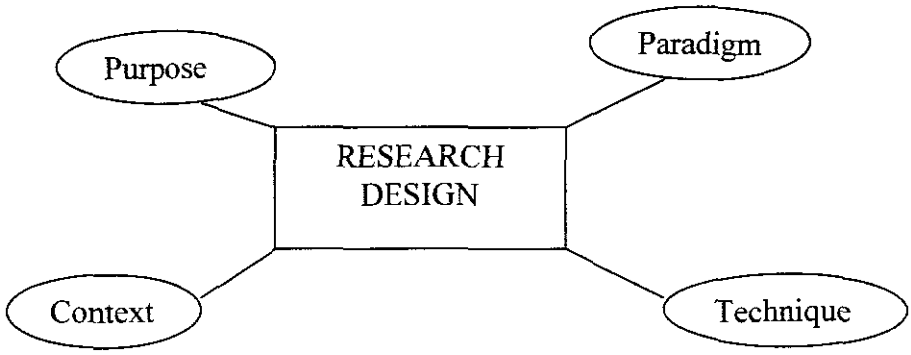
# CHAPTER 3

# RESEARCH DESIGN AND METHODOLOGY

## 3.1 INTRODUCTION

This chapter outlines the research design used by the research to collect data. According to Leedy (1989), the nature of the study determines the methodology to be employed. This study was developed to investigate High School learner's attitudes toward sexuality education in Zululand, South Africa. Using the following diagram Durrheim (1999) discussed decisions to be made by a researcher in developing a research design (figure 3.1).

**Figure 3.1**: four dimensions of design decisions (Durrheim, 1999).




This chapter aims to discuss each of these research design decisions outlined in figure 3.1.

## 3.2. RESEARCH METHODOLOGY

A survey method was used to collect data. According to Fraenkel and Wallen (1993) survey methods are often opted for when researchers are interested in behaviour and/ or opinions of a large group of people about a particular topic or issue. Furthermore, the major purpose of the survey is to describe the characteristics of a

population in terms of its distribution; for example, age, race, religion preference, attitudes and the relationship among variables. As is the case with many types of research that the population as a whole is never studied.

There are common characteristics that the majority of survey research possesses namely:

1). The fact that data is collected from a group of people in order to describe some aspects or characteristics (such as attitudes, beliefs, abilities) of the population of which that group is part.
2). The main way in data collection is through asking questions.
3). Data is collected from a sample rather than from every member of the population (Fraenkel and Wallen, 1993).

Both quantitative and qualitative research methods were used in this study. According to Strauss and Corbin (1990:98) these two types of methods can be used effectively in the same research project. Qualitative data can be used to illustrate or clarify quantitatively derived findings and can give the intricate details of phenomenon under study that are difficult to convey by quantitative methods. As noted by Gerard, (2003:88), quantitative methods produce

quantifiable and reliable data usually generalized to a larger population.

### 3.3. POPULATION OF THE STUDY

The population studied was high school going teenagers in the Zululand Area, generally between 11-20years old. They constitute the age category of those who are between Grade 8 and Grade 12. This age group was chosen because the literature revealed that it is at this point in life that young people are more inclined to seek sexuality information and most recently started sexual activities. It is also at this stage that they are likely to receive inappropriate information that may lead to dire consequences (Nsengiyumva, 2000).

### 3.4. SAMPLING DESIGN

The sample was drawn from a population of high school learners from two2 schools in Zululand. Purposive sampling was used in this study. Purposive sampling according to Fraenkel and Wallen (1993) can be referred to judgment sampling. In purposive sampling the researcher judges which sample to select, a sample that can provide the needed data. Defining purposive sampling Fraenkel and Wallen (1993) say that it is choosing a sample which is representative with respect to certain known characteristics of the population. The first school chosen was Emthonjaneni High school in Melmoth a small

rural town in the Northern part of Zululand. The school consists of black mostly Zulu speaking students from this town and from close by rural communities. Most students who attend this school are from disadvantaged backgrounds. A sample of 100 students was selected from this school (both boys and girls). The second school chosen was Eshowe High school in Eshowe, an urban town in the southern part of Zululand. This school consists of a diverse population from middle class to rich backgrounds. A sample of 100 students was selected in this school (both boys and girls).

**Table 3-1**

Schools identified and number of participants (N=200).

| SCHOOL | NUMBER OF PARTICIPANTS | PERCENTAGE |
|---|---|---|
| Urban | 100 | 50% |
| Rural | 100 | 50% |

Of the 200 participants seventy-nine (79) were males and hundred and twenty-one (121) were females. Table 3-2 shows the distribution of participants by gender.

**Table 3-2**

Distribution of participants by gender (N=200)

| | **FEMALES** | **MALES** | **TOTAL** |
|---|---|---|---|
| FREQUENCY | 121 | 79 | 200 |

Participants were also distributed according to their home language. Table 3-3 shows the distribution of participants according to their home language.

**Table 3-3**

Distribution of participants by home language (N=200)

| **LANGUAGE** | **FREQUENCY** |
|---|---|
| Zulu | 163 |
| English | 30 |
| Afrikaans | 6 |
| Greek | 1 |

### 3.5.1 Research instruments

There are numerous tools available to researchers (observation, survey/questionnaire, interviews, focus groups etc) who wish to collect data.

For the purpose of this study a questionnaire consisting of two sections was used. The first part of the questionnaire consisted of a Likert scale type questionnaire with ten questions requiring category answers ranging from Strongly Agree, through Agree, Uncertain, Disagree, to Strongly Disagree (See annexure A.). For the second part of the questionnaire five open-ended questions were used "How can teenage pregnancy be prevented? How can HIV/AIDS be prevented? What are your experiences of sexuality education? What do you appreciate about sexuality education? How can sexuality education be improved?" (See Annexure B.). Questionnaires are suitable for research of this nature for various reasons: more than one respondent can be 'interviewed' simultaneously allowing for quick and efficient collection of data, it is easy to administer and offers greater anonymity. With proper construction and administration such a questionnaire is one of the best data gathering tools available to a researcher (Behr, 1988).

Open-ended questions allow participants to respond with a "wide range of possible answers" (Vadum & Rankin, 1998). Since there are no limitations placed on responses received by open-ended questions the researcher will be able to capture the richness of the participants' experience of and feelings about the programme.

### 3.5.2. Administration of the questionnaire

Before the questionnaire was administered the principals of each school were approached through telephone. This was followed by a written letter requesting permission to conduct research in their schools (see annexure C.). Principals requested that the research be discussed with the schools governing bodies giving them the request letters. After a few weeks the principals then contacted the researcher to inform that permission to conduct research in the schools had been granted for each school. The researcher was then referred to guidance teachers who teach and guide students about sexuality. A relationship was built with the teachers and the purpose of the research was again explained to them and the need for the research. The teachers and the researcher then looked at the possible times to administer the questionnaire during Life Orientation periods, which is the subject that deals with sexuality and sexuality education.

### 3.5.3. Ethical considerations

In order that the participants' rights to privacy and confidentiality were met the following were taken into consideration:

Participants were briefed as to the nature and the need of this research study. With the help of guidance teachers participants were guaranteed that their responses would be handled with confidentiality and sensitivity.

### 3.6 ANALYSIS OF DATA

To make sense of data the collected frequencies were tabulated for the total sample. The statistical package for social sciences (SPSS) was used to analyze quantitative data. According to Rose & Sullivan (1996) SPSS provides a range of facilities including tabulation and multivariate analysis. Cross tabulations were run to get chi square test results. For the qualitative data the researcher read through the transcripts. A summary of themes was identified and a summary of essential profiles from both the individual and groups was written.

# CHAPTER 4

# ANALYSIS AND INTERPRETATION OF DATA

## 4.1. INTRODUCTION

This chapter presents the analysis and interpretation of data obtained from respondents of the study. According to Sarantakos (2002), analysis of data allows the researcher to manipulate the information collected during the study in order to assess and evaluate findings and arrives at conclusions.

## 4.2. CHARECTERISTICS OF THE RESPONDENTS

Diversity among teenagers depends not only on individual levels of physiological or psychological development but also on other factors such as race, gender, home language and culture. For example, living in a poor environment characterized by overcrowding can affect the socio economic setting. Some teenagers, because of what they see from their communities and families can get involved in pre- marital sex.

To have a better understanding of the group of teenagers who participated in this study, questions were asked with regard to their age, gender and home language. Race or home language is believed to exert a strong influence on teenagers' attitudes towards sexuality and

sexuality education. For example, studies done on US adolescents showed that African American boys and girls become sexually active earlier than white adolescents. In explaining the racial difference two reasons were advanced; on the one hand, it was argued that socio economic differences between blacks and whites accounted for the racial disparity. On the other hand, cultural norms created a profound difference in the acceptability of early sexual experience (Moore & Rosenthal, 1993).

As discussed in chapter 3 teenagers who participated in this study were both males and females between 12-20 years old.

## 4.3 FINDINGS AND DISCUSSIONS

### 4.3.1 Quantitative findings

#### 4.3.1.1 Hypotheses

As presented before in Chapter 1, the following hypotheses were formulated from the aims mentioned:

1. High school learner's attitudes towards sexuality education are negative.

2. The type of school attended will not influence learner's attitudes towards sexuality education.

3. The gender of the learners will not influence their attitude towards sexuality education.

#### 4.3.1.2 Analysis of hypotheses

Here each hypothesis will be handled individually. Discussions will be based on the chi- square procedure and means. We use the chi-square to "make inferences about the frequencies that would be found in the population" (Heiman, 1996:63). A 0.5 level of significance was used for this study because as Neuman (2000; 98) points out "the scientific community has informally agreed to use 0.5 as a standard rule of thumb for most purposes," The SPSS statistical test was used to analyse the quantitative data gathered.

#### 4.3.1.3 Presentation of quantitative findings

The data presented here contain the schools' (rural and urban) responses to the Likert scale.

**Table 4-1**

Mean scores for age variables for both schools (rural and urban).

| **Age** | **Mean** | ***N* =** |
|---|---|---|
| 12.00 | 1.0000 | 3 |
| 13.00 | 1.0000 | 20 |
| 14.00 | 1.0000 | 27 |
| 15.00 | 1.1000 | 30 |
| 16.00 | 1.5667 | 30 |
| 17.00 | 1.8824 | 51 |
| 18.00 | 1.9333 | 30 |
| 19.00 | 2.0000 | 5 |
| 20.00 | 1.5000 | 4 |

**Graph 4-1**

Percentage of participants in each identified group for both schools.

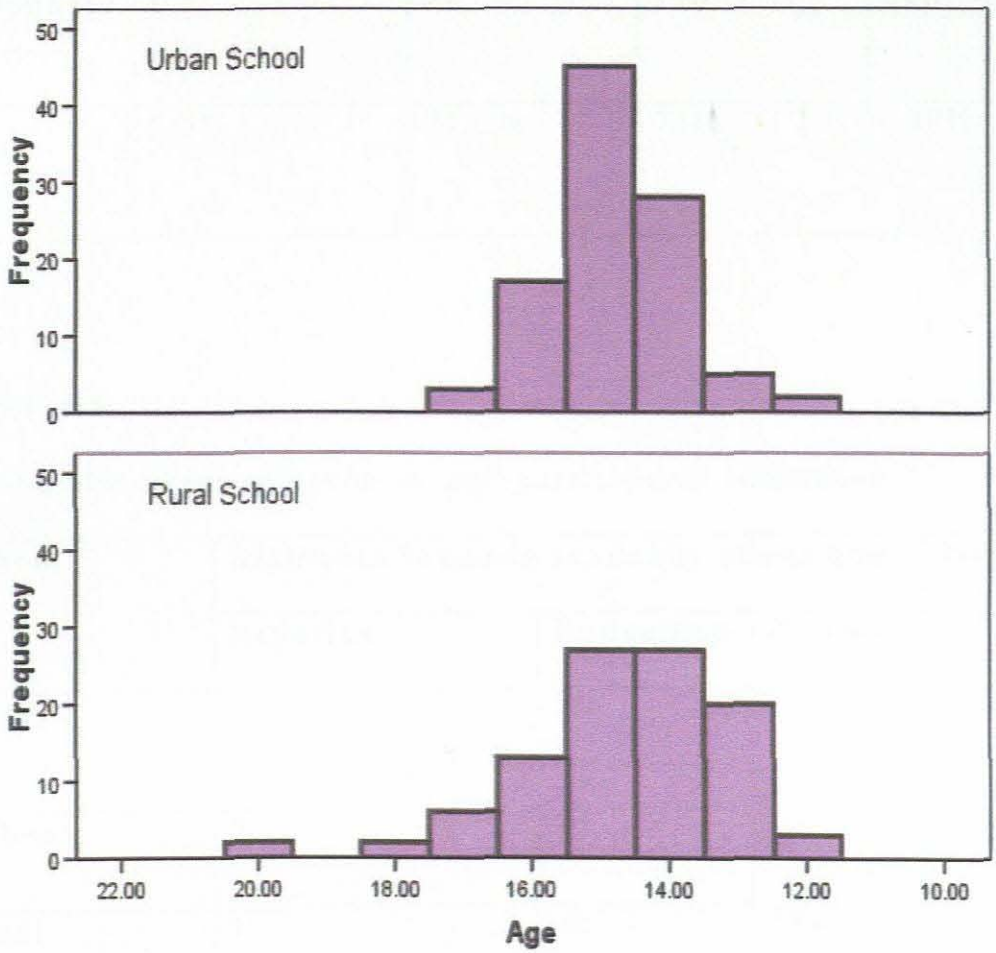


**Table 4-2**: General participants attitudes towards sexuality education

| School | Attitudes towards sexuality education | | | Total |
|---|---|---|---|---|
| | Negative | Undecided | Positive | |
| Responses | 1 | 49 | 150 | 200 |
| % | 0.5% | 24.5% | 75% | 100% |

**Table 4-3**:

Association between schools and participants responses

| School | Attitudes towards sexuality education | | | Total |
|---|---|---|---|---|
| | Negative | Undecided | Positive | |
| Rural | 1 | 36 | 63 | 100 |
| Urban | 0 | 13 | 87 | 100 |
| Total | 1 | 49 | 150 | 200 |
| % | 0.5% | 24.5% | 75% | 100% |

**Table 4-4:**

Relationship between attitudes and gender

| Gender | Attitudes towards sexuality education | | | Total |
|---|---|---|---|---|
| | Negative | Undecided | Positive | |
| Male | 1 | 27 | 51 | 71 |
| Female | 0 | 22 | 99 | 121 |
| Total | 1 | 49 | 150 | 200 |
| % | 0.5% | 24.5% | 75% | 100% |

**Table 4-5**

Chi square statistic

| | Df | Critical values | Significance |
|---|---|---|---|
| School | 2 | 15.636 | 0.000 |

| | | | |
|---|---|---|---|
| **Gender** | 2 | 8.422 | 0.015 |

### 4.3.2. Discussion of quantitative findings

Table 4-1 and graph 4-1 shows the participant's distribution of age between the two schools indicating the number of participants for each age group. The table revealed that most participants were between 15 to 18 years old, whilst a small number were 12, 13, 14, and 19 years of age.

Table 4-2 reveals that learners in the sample had an overall highly positive attitude towards sexuality education with 75% of the learners having a positive attitude towards sexuality education, so hypothesis 1, which stated that learners hold negative attitudes towards sexuality education, was rejected. Only 0.5% of learners held negative attitudes towards sexuality education whilst 24.5% of the learners neither had negative nor positive attitudes towards sexuality education.

Table 4-3 shows the association between schools and attitudes towards sexuality education. Chi Square is highly significant indicating that there is a strong association between school and attitudes towards sexuality education. In both schools students had

positive attitudes towards sexuality education; however more learners in the urban school had positive attitudes than did learners in the rural school. Hypothesis 2 which stated that the school attended would not influence the learner's attitudes towards sexuality education was rejected.

Table 4-4 indicates the association between gender and attitudes towards sexuality education. Chi Square is moderately significant indicating that there is a moderate association between gender and attitudes towards sexuality education. Both males and females had positive attitudes towards sexuality but more females had positive attitudes than did males. Hypothesis 3 was then rejected. However the fact that the sample consisted of more females than males needs to be taken into consideration (see table 4-1).

Table 4-5 shows the 'X2' statistic for school association to attitudes towards sexuality education and gender association to attitudes towards sexuality education. Each of the'X2' statistics has been discussed above.

### 4.3.2 Qualitative findings

Participants were also requested to answer five short open ended questions as a way of getting them to write their feelings and thoughts about sexuality education, teenage pregnancy and HIV and AIDS. Each question was closely examined to determine themes arising from each question. The researcher also looked at differences in themes from participants from different schools and gender.

Key themes identified from responses to open ended question 1 **(How can teenage pregnancy be prevented?).**

**a. Abstinence**: *all participants from both schools, males and* females repeatedly mentioned this theme as the best initial way of preventing teenage pregnancy.

**b. Condom use and contraceptive**: condom and/or contraceptive use were mentioned as the next best prevention measure, crucial in teenage pregnancy. Both boys and girls agreed on these measures as a way of preventing measures.

**c. Parental involvement:** many if not all female learners from the rural school emphasized that having parents involved in the sexuality education and talking to their children would make a big difference.

**d. Stopping the grant money:** most girls from the two schools indicated that teenagers become pregnant because they wanted to receive the social grant money, which is currently received by half of the unemployed women in South Africa including teenage mothers. The concerns raised were that the availability of the grant money perpetuates teenage pregnancies and the decreased condom use, which leads to the growing rate of HIV infections.

**e. Promotion of masturbation and the use of sex toys:** most girls in the urban school believed that the use of sex toys and masturbation rather that the human contact would reduce the prominence of teenage pregnancies in South Africa. This was viewed in the sense that no negative consequences could arise from the use of these since there will be physical contact with anyone else.

Key themes identified from responses to open ended questions 2 (**how can HIV and AIDS be prevented?**).

a. **Abstinence**: all participants from both schools, males and females mentioned this theme as the best initial way of preventing the spread of HIV/AIDS.

**b. Condom use**: condom use was mentioned as the next best prevention measure, mostly in preventing the spread of HIV and AIDS.

Key themes from responses to open-ended questions 3 **(what are your experiences of sexuality education?)**

a. **Gives valuable information**: all participants indicated that their experience of sexuality education had been good and that it gave them valuable information about sexuality.
b. **Information about one's body**: participants indicated that they mostly appreciated the fact that they learnt more about their bodies and how to respect them selves through sexuality education. They also appreciated the fact that it gives important information on HIV and AIDS.

Key themes from responses to open-ended question 4 **(what do you appreciate about sexuality education?).**

a) **Gives valuable information**: all participants indicated that they appreciate the information they gain from sexuality education.

Key themes from responses to open-ended question 5 **(How can sexuality education be improved?).**

a. **Teaching values and morals:** most participants from the urban school indicated that the issues that teenagers are faced with at that moment related to the fact that the society was lacking morals and values. Participants indicated that teaching about morals and values, as part of the sexuality education curriculum would make a big difference towards the fight against HIV/AIDS and teenage pregnancy.

b. **Making sexuality education more prominent in churches**: some participants indicated that having sexuality education taught in churches would help since most teenagers go to church and trust what is said to them in church, including the involvement of their parents in the teaching process.

c. **Making it practical**: most participants, if not all, mentioned that sexuality education should be made more practical in order to make it interesting for teenagers. Also the involvement of younger people who have the experience, (either have been pregnant at an earlier age or are HIV positive), in the teaching process would make teenagers more aware of the risks brought

about unprotected sex and early involvement in sexual intercourse.

a. **Telling the truth**: most learners from the rural school indicated that sexuality education could be improved by educators and parents 'telling the truth' about the risks involved and not hiding anything from the learners/teenagers.

### 4.3.2 *Discussion of qualitative results*

As mentioned in chapter 1, ignorance concerning sexuality, contraception and responsible sexual behaviour has been identified as a major factor contributing to teenage pregnancies and HIV infection, thus the introduction of sexuality education programmes. Qualitative results from this study indicate that teenagers, both males and females, demonstrate a significant level of knowledge about sexuality and sexuality education; however the behaviour has not changed. Research by Macleod (1995) produced similar results regarding the level of knowledge about sexual related issues.

Here results were analysed into prominent emerging themes for each question presented. Information about what needs to be done to

protect oneself and others from sexuality related problems was very relevant, as learners repeatedly mentioned the most important prevention methods, including abstinence, condom use and contraceptive use.

Other themes that came up were the use of sex toys as a prevention method. This suggestion was brought forward by learners from the urban school but nothing similar was indicated by participants from the rural school. As this raises the question as to whether there is a difference in the presentation of information for different schools. This may also be viewed in connection with one theme, which was prominent in for rural school, i.e. participants' responses stating that as part of improving the programme they would like to be told the whole truth by both teachers and parents with regard to sexuality and sex related topics. A further investigation would perhaps give some insight into this particular issue.

Research previously done has indicated that one's socio economic status influences sexual behaviour and risk taking behaviour. In the model by Eaton, Flisher & Aaro (2004:66) presented in chapter 2 poverty was mentioned as one of the major problems leading to risky sexual behaviour. This information can be related to the theme of reducing the social grant for teenagers. Most participants believed

that teenager's engage in risky behaviour, which leads to pregnancy, because they want to register for the grant. The South African economic status and the distribution of such grants may play an important part in such behaviour since many South Africans are poor and survive on social grants. Pregnancy might then be an act of survival more than anything else. If poverty is the biggest contributor to such behaviour more work needs to be done by government to support teenagers financially, so they will not have the need to have children to get financial support.

The introduction of morals and values education as part of the sexuality education programme was mentioned as ways sexuality education could be improved. Such information can prove to be very effective, especially taking into account the fact that the society is drastically changing and such changes can influence values, morals and decision-making strategies. This could be a major step towards changing attitudes and especially behaviour.

# CHAPTER 5

## LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

### 5.1 INTRODUCTION

Chapter 4 was a detailed discussion into the results of this study. Attention was given to both qualitative and quantitative findings. The main themes were identified and discussed and the necessary statistical analyses were conducted. This chapter will focus on conclusion, limitations of the study and recommendations for future research.

### 5.2 LIMITATIONS OF THE STUDY

Although this research study was able to address most of the issues and managed to achieve many of its objective the researcher believes that there were some limitations of the study that need to be mentioned.

a) The sample was chosen from only two schools, which means these results cannot be generalized to the whole Zululand High School population. A sample including more schools could have been considered. However a larger sample would require further funding, traveling and other basic requirements.

b) The language limitation was not taken into account, as it might have impacted on the responses. The researcher believes that a translation of the questionnaire to Zulu for the rural school pupils might have made a difference in responses and final findings.

c) Another aspect that needs consideration is the possibility of gathering participants at a workshop style venue where they may be able to discuss ideas raised rather than just putting ideas on paper. In such a workshop/gathering participants might be able verbalize their feeling and opinions much better than writing them down.

## 5.3 RECOMMENDATIONS FOR FUTURE RESEARCH

Avenues for future research which have surfaced are discussed as follows:

5.3.1. More research in this area is necessary. While this study has created a platform for dialogue and interest towards attitudes held by learners regarding sexuality education, a larger scale research would have a much better impact in effecting change.

5.3.2. A specific study focusing on the impact of the social grant on teenage pregnancies and HIV/AIDS infections is needed. The point that the social grant for children received by most teenage mothers

had a big influence on the current alarming rate of teenage pregnancies was raised almost by all participants.

5.3.3. Another aspect of this research study that needs to be considered on a larger scale is the quality of sexuality education currently taught to learners in schools, Such research might also include the attitudes and feelings of educators (especially African educators) regarding the introduction of sexuality education as part of the curriculum. Some research that has been done in this field has focused more on evaluating the programme than on how educators feel about having to teach such information.

5.3.4. More community involvement and the creation of dialogue around sexuality education and its introduction in schools and its prominence in the media is needed. Such work can be done mostly with parents, the primary source of education to children, in order to evaluate at their attitudes and feelings towards sexuality education and the whole programme.

## 5.4 CONCLUSION

The aim of this study was to investigate the attitudes of high school learners towards sexuality education. The first hypothesis was High school learner's attitudes towards sexuality education are negative. Based on the findings of these study learners overall positive attitudes towards sexuality education were found. However a number

of other issues were raised by learners, which were believed to contribute to the negative and risky behaviour displayed by young people in South Africa today. These factors were discussed in chapter 4. This information has led to the acknowledgement that sexual behaviour is influenced by combination of many factors, socioeconomic, and personal. As sexuality education is one of the many initiatives working towards reducing HIV/AIDS infections and teenage pregnancies a closer look at these factors and their solution would be benefial in making the programme more effective.

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www.IrinNews.org.

# ANNEXURE A

## FIRST SECTION OF THE QUESTIONNAIRE:

## LIKERT SCALE QUESTIONNAIRE

## ATTITUDES OF HIGH SCHOOL LEARNERS TOWARDS SEXUALITY EDUCATION

**You are kindly requested to provide your attitude towards sexuality education by responding to this brief questionnaire, which should take no more than ten minutes. Your name and specific identifying information is not required and confidentiality is guaranteed. Thank you for your valuable time.**

Age: _____

Home language:_____

School: _____

Grade: _____

Place:_____

Gender: _____

**Please give your opinion on each of the following statements by placing a cross to indicate if you strongly agree (SA), agree (A), uncertain (U), disagree (D) or strongly disagree (SD).**

| | | | | | |
|---|---|---|---|---|---|
| Sexuality education is not given enough emphasis in schools | SA | A | U | D | SD |
| Sexuality education is an important aspect of one's life | SA | A | U | D | SD |
| Sexuality education is not a waste of time | SA | A | U | D | SD |
| Sexuality education is overemphasized in the community | SA | A | U | D | SD |
| Parents should not be involved in sexuality education | SA | A | U | D | SD |
| Sexuality education helps learners make informed decisions about sexual behaviour | SA | A | U | D | SD |
| HIV/AIDS is not a serious issue. | SA | A | U | D | SD |
| Teenage pregnancy is a serious issue | SA | A | U | D | SD |
| Sexuality is not something to be discussed with teenagers | SA | A | U | D | SD |
| Quality information is given to learners regarding sexuality | SA | A | U | D | SD |

# ANNEXURE B

## SECOND SECTION OF THE QUESTIONNAIRE

## QUALITATIVE DATA

**Please answer the following questions with regard to sexuality education.**

How can teenage pregnancy be prevented?

_____

_____

_____

How can HIV/AIDS be prevented?

_____

_____

_____

What are your experiences of sexuality education?

_____

_____

_____

What do you appreciate about sexuality education?

_____

_____

_____

How can sexuality education be improved?

_____

_____

_____

## ANNEXURE C

## LETTER TO THE PRINCIPALS OF PARTICIPATING SCHOOL: REQUESTING PERMISSION TO CONDUCT RESEARCH.

P.O. BOX 374
MELMOTH
3835

The Principal

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Dear Sir/Madam

**PERMISSION TO CONDUCT RESEARCH**

I am currently studying towards a master's degree in counseling psychology at the University of Zululand and hereby request permission to interview the students at your school. My research topic is "Attitudes of high school learner's towards sexuality education".

Please find attached a letter the research proposal and the questionnaire which the students will be required to answer.

Thank you for assistance with this matter and if you have any questions please do not hesitate to call me on my cell phone (0825014078).

Yours faithfully,

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N.P MYEZA (Miss)

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Supervisor
Professor S.D. Edwards