

**AN EVALUATION OF THE SEXUALITY
EDUCATION PROGRAMME BEING
IMPLEMENTED IN SOUTH AFRICAN SCHOOLS.**

BY

MAYNAPATHEE NAIDOO

(STUDENT NUMBER: 20054397)

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ABSTRACT

South Africa is faced with the social problems of teenage pregnancy; HIV/AIDS and child abuse/rape. In order to address these problems the government has implemented a primary intervention strategy namely, introducing the teaching of sexuality education to learners at school. The Department of Education embarked on a Sexuality Education Programme (SEP) that formed part of the Life Orientation Learning Area in the year 2002.

Numerous media reports have been questioning the effectiveness of this programme. Accusations were made that the school/educators were not doing enough or were shirking their responsibilities. The programme was blamed for making learners more promiscuous and adding to the existing problems of teenage pregnancy and HIV/AIDS.

This led the researcher to undertake an evaluation study of the SEP. The purpose of the evaluation was to investigate whether the needs of the facilitators (educators) and the target population (learners) were being met by the programme.

The methodology used was based on Michael Scriven's goal free evaluation which essentially focuses on needs assessment. The method employed was an interpretative phenomenological analysis (IPA). The sample population was chosen by using purposive sampling. The sample consisted of 11 Grade Ten learners and nine educators (primary and secondary school). Data were collected via written narratives and focus group interviews. The data was then subjected to thematic analysis. To ensure validity two

independent researchers analysed the data thematically. The common emergent themes were translated into met and unmet needs as well as solutions to unmet needs.

It was found that while the SEP was meeting some of the needs of educators and learners a large number of needs were unmet. Learners were satisfied with the knowledge component of the programme and acknowledged that the SEP was having a positive impact on their lives. However, amongst other things, learners unmet needs were a lack of and accessibility to resources, creative/interesting teaching methods, acquisition of skills to deal with sexuality related problems, time constraints of the programme, parental involvement at school level. The educators found the National Policy on Sexuality Education useful but stated that the programme needed more structure in terms of what should be taught in the different grades. They were unhappy with the type of training they had received to teach sexuality education. Their needs mainly revolved around the various aspects of teacher training, overcoming barriers to learning and teaching, involvement of various stakeholders. Concerns were also raised on issues related to relationships, peer education and teachers'/learners' characteristics.

Based on these findings recommendations were made to the Department of Education, schools, teachers, parents, learners and community organisations.

The study was limited due to the small sample size used and hence the results cannot be generalised. Notwithstanding this, the study could be used as a springboard to conduct a

large scale survey using the identified needs of learners and educators. The results of the survey could then be used to strengthen/improve the SEP currently being implemented.

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DECLARATION

I, Maynapathee Naidoo, hereby declare that this dissertation which is submitted in partial fulfilment of the Ph.D (Community Psychology) Degree is the result of my own investigation and research and that it has not been submitted in part or in full for any other degree or to any other University.

Maaidoo
RESEARCHER

14/02/07
DATE

M. L. S. C.
PROMOTER

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Chapter One

Introduction to the study

1.1. Introduction

Sexuality is an integral part of the human personality and has biological, psychological, cultural, social and spiritual dimensions. Sexuality education seeks to provide young people with formal opportunities to acquire knowledge and understanding of human sexuality, through processes, which will enable them to form values and establish behaviours, within a moral, spiritual and social framework. While parents have the primary responsibility for the overall education of their children, it is accepted that the school should play an important role in supporting and complementing them in this task, including sexuality education. The general aim of education is to contribute towards the development of all aspects of the individual. Sexuality education is an important element of the process. It is a lifelong task of acquiring knowledge and understanding and developing attitudes, beliefs and values about sexual identity, relationships and intimacy. In the school setting it is an integral part of general education provision, which seeks to promote the overall development of the person and which includes the integration of sexuality into personal understanding, growth and development. The following are some of the aims of a sexuality education programme.

- To help young people develop healthy friendships and relationships.
- To promote an understanding of sexuality.
- To promote a healthy attitude to sexuality and relationships.

- To promote knowledge of and respect for reproduction and to provide opportunities for learners to develop appropriate skills to make informed decisions on sexual matters based on factual information.
- To enable young people to develop healthy attitudes and values towards their sexuality in a moral, spiritual and social framework. To develop fuller understanding and appreciation of relationships and marriage and the responsibilities of love, parenthood and family life.
- To promote positive attitudes to their own bodies.
- To create an atmosphere where dignified discussion regarding human sexuality can take place.
- To provide opportunities for learners to develop appropriate skills to make informed decisions on sexual matters based on factual information.
- To help learners grow towards the management of emotions leading to responsible behaviour.
- To help foster full awareness of gender equity.
- To help learners develop an awareness of potential threats to their sexual safety and to learn skills for preventing or coping with such situations.
- To inform learners of the personal health and safety aspects of their sexuality.

1.2. Motivation

Because of the changes in South African society in recent decades, the need for schools to assist parents in sexuality education became urgent. The Minister of National

Education, Prof. Kader Asmal, mandated the teaching of sexuality education in schools in 2002. With the prevalence of HIV/AIDS, the increase in child rape and teenage pregnancies, it became imperative that schools make a contribution towards alleviating these problems. Each province in South Africa formulated policy guidelines and held intensive training workshops to prepare teachers to teach sexuality education in all schools. However, since the beginning of 2005 there has been an escalation in newspaper reports (Badat, Sylvester, & Baloyi, 2005; Mhlongo & Kuppan, 2005; Naran, 2005) highlighting learners involved in teenage pregnancies, child rape as well as children (some as old as six years) engaging in sexual acts. The article by Mhlongo & Kuppan (2005) in particular questioned whether schools were sufficiently involved in educating children about sexuality. These incidences have led the researcher to believe that the sexuality education programme currently being implemented needs to be evaluated.

Although there is a vast database of literature on sexuality education which focuses on issues like implementing sexuality education in schools (Brinks, 1994; Harilal, 1993; Page, 1991); attitudes and perceptions of teachers and secondary and tertiary students (Goliath, 2002; Louw, 2000; Sithole, 1998); training of sexuality education teachers (Maddock, 1997; Smit, 1997; Tromp, 1997) and parents' attitudes and perceptions (Campbell, 2002; Mathebula, 2001; Swana, 2000); no known research focused specifically on an evaluation of the sexuality education programme currently being implemented in South African schools. Thus it was found that a gap existed in the literature regarding the evaluation of the current sexuality education programme. This motivated the researcher to conduct the present evaluation.

1.3. Purpose of the study

To evaluate the sexuality education programme currently being implemented in South African schools by investigating whether the programme was meeting the needs of the facilitators (educators) and the target population (learners).

1.4. Research problem

This study proposes to fill the existing gap in research literature by evaluating the sexuality education programme being implemented in South African schools with a focus on needs assessment.

1.5. Methodology

Theoretical framework

Programme evaluation can be conducted in various ways. The present study used the goal free evaluation method as formulated by Michael Scriven (1972). The emphasis was on assessing the needs of the participants, in this case, the learners and educators. Qualitative inquiry is especially compatible with goal-free evaluation because it requires capturing directly the actual experiences of programme participants in their own terms. Moreover, and in particular, goal free evaluation requires the evaluator to suspend judgement about what the programme is trying to do and to focus instead on finding out what is actually occurring in and as a result of the programme (Patton, 2002). A qualitative approach was

thus used to evaluate the SEP by adopting a phenomenological method, which entailed gathering descriptions of educators' and learners' experiences of the sexuality education programme. As a philosophy, phenomenology has been concerned with providing descriptions of the general characteristics of experience, with a particular focus by existentialist humanists on the experience of being human (Giorgi, 1985). It is a perspective that acknowledges the reality of the realm of meaningful experience as the fundamental locus of knowledge. The aim of phenomenologically informed research is to produce clear and accurate descriptions of a particular aspect of human experience.

In order to interpret the experiences of learners and educators, there was a need for the researcher to take a hermeneutic/interpretative stance. The primary assumptions of the hermeneutic/interpretative position are:

- Researchers are concerned primarily with the process rather than the outcomes or products. Thus, research is more descriptive in adequately conveying meaning and understanding of the data.
- The focus of the research is on the meaning that people attach to their lives and experience.
- The researcher is the analytical instrument. Thus data is mediated through human instruments instead of questionnaires or tests (Bhana & Kanjee, 2001).

Sample selection

The geographical location of the study-field was the North Coast of KwaZulu-Natal. Purposive sampling (Patton, 1982) was done to select groups of learners and educators for the study. Eleven Grade Ten learners from two secondary schools and nine educators from a combined school and two secondary schools participated in the study.

Procedure

All appropriate approval was obtained from the relevant educational authorities. Informed consent from the research participants was obtained and confidentiality guaranteed to educators, parents and learners. Both learners and educators engaged in written narratives of their experiences of the SEP. Two self-contained focus groups (Morgan, 1997) were selected in order to obtain educators' and learners' experiences of the sexuality education programme currently being implemented in schools. The learner focus group consisted of 10 members while the educator focus group comprised six members. The basic argument in favour of self-contained focus groups is that they reveal aspects of experiences and perspectives that would not be accessible without group interaction. The most obvious result that is observable through interaction is the way that participants respond to each other: providing agreement and disagreement, asking questions and giving answers (Morgan, 1997). Semi-structured interviews were

conducted with the focus groups. The semi-structured interviews took place at a central venue. Interviews were tape recorded and later transcribed.

Analysis and results

Data analysis was grounded in an interpretative phenomenological analysis (Smith, 2003). Using a coding technique a detailed thematic analysis was carried out by two independent raters to promote reliability and validity of the findings. This was followed by a discussion of the findings. Based on these findings recommendations were made to the relevant authorities and suggestions made for further research.

1.6. Value of the study

Recent media coverage (Badat, Sylvester, & Baloyi, 2005; Mhlongo & Kuppan, 2005; Naran, 2005) had been questioning the sexuality education programme currently being implemented. This evaluation of the sexuality education programme provided information on learners' and educators' needs that were being met, as well as those that were not being met, together with suggestions on how the needs could be fulfilled.

The study therefore:

- served to inform/educate the public/community of what was really taking place in schools regarding the sexuality education programme.
- assisted the Department of Education in revising the existing curriculum on sexuality education.

- created awareness in both learners and educators the value of their responses in improving the quality of life.
- served as a catalyst for further research into sexuality education programmes.
- brought to the attention of all stakeholders in the programme the need for cooperation and their continued involvement.

1.7. Note

a). The following abbreviations were used in the writing of the report:

SEP – Sexuality education programme

SE – sexuality education

SRE – Sex and relationships education

LO – Life Orientation

NGO – Non-Governmental Organisations

E – educator

L – learner

b). The following were used interchangeably:

educator/teacher/facilitator;

learners/pupils/students/children/teenagers/adolescents.

Chapter Two

Literature Review

2.1. Introduction

With the increase in the rate of HIV/AIDS infection, teenage pregnancies and child rape the Department of Education saw a need to introduce sexuality education in schools, to supplement parental education. Thus, sexuality education became compulsory and was incorporated into the Life Orientation learning area, which was then implemented in schools since 2002. The intention of the researcher was to conduct a programme evaluation study to investigate whether the needs of the educators and learners were being met by the implementation of this sexuality education programme, as this is an area that has not yet been investigated. The focus of this chapter will be on a brief history of sexuality education in South Africa, as well as existing policies on sexuality education internationally followed by a literature review.

2.2. History of sexuality education in South Africa

During the past few decades, education authorities all over the world have acknowledged children's needs with regards to social pathologies (child molestations, abortion, rape, pornography, sexually transmitted diseases, etc.) and have taken steps by means of various programmes to combat this problem. In response to the enormous need for family

and sexuality education for the children of South Africa, some education departments have been offering family and sexuality education programmes since the beginning of the eighties. This was done in an effort to satisfy the needs of society. In order to protect the children, it was decided to include family and sexuality education in the curriculum and to make available expert educational services for schools, as well as to train teachers for this purpose (Van Rooyen & Louw, 1994). The unique problems of the youth in South Africa also led to various investigations in this regard. The "Report of the Investigating Committee: Cherish our Youth – 2000", was published. Specific recommendations were made in this report concerning family and sexuality education (Van Rooyen, 1997).

In 1993 The House of Delegates: Department of Education and Culture, introduced Health and Family Life Education in the primary school curriculum, which included sexuality education, child and drug abuse, and nutrition education (Harilal, 1993). At this stage it did not cater for secondary school pupils. In 1995 South Africa ratified the UN Convention on the Rights of the Child. This meant that South Africa agreed to implement sexuality education and to focus on issues like sexuality and HIV/AIDS.

Thereafter sexuality education became compulsory in all Government schools in South Africa from 1 January 1996 (Van Rooyen, 1997). With the escalation of HIV/AIDS the Minister of Education, Prof. Kader Asmal took a firm stance in ensuring the implementation of sexuality education in all schools. This was evident in the following extract taken from one of his speeches.

Since my ministry declared HIV/AIDS a priority three years ago, we have mandated as part of Curriculum 2005, a programme of life skills and HIV/AIDS in all our

schools. We need to make more rapid progress in this area, continuing to refine the curriculum content, producing the learner support materials, training our teachers, establishing this as a professional component of our teacher education programmes. We cannot afford to be slack about this. The lives of children may depend on the education we can give them in this area. (Asmal, 2002a, p. 5).

Thus sexuality education became firmly entrenched in the Life Orientation learning area offered at all schools up to the General Education and Training (GET) level. Both Tirisano and the National Curriculum (C2005 and RNCS) mandated that information about HIV/AIDS and (age-appropriate) sexuality education must be integrated into the curriculum, at all levels. Thus, there were specific components in the Life Skills (Foundation Phase) and Life Orientation learning areas (Intermediate Phase, Senior Phase and FET band/R550), that dealt with reproductive health and sexuality education – not as an add-on or optional subject, but as a mandatory part of the curriculum. The curriculum imparted basic HIV/AIDS information but also, understanding that sexual responsibility flows out of self esteem and self-knowledge and not just the acquisition of information, sought to provide students with the skills needed to gain such qualities (Fenton, 2003). In 2006 sexuality education, as part of the Life Orientation learning area, was introduced for the first time in KwaZulu-Natal as a compulsory subject at the Further Education and Training (FET) level, beginning with the Grade Ten learners.

2.3. Sexuality education in other countries

United States

In 1940, the U.S. Public Health Service strongly advocated sexuality education in the schools, labeling it an "urgent need." In 1953, the American School Health Association launched a nationwide programme in family life education. Two years later, the American Medical Association, in conjunction with the NEA, published five pamphlets that were commonly referred to as "the sex education series" for schools.

By 1983, sexuality education was being taught within the context of more comprehensive family life education programmes or human growth and development courses. Such an approach emphasized not only reproduction, but also the importance of self-esteem, responsibility, and decision making. The new courses covered not only contraception, but also topics such as family finances and parenting skills.

In the mid 1980s, the AIDS epidemic irrevocably changed sexuality education. In 1986, U.S. Surgeon General C. Everett Koop issued a report calling for comprehensive AIDS and sexuality education in public schools, beginning as early as the third grade. He declared that sex education was needed in schools and that it should include information on heterosexual and homosexual relationships (Pardini, 2002). According to the Planned Parenthood Association, America needed a national commitment to comprehensive, reality-based, age-appropriate programmes in grades K-12, in every school. But only a handful of school systems had such programmes. Widespread comprehensive sexuality education remained a distant ideal. The Sex Information and Education Council of the

U.S. (SIECUS) estimated that only 10% of American school children received comprehensive sexuality education (Planned Parenthood, 2001).

Schools and communities were responsible for developing their own curricula and programmes regarding sexuality education. Programmes, therefore, varied widely. The following types of sexuality education programmes were currently offered in schools and communities.

- **Comprehensive Sexuality Education.** Sexuality education programs that started in kindergarten and continued through twelfth grade. These programmes included information on a broad set of topics related to sexuality and provided students with opportunities for developing skills as well as learning factual information.
- **Abstinence-based.** HIV-prevention and sexuality education programmes which emphasized the benefits of abstinence. They also included information about non-coital sexual behavior, contraception, and disease prevention methods. These programmes were also referred to as abstinence-plus or abstinence-centered.
- **Abstinence-only.** HIV-prevention and sexuality education programmes which emphasized abstinence from all sexual behaviors. They did not include any information about contraception or disease prevention methods.
- **Abstinence-only-until-marriage.** HIV-prevention and sexuality education programmes which emphasized abstinence from all sexual behaviors outside of marriage. They did not include any information about contraception or disease-prevention methods. These programmes typically presented marriage as the only morally correct context for all sexual activity.

The National Guidelines Task Force, composed of representatives from 15 national organizations, schools, and universities, identified six key concept areas that should be part of any comprehensive sexuality education programme: human development, relationships, personal skills, sexual behavior, sexual health, and society and culture.

The Task Force published the *Guidelines for Comprehensive Sexuality Education*, which included information on teaching 36 sexuality-related topics in an age-appropriate manner (SIECUS, 2001).

Mexico

Mexico has a history of advancing sexual and reproductive health and rights. In the 1970s, Mexico implemented a progressive family planning policy. In 1993, the Mexican government and civil society partnered to create national, school-based health textbooks, making them universal in the country's primary and secondary schools. A network of adolescent-friendly health centers was also created. In 1994, Mexico was the second country in the world to adopt national strategies as outlined in the International Conference on Population and Development (ICPD) Programme of Action (POA), and the first in Latin America.

During the past decade, Mexico made great strides in reducing HIV/AIDS and unwanted pregnancies. For decades, a national, collaborative effort among the Mexican government and non-governmental organizations (NGOs) focused on advancing sexual and reproductive health and rights, and, more specifically, on comprehensive sexuality

education and sexual health services for adolescents. Recently conservative forces within Mexico and from the U.S. were threatening this progress by attempting to implement abstinence-only and marriage promotion programmes. In response to these new threats, SIECUS began a collaborative relationship with Demysex, a network of NGOs in Mexico working on issues of sexuality education, gender, sexual orientation, and reproductive health issues affecting women and girls, to develop and implement a proactive, long-term advocacy plan to protect and continue to advance sexual and reproductive health and rights in Mexico (Verrilli, 2006).

Europe

In countries like England, Wales, France and the Netherlands, national policy encouraged comprehensive, reality-based sexuality education in schools, and young people had confidential access to contraception. It was found that their rates of teen sexual activity were no higher than America's yet their rates of teenage pregnancy, child bearing, and abortion were two to seven times lower (Avert Organisation, 2001; Jones, 1985). Sex education in other countries (Canada, England, France, the Netherlands and Sweden) was based on the following components: a policy explicitly favouring sex education; openness about sex; consistent messages throughout society; and access to contraception (Avert Organisation, 2001).

As rates of teenage pregnancy, abortion, and sexually transmitted infection in the UK were among the highest of all European countries, the Government developed a comprehensive strategy to change the situation. Sex and Relationship Education (SRE)

for pupils in both primary and secondary schools was seen alongside other initiatives, as a key element. The Government's strategy and guidance was contained in the DfEE 'Sex and Relationship Guidance' 2000 (PSHE/Citizenship Co-ordinator, 2003).

Netherlands

Dutch school-based SE programmes played a prominent role in the country's successful efforts in health education and the prevention of unwanted pregnancies, HIV and STIs. SE became an obligatory part of schools' curricula in 1993 and sexuality related questions were added to national exams. In almost all secondary schools and in around a half of the primary schools, SE topics were integrated into many subjects such as biology, health care, social sciences, and religion courses. The selection of a specific programme to be implemented in a particular environment was allocated to local authorities. This was in agreement with the current tendencies to Dutch education policy that underlined individual choice, and the freedom of schools to develop their own policies.

Dutch SE incorporated a positive, comprehensive approach to sexuality and health, which was successfully integrated in schoolwork. SE programmes were pragmatic, systematically developed on the basis of research findings and needs assessments, and designed using scientific educational and behavioural theories. In teaching, this meant focusing on the prevention of negative outcomes by supporting and empowering young people to develop and enjoy healthy and safe sexuality. Likewise, educators emphasised a personal responsibility in sexual decision-making that was based on individual and informed choices, as well as the respect for one's own and others' sexual and

reproductive health and rights. In the classroom, educational practices were directed to the development and strengthening of social skills, especially communication and negotiation skills, and towards an open discussion about sexual issues that reflected adolescents' interests and needs. Moreover, a strong public support to sexual health education was reinforced by continuous mass media campaigns focused on promoting safe sex and condom use. The Dutch experience showed that the combination of qualitative and comprehensive SE and confidential, affordable, and accessible services provided by numerous government-funded centres for sexual and reproductive health, had resulted in positive epidemiological facts, including the low rates of unplanned adolescent pregnancy and abortions, as well as the high frequency of contraception use (Netherlands, 2003).

United Kingdom

In the UK sex education was compulsory in secondary school, but parents had the right to withdraw their children from lessons. The curriculum focused on the reproductive system, foetal development, and the physical and emotional changes of adolescence, while information about contraception and safe sex was discretionary. Britain had the highest teenage pregnancy rate in Europe and sex education was a heated issue in government and media reports.

Scotland

The main sex education programme used in Scottish schools was *Healthy Respect*, which focused not only on the biological aspects of reproduction but also on relationships and emotions. Education about sexually transmitted diseases and contraception were included in the programme as a way of encouraging good sexual health. In response to a refusal by Catholic schools to commit to the programme, however, a separate sex education programme had been developed for use in those schools. Funded by the Scottish Executive the programme *Call to Love* focused on encouraging children to delay sex until marriage, and did not cover contraception, and as such was a form of abstinence only sex education (Wikipedia, 2006).

France

In France sex education was part of the school curricula since 1973. Schools were expected to provide 30 to 40 hours of sex education to students in grades eight and nine. In January 2000, the French government launched an information campaign on contraception with TV and radio spots and the distribution of five million leaflets on contraception to high school students (Wikipedia, 2006).

Africa

Sex education in Africa focused on stemming the growing AIDS epidemic. Most governments in the region had established AIDS education programmes in partnership

with the World Health Organization and international NGOs. These programmes commonly taught the 'ABC' of HIV prevention: a combination of abstinence (A), fidelity to your partner (Be faithful) and condom use (C). The efforts of these educational campaigns now appeared to be bearing fruit. In Uganda, condom use had increased, youth were delaying the age at which sexual intercourse first occurs, and overall rates of HIV infection had been going down (Wikipedia, 2006).

Nigeria

The provision of sexuality education continued to be a sensitive issue in Nigeria because of the fear that the provision of such education would arouse young people's curiosity and encourage sexual activity. The Guideline for Comprehensive Sexuality Education in Nigeria was developed by the National Guideline Task Force, which comprised 20 governmental and non-governmental organizations working in the area of adolescent health, education and development in the country. The book was developed to fill the yawning gap between the information and services young people ought to receive and what was actually delivered to them. It served as an important step to help young people acquire accurate knowledge and develop responsible behaviour that will help reduce the present high rate of unwanted teenage pregnancy, complication from unsafe induced abortion, sexually transmitted diseases and HIV/AIDS, being witnessed in the country today. The guidelines provided answers to many important questions like: "What key concept should be taught in sexuality education?" and "At what age should specific information be taught?" The framework presented in the book served as a guide to be used to conduct sexuality education sessions for school age youths, as well as for parents

and relevant communities. The Guidelines for Comprehensive Sexuality Education in Nigeria had already been reviewed by over 70 national organizations that had given written endorsements for its use for providing guidance to young people across the country (SIECUS, 2000).

Asia

The state of sex education programmes in Asia was at various stages of development. Indonesia, Mongolia, South Korea and Sri Lanka had a systematic policy framework for teaching about sex within schools. Malaysia, the Philippines and Thailand assessed adolescent reproductive health needs with a view to developing adolescent-specific training, messages and materials. India had programmes specifically aimed at female adolescents. Bangladesh, Myanmar, Nepal and Pakistan had no coordinated sex education programs. The International Planned Parenthood Federation and the BBC World Service ran a 12-part series known as Sexwise, which discussed sex education, family life education, contraception and parenting. It was first launched in South Asia and then extended worldwide (Wikipedia, 2006).

India

Present-day children in India were more exposed to new areas of knowledge than their parents were. They were exposed to movies, magazines, and books - all prime sources of sexual information and stimulation. The younger generation wanted to know more about the pros and cons of marriage, premarital and extramarital sexual relationships, and

venereal diseases. Hence the government was seriously contemplating introducing sex education as a part of the curriculum from the secondary school level onwards. One important reason for giving the school responsibility for sex education was that many parents felt unable to handle this task themselves. Many had inhibitions about discussing sex with their children; others admitted that they did not have the technical knowledge to answer all the questions their children asked. The teacher was regarded as a major factor in determining the success of any sex-education programme. Serious efforts were under way in specifying the contents and components of sex education and the level at which this had to be taught (Nath & Nayar, 2006).

Vietnam

A recent study conducted in Vietnam on young people between the ages of 10-24 years on their understanding of reproductive health and sexuality revealed that they had had almost no formal sexuality education in school. The lack of correct and accurate information put them at the risk of unwanted pregnancy, sexually transmitted infections and HIV. Taking this into consideration the Ministry of Education and Training (MoET) recently announced that it would introduce its 'population and reproductive health education programme' to students in grades 1-12 at the beginning of the 2006-2007 school year (South and South East Asia Resource Centre, 2006).

The Philippines

In June 2006, the Philippines Government had to abandon its sexuality education programme in schools due to huge protests from the Roman Catholic Church which believed that sexuality education must be imparted only in the context of marriage and must be imparted with the right environment of values and ethics, otherwise, this could lead to 'promiscuous' behaviour among young people. According to the officials of the Department of Education, the goal of the programme was however, to discourage, rather than encourage, sexual relationships among unmarried young people and to decrease the number of teenage pregnancies and the maternal mortality rate among young girls (South and South East Asia Resource Centre, 2006).

Malaysia

Several reports during the months of April 2005 and January 2006 showed that there had been several deliberations on including sexuality education in schools in Malaysia to students who were as young as four years old. The topics that would be covered were human development, relationships, marriage and family, interpersonal skills and sexual health and behavior. Children would be taught to protect themselves from potential abuse, harassment and sexually transmitted diseases (South and South East Asia Resource Centre, 2006).

China

Before the 1980s, sex was not an openly discussed subject in China, and young people had little access to a formal sex education. People's attitudes began to change with the economic boom and massive inflow of information after China adopted its reform and opening-up policy in 1978. Since then, adolescent sex education had found its way into classrooms as part of a government-sponsored health education program.

The first series of sex education textbooks rolled off the printing press in January 2002 amid public debate. Targeting students by age group in junior middle school, senior middle school and university, the textbooks covered wide-ranging topics such as adolescent sexual development, sexual psychology, sexual health and self-protection, sexual ethics, marital sex, contraception, sexual dysfunction and prevention of sexually transmitted diseases (STDs) including HIV/AIDS. With the textbooks made widely available to students, sex education had been institutionalized in Chinese schools (Francais, 2004).

However, sex education was still a weak link in China's education system. Given economic, social and cultural disparities in the country, education was uneven between different regions and between urban and rural areas. For older and less-educated people, sex was often still a taboo subject for discussion. In recent years, with more and more people having premarital sex, STDs increasingly affecting younger people and the number of pregnant adolescent girls increasing, the task of offering sex education to young adults became an ever-more-challenging endeavour (Ling, 2006).

According to Yingying (2005) sexuality education in Chinese schools should be compulsory for two reasons. Firstly, all adolescents have the right to obtain sexual knowledge. If schools refuse to do this, it will be a breach of duty; if the government refuses to fund, it will be against the law. Secondly, sexuality should be the same as maths, chemistry and physics, and should abide by the same principles.

In China, schools and communities had responded to increased sexual behavior and its associated risks by implementing various sex education programmes for adolescents. The majority of the efforts were aimed at increasing adolescents' knowledge of anatomical and physiological facts of human reproduction. Because teachers, policymakers and education administrators were concerned about the potential for inadvertently condoning or encouraging adolescent sexual behavior, topics related to contraceptive methods and alternatives were often excluded. Previous studies had shown that programmes that covered these topics succeeded in increasing sexual knowledge and, occasionally, in influencing young people's attitudes toward sex (Wang et al., 2005).

2.4. Literature review

2.4.1. Teachers

There is no doubt that the single, most important aspect of the school situation in terms of influencing adolescent attitudes as well as success at school, is the teacher, who is also the most important determinant of the success or failure of a sexuality education programme (Cassell & Wilson, 1989; Etsane, 1997; Van Rooyen, 1997). A sexuality

educator should be someone who enjoys working with young people, someone who is liked and respected by them. It is important that the learners should be able to relate well to the educator, as this will encourage greater honesty and discussion in the class (Vergnani & Frank, 1998). In Scotland, teachers felt they were the most appropriate source of health education for young people. There was a general recognition that on-going professional development was needed to sustain teacher's confidence to delivering effective sex education. Outside speakers served the purpose of updating teacher's expertise and subjecting pupils to appropriate contact with health professionals within the controlled context of a school programme (Scottish Executive, 2003).

According to Chauhan (2006) parents were uncomfortable talking about sexuality with their children. Teachers were no different because they were also not sensitised and properly trained to deal with such situations. Hence teachers should be sensitised and trained to handle sexuality education without embarrassment, negative attitude and uncomfortable feelings.

Teacher Training

As early as 1912, the National Education Association in the US called for teacher training programs in sexuality education (Pardini, 2002). In South Africa training of teachers to teach sexuality education was extensively researched (Van Rooyen, 1997; Van Rooyen & Louw, 1994).

According to Family Health International (2006), good pre-service and in-service training is essential for teachers if curricula on sexual and reproductive health, including HIV/AIDS, are to be effective. Such training presents many challenges but is essential to help young people learn more about their sexuality and how to avoid unplanned pregnancy and sexually transmitted infections. YouthNet's guide to this topic, *Teacher Training: Essential for School-Based Reproductive Health and HIV/AIDS Education*, examined the importance of teacher training, the limited evidence in the field, elements of teacher training curricula, teacher selection issues, and issues in Africa including teacher training projects in four countries. Other guides and tools were also available.

In most schools, sexual and reproductive health education consists of didactic lectures about basic anatomy and physiology. This is hardly surprising, because most training programmes fail to prepare future teachers of sexual and reproductive health to teach the subject effectively. As a result, many teachers complete their training with critical gaps in their knowledge of reproductive health. Some have judgmental attitudes or religious, legal or moral objections to teaching young people about sex, contraception, or condom use. Others feel uncomfortable talking about such subjects or using the interactive teaching methods that appear to be most effective in promoting healthy sexual behavior. When they move to the classroom, these teachers are often expected to use teaching materials that omit key information and encourage the "chalk and talk" approach (Family Health International, 2006).

In Scotland it was found that sex education could be ineffective whenever:

- teachers lacked confidence and up to date knowledge and therefore credibility with pupils;
- schools lacked clear arrangements for teachers providing sex education and responding to parental concerns.

It was also found that even where teachers received intensive training, there was evidence that their own perceptions of their own teaching did not relate closely to observed effectiveness (Scottish Executive, 2003). Teachers need a wide variety of teaching methods to effectively put across the lessons in sexuality education. In the Derby Primary School, UK, a wide range of teaching methods were used, that enabled student's to actively participate in their own learning. These included use of quizzes, case studies, research, role-play, video, small group discussion and use of appropriate guest speakers. Occasional use of drama productions also formed part of the programme (PSHE/Citizenship Co-ordinator, 2003). Their policy guided teachers on answering student's questions that were of a personal nature or unanswerable due to lack of knowledge.

At St. Oswald's Community College, Ireland, all resources needed by the teacher, in terms of time, finance and personnel, were made available to develop and support the SRE programme in school. Teacher training was seen as an essential element in delivering the programme. The objectives of the training were to enhance the personal growth of teachers and enable them to acquire knowledge, understanding and skills necessary to teach the programme (St. Oswald's Community College, 2003).

In Nigeria, in order to equip teachers for the crucial roles which they are expected to perform regarding the implementation of the national Sexuality Education Curriculum; some states had started training teachers. One of them was Lagos State, which trained hundreds of teachers for sexuality education. This training was structured around three focal areas: teacher's sexuality comfort level; teaching methodology and technical content. The overall purpose of the teacher-training programme was to empower them for the successful implementation of the National Sexuality Education Curriculum. Embedded in the curriculum were six major themes, which were based on the guidelines for comprehensive sexuality education in Nigeria. They included human development, personal skills, sexual health, relationships, sexual behaviour and society and culture. The human development theme was further subdivided into reproductive anatomy and physiology, reproduction, puberty, body image and sexual identity and orientation. Sub-topics of values, self esteem, goal setting, decision making, communication, assertiveness, negotiation and finding help were part of personal skills. Under sexual health the following were included: prevention of unwanted pregnancy/contraception, abortion, sexually transmitted diseases/HIV/AIDS, sexual abuse and reproductive health. Students were also exposed to topics on families, friendship, love, dating, marriage and lifetime commitments, parenting and relationship within the larger society. Topics that fell under sexual behaviour were sexuality throughout life, masturbation, shared sexual behaviour, abstinence, human sexual response, fantasy and sexual dysfunction. Knowledge areas, which students were exposed to under society and culture were

sexuality and society, gender roles, sexuality and the arts and sexuality and the media.

For the successful implementation of such a curriculum there must be:

- provision of adequate teaching aids for teachers by the government to facilitate effective teaching of the subject;
- organisation of capacity building programmes for teachers in order to improve their knowledge on what they need to know;
- opening of a sexuality education library/resource centre to enable teachers to have access to resources on adolescent sexuality (Adenipekun, 2005).

The following were the views of Lkhagvasuren (2006) regarding the effective training of sexuality educators. There was no shortcut in developing a successful, sustainable sexuality education program. And since sexuality educators were the key players in implementing the program, a lot of time and resources needed to be invested in their training.

Four key issues needed to be addressed during this training: recognition that the topic is complex; introduction of interactive teaching methods, development of teacher comfort with the topic, and exploration of teachers' own values and beliefs.

Complexity of Topic

Teaching sexuality is complicated by the fact that for lessons to be effective they need to address multiple areas of learning. Often people don't realize the breadth of sexuality as a topic. Sexuality spans many disciplines, from psychology and sociology to medicine. It is not enough for teachers to just teach the scientific facts. They also need to address the

related social and emotional concerns, as well as the topic's practical implications. Teachers not only have to be comfortable teaching physiology and anatomy; they must also be ready to address complicated topics like love and gender. And they need to work with students to develop complex communication skills, such as negotiation or refusals. E.g. when looking at the menstrual cycle, students will first have to learn about the physiology of the female body. However, they also need to evaluate common sociocultural beliefs regarding menstruation. In Mongolia, for example, there is a widespread belief that menstruation is bad blood coming out of the body. Students need to think through whether or not this is true and why. Finally, students will have to learn how to handle the effects of menstruation on their everyday lives. This might include teaching girls about care during menstruation, how to keep a menstrual calendar, and how to manage their new fertility.

Interactive, Learner-Centred Teaching Methods

Interactive teaching methods are vital in sexuality education. They help students reexamine their values and change their behaviors by allowing them to try out new ones in a safe environment. Students also learn facts more effectively this way, through thinking and analysis. However, these methods require practice to master. They demand that the teacher take an active role in guiding the students toward information, as well as helping them to think critically about their opinions and attitudes. Inexperienced teachers often have trouble using the new methods at first. An example of a role-play teaching assertive communication - A boy asks a girl out on a date. The girl is supposed to tell him directly, but kindly, that she's not interested in him romantically. Commonly, students would offer excuses like, "I have to study for a test tomorrow" instead of expressing their

feelings directly. Inexperienced teachers will often say, "Thank you. Next group." Only through supervised practice time in training can teachers be coached to understand that they need to recognize the mistakes of the students on the spot and challenge them by asking questions like, "Was that assertive? Why not? Could you do it again more assertively?"

Developing Teacher Comfort with the Topic

Untrained teachers feel uncomfortable teaching reproductive health and sexuality. Sometimes they are so embarrassed that they just give learners the notes with the diagrams and leave them to figure out the lesson by themselves. Time needs to be spent in training on desensitizing the teachers. In order to develop comfort with talking about anatomy, a lot of activities need to be done, that require the participants to use the correct names of organs and to remember their functions. Useful exercises include building models of the reproductive system and explaining how it works, or engaging in fun activities that require the participants to say the names of organs repeatedly. These kinds of activities force participants to focus on the exercise itself rather than on the content, and soon they find themselves talking easily and naturally about what was previously taboo.

Exploring Teachers' Own Values and Beliefs

Teachers have to examine their own views and beliefs during training. This way, they learn how to keep them out of the classroom and allow students to explore their own values freely. For example, a student might ask, "What do you think about abortion?" Untrained teachers might not realize that they should NOT give their own opinion about abortion. Learning to draw a variety of opinions from the students and explore the range

of views that exist in any society, however, takes time and training. Teachers must come to know their biases before they can successfully keep them out of class discussions. The importance of teaching children about sexuality to ensure their health and wellbeing cannot be underestimated. They will use the knowledge and skills throughout their lives. Therefore it's crucial to invest in their teachers' training. If attention is given to the needs of teachers and an adequate training program is developed, implementation of a sexuality education program is not only possible and rewarding, but also invaluable to children (Lkhagvasuren, 2006).

In South Africa, the Western Cape Education Department planned that in order to assist learners in acquiring the appropriate knowledge, skills and values, educators should receive continuous training in HIV/AIDS and sexuality life skills education. This was to include initial training, to be supplemented by refresher courses and workshops according to identified needs (Fenton, 2003).

Essential Characteristics of Sexuality Educators

According to Van Rooyen (1997, p. 23-24), the sexuality education teacher should meet the following requirements:

- a positive life philosophy
- a positive and enthusiastic outlook on life
- a person with sober habits and a healthy and positive approach to life
- a happy marriage and family life, should the person be married

- a healthy heterosexual orientation
- a positive attitude regarding the teacher's own sexuality (accepting, appreciating, a sense of pride, easy-going, mature, integrated)
- a positive attitude regarding the sexuality of others (acceptance, respect)
- the ability to command respect, foster confidence and to establish and maintain a relationship of real trust
- understanding the child's quest for answers to questions
- the ability to discuss a problem frankly and honestly
- the ability to appear comfortable when using the correct terminology
- the ability to lead group discussions and to effect meaningful group interaction
- the ability to be humorous without being vulgar
- a sensitivity for the distress and needs of others
- sympathy for and understanding of children's problems in general
- understanding the problems that occur in all the stages of physical and emotional development and the willingness to assist
- satisfactory teaching experience
- a unique but exceptional teaching style
- being able to create a relaxed but disciplined classroom atmosphere
- knowledge and interest in the field of family and sexuality education
- enthusiasm and assent to receive further training in this field

The teacher presenting the content should be the same gender as the group of pupils, as this would not only enable them to feel more comfortable and dare to participate, but would also help them to identify more readily with the teacher. This is of particular importance where a parental figure is lacking: the teacher becomes the important role model and identification (Van Rooyen, 1997).

A thriving sexuality education program rests on the expertise of the teachers (Haignere & Culhane 1996). Their knowledge, skills and attitudes determine whether or not adolescents will take the issue of sexuality education seriously. Teaching about sexuality can be difficult because the personal nature of the topic can arouse anxiety or create embarrassment. For this reason, a sexuality educator must possess several key characteristics, including enthusiasm for and comfort with the subject matter, a thorough knowledge of human sexuality, respect for adolescents, clarity about his or her own personal values, the ability to accept the values and beliefs of others, and good group facilitation skills (Manley, 1986).

Feeling comfortable with the subject matter

The success of a sexuality education program depends on how the teacher views its place in the classroom. The comfort of the teacher is vital because it impacts which sexuality topics will be taught (Harrison & Hillier, 1999). Information should be enlightening, non-threatening and presented in an enthusiastic manner. Some teachers feel that talking about sexuality education is too risky. They are afraid of professional backlash, not being able to change minds, the threat of public outcry, possible legal harassment, and alienation (Harrison, Hillier & Walsh, 1996; Klitsch, 1993). Not educating about sex may

leave young people with limited knowledge or distorted information, both of which can lead to unhealthy sexual practices.

Having appropriate knowledge of and training in, human sexuality

A sexuality educator must be knowledgeable about sexual anatomy and physiology. If adolescents perceive a teacher as not being personally and professionally prepared, pandemonium and tumultuous discussions may occur. For some teachers, the content taught in sexuality courses is new information. Lack of appropriately trained educators can obstruct the implementation of sexuality programs. It is this very issue that causes concern among some teachers when sexuality education programs are proposed or when a particular topic within the content is discussed. To assure that school-based sexuality programs are being properly implemented, teachers must be adequately trained and given up-to-date resources (Milton, 2001). They also need good pedagogical skills, and an understanding of child and adolescent development pertaining to sexuality.

Showing respect for adolescents

Adolescents' opinions and feedback are essential to a good sexuality program because they are the ones who have specific knowledge of the issues and fears that they live with. Most sexuality education programs are created based on content that adults think should be included and they ignore the input of adolescents (Rodriquez, 2000). Teachers who show regard for adolescents' views are more effective in helping them make educated choices about their sexuality. Adolescents must see sexuality instruction as being beneficial. This discernment is crucial if they are to take sexuality seriously.

Being clear about one's own values and accepting of the values and beliefs of others

Teachers have to remain mindful of how they present sexuality information to students. It is imperative to give open and honest answers without stating one's own religious beliefs, ethics, or values (Greenberg, 1989). Teachers' values are imparted to adolescents through their body language, silence, and role modeling. They must put aside personal feelings about sexuality and present subject matter in an objective way.

Possessing good group facilitation skills

Good sexuality educators possess the ability to lead discussions while not being judgmental and moralistic (Greenberg, 1989). In an environment that encourages open communication, adolescents are able to express their feelings about sexuality and are inspired to make responsible decisions. This does not mean that controversial perspectives cannot be presented. Good teachers are able to question students to get their input about sensitive topics. Strategies used to facilitate sexuality discussion include role-plays, small-group exercises, trips, whole-group discussions, interactive video games, and homework with parents (Gingiss, 1992).

We can conclude from these studies that teachers play a significant role in the sexuality education of learners. Their effectiveness depends largely on their characteristics and their level of training in various aspects related to sexuality.

2.4.2. Learners

Parent/Learner communication

According to the Centre for Disease Control (CDC) in the US, while more families were talking openly about sexuality, most parents still avoided the issue – or unintentionally handed down harmful myths and fear. Keeping children ignorant endangered their lives especially for the millions of teens who already began having sex – 61% of male high school students and 48% of female high school students (Planned Parenthood Organisation, 2001). In 1998 the CDC also found the following:

- The more comprehensive the sexuality message and information a mother discusses with her adolescent, the less sexual risk behaviours a teen exhibits.
- Open and respectful discussions about sexual risk behaviours between mothers and adolescents promoted discussions between adolescents and their sexual partners about sexual risk and condom use.
- Adolescents who did not discuss sexuality or condoms with their mothers were more likely to have similar behaviours as their peers, compared to adolescents who discussed these issues with their mothers (Campaign For Our Children, Inc., 2001).

According to Bailie (1991), learners made it clear that they believed parents should bear prime responsibility for educating their children on sexuality. However it was equally clear that the pupils felt that their parents were not performing this duty.

Attitude to teachers

It was found that pupils were apathetic towards teachers filling the role of sexuality educators, as the pupils felt that teachers did not respect their confidentiality, and that exposing one's personal problems to a teacher would affect the relationship with that teacher in other classes (Bailie, 1991; Hlalele, 1998; Matthews, 1995). It was apparent that pupils lacked a trusting, respecting relationship with many of their teachers. Unless teachers develop a mutually respectful and trusting relationship with pupils, they will remain unsuitable for the role of facilitating sexuality education. Girls were especially critical of the teacher as sex educator (Matthews, 1995). Many learners had indicated that they did not discuss their sexual relationships with their educators (Hlalele, 1998). In Scotland pupils felt embarrassed about discussing sex education in school or seeking confidential individual advice from a health professional making sex education ineffective (Scottish Executive, 2003). In a 2000 study by the University of Brighton, many 14 to 15 year olds reported disappointment with the content of sex education lessons and felt that lack of confidentiality prevented teenagers from asking teachers about contraception (Wikipedia, 2006).

Personality Development

Healthy sex education in schools and colleges would provide students with life skills with which they can handle crisis situations. They become aware of their body and its functioning and, can protect themselves from sexual abuse if they are well informed. They can sublimate their sexual energy till such time they are ready for marriage; learn

gender equality; protect themselves from unwanted pregnancies, unsafe abortions, STD's, HIV /AIDS. It also teaches them mutual love, understanding and respect for others. Adolescents have various needs with respect to sexual development. All have a need to receive help in understanding their own changes of body and behaviour and how to cope with these not only at the time but also how to integrate them into a mature personality in the future. Seydel (1992) found that appropriate sexuality education in school could facilitate this need. Sexual responses are also learned through personal experiences, both physical and social, and through sensations felt and observations of others. The task of the school is therefore to help learners make sense of their observations and experiences to ensure there are no significant gaps in their knowledge so that the learning acquired in all ways is eventually integrated into a coherent, consistent, mature perspective (Seydel, 1992).

Values

Sexuality education cannot be neutral or value free. Neutral or value free teaching is not true education because education is always accompanied by moulding learners towards responsible adulthood. Responsibility goes hand in hand with being able to distinguish between right and wrong, and should be accompanied by particular values and norms. What people believe in will affect the decisions and choices they make. Adolescents are in a period of change. They are highly critical and question many issues. They are often confused about their values with regard to sexuality because they receive so many confusing messages, for example their parents and the church oppose pre-marital sex, but the media and their friends often say the opposite. Adolescents need help to clarify their

values. This can take time, even several years. They need to discover the origin of their beliefs and values regarding sexuality, and to distinguish between these and their emotional needs. Learners should ideally be helped to arrive at a set of attitudes and values with which they feel comfortable and which are not only in their own best interests but also in the interest of those around them (AM Educational Consultants, 2000).

Behaviour of learners

Seydel (1992), found in her research that generally sexuality education programmes had limited effects on changing and/or ensuring responsible behaviour, attitudes and values among participants of relevant studies. The participants in her study confirmed these generalisations. This was attributed to the fact that sexuality education was not properly taught in schools and that the programmes were not appropriately implemented.

Abstinence and contraception

Some guardians in the U.S. felt that teenagers should remain sexually abstinent, but should have access to contraception. Almost 60% of adults also thought that sexually active teenagers should have easy access to contraception. A 1997 study found that about 48% of high school students were sexually active (Wikipedia, 2002).

In the U.S. some advocates, including President George W. Bush, have successfully worked toward the introduction of "abstinence-only" curricula. Under such instruction,

teens were told that they should be sexually abstinent until adulthood and marriage, and information about contraception is not provided. Opponents argued this approach denied teens needed, factual information and led to unwanted pregnancies, abortions, and propagation of STDs (Pardini, 2002).

Relationships

In the UK, research has shown that young people who felt good about themselves, and were knowledgeable and confident about sex and relationships, were more likely to be more discerning in their relationships and sexual behaviours and to have fulfilling relationships. Research demonstrated that good, comprehensive sex and relationship education did not make young people more likely to enter into sexual activity. Rather it helped them to learn the reasons for, and the benefits to be gained from, delaying such activity (PSHE/Citizenship Co-ordinator, 2003).

Teaching methods

In his study Bailie (1991), found that most learners wanted to discuss issues which they regarded as important, rather than have topics imposed on them, and that they should have the opportunity to ask questions. They wanted teaching to be done in the form of small discussion groups, of boys and girls. They also expressed a need to ask questions in a private and confidential setting. They requested the use of more visual aids, and expressed their dislike of lectures. Almost all the groups felt that sexuality education

should take place during normal school hours and that the time allocated to this subject was insufficient.

Gender of learners

Young learners find it uncomfortable to discuss sexuality issues in the presence of the opposite gender. They prefer to be taught as a single group (Bailie, 1991). The Derby Primary School in the UK found that, where beneficial, students were divided into single gender groups for a part of the lesson or whole lessons (PSHE/Citizenship Co-ordinator, 2003).

Peers as a source of information

Due to peer love and peer pressure, which is a part of their growing up, children tend to discuss sexuality with friends and classmates. This often leads to anxiety, negative attitude, phobia and misconceptions as they cannot decide about the correctness of the information they get (Chauhan, 2006). Most teenagers turned to their peers as sources of sexuality education rather than teachers and school counsellors (Etsane, 1997; Hlalele, 1998; Makanya, 1993; Seydel, 1992). Although peers appeared to be the main source of information, one of the main problems in teenage relationships was that the teenagers generally did not communicate their feelings about sex to each other (Seydel, 1992). The result was that many engaged in sexual relationships for which they were not ready. Girls often found it difficult to reject a boyfriend's request for sexual intercourse for fear of

losing him. They also found it difficult to communicate to their boyfriend that they were not ready for sex (Seydel, 1992).

Peer education

In order to promote a positive, helpful influence concerning their own sexuality education, it is imperative that teenagers themselves be involved in their own programmes to deal with their sexuality (Etsane, 1997). Children prefer someone out of their own peer group to guide them (Matthews, 1995). Even the Minister of Education advocated peer education as reflected in the following extract taken from one of his speeches.

We have recognised that preventing the spread of HIV will not be achieved only by teaching lifeskills in the classroom as required by the curriculum. Preventive measures must be taken to include peer education programmes, by the youth for the youth with strong adult management and support base. (Asmal, 2002b, p. 11).

In Scotland it was found that peer education was being developed in schools, but some shortcomings did exist. Peer education had not been subject to adequate evaluation and as a result there was little detailed knowledge of how peer education operated and at which level. It was argued that in the light of little conclusive evidence, the premise that young people would be more effective in their behaviours when educated by a peer rather than other sources should be treated “with caution” (Scottish Executive, 2003).

An evaluated peer education programme of condom use conducted by Appel and Klieber (1998) showed that peer education was effective in the communication, but not in the condom use domain. The participants showed increased perceived competencies with respect to talking about sexuality and contraceptives and self-efficacy expectations to take the initiative in intimate situations. Also the results of short-term effects seemed to support the view, that peer education programs could exert an impact upon the participants.

From the above it can be concluded that learners come to school with different values, attitudes and perceptions of sexuality education, which are shaped by their parents, peers and the media. Hence their exposure to sexuality education at school is received with mixed reactions. Some view teachers in a negative light while others have a positive attitude. The impact of the sexuality education programmes depends on these external factors which ultimately influence learners' resulting behaviours ie. either conforming or not conforming to societal expectations.

2.4.3. Evaluation Studies

In Derby Primary School, UK, the SRE programme was regularly evaluated by the SRE co-ordinator. The views of students and teachers who delivered the programme were used to make changes and improvements to the programme on an ongoing basis (PSHE/Citizenship Co-ordinator, 2003).

The OFSTED SRE REPORT 2002 was carried out in the UK. It was based on an inspection of 140 schools; a postal survey of 1000 schools (primary, secondary and special schools) and discussions with 650 young people. The following were some of the main findings and recommendations:

- The following were often insufficiently addressed and/or poorly taught: HIV and STIs, sexual health, education about parenthood, teaching about sexuality and combating homophobia, work on relationships in secondary schools.
- The media, especially teenage magazines, were important and should be used and addressed in school programmes.
- More needed to be done on attitudes/values and skills rather than just knowledge and understanding. Pupils needed more opportunities to debate, share views and explore contradictions and disagreements.
- Monitoring and evaluation, especially of quality teaching, was weak in most schools. More schools needed to engage pupil's views in planning and evaluation.
- Young people needed better access to specialist professionals, including through-centres on school sites (PSHE/Citizenship Co-ordinator, 2003).

St. Oswald's Community College found that the school's SRE programme should be evaluated and reviewed regularly. This should be done at a number of levels – at the level of the student, the teacher, the parent and the Board of Management (St. Oswald's Community College, 2003).

In American schools the content of sexuality education varied depending on the community and the age of the students in the programmes. Recent studies provided some insight into what was being taught in America's classroom today.

- In a national survey released by The Kaiser Family Foundation, 61% of teachers and 58 % of principals reported that their school takes a comprehensive approach to sexuality education described as teaching young people that they should wait to engage in sexual behavior but that they should practice “safer sex” and use birth control if they do not. In contrast, 33% of teachers and 34% of principals described their school's main message as abstinence-only-until-marriage.
- In the same survey, teachers reported covering the following topics in their most recent sexuality education course: HIV/AIDS (98%), abstinence (97%), STDs (96%), and the basics of reproduction (88%), birth control (74%), abortion (46%), and sexual orientation and homosexuality (44 %).
- The Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health has published School Health Education Profiles (SHEP) that summarizes results from 35 state surveys and 13 local surveys conducted among representative samples of school principals and health education coordinators. SHEP found that 97 % of health education courses required by states included information about HIV prevention, 94% included information about STD prevention, and 85% included information about pregnancy prevention.
- Among those schools that required HIV education, 99% taught about HIV infection and transmission, 76 % taught about condom efficacy, and 48 percent taught how to use condoms correctly.

- In addition, 96% of health education courses required by states taught skills to help students resist social pressures, 97% taught decision-making skills, and 90% taught communication skills (SIECUS, 2001).

In the US comprehensive, reality-based education had not been widely implemented. Evaluations of the effectiveness of sexuality education in this country was based on efforts that had been half hearted at best (Planned Parenthood, 2001). Knowledge alone was not enough to change behaviours. Programmes that relied mainly on conveying information about sex or moral precepts- how the body's sexual system functions, what teens should and shouldn't do – had failed. However, programmes that focused on helping teenagers to change their behaviour – using role playing, games, and exercises that strengthen social skills – had shown signs of success (Avert Organisation, 2000; Baer, 2003; Willenz, 2005).

In a national American survey of 4200 sexuality education teachers, nearly all felt that their programmes provided “too little, too late.” For example, most teachers thought topics like contraception, condom use, and abortion should be taught before the end of the seventh grade – but only a third said their programmes included those subjects. And while 97% of teachers thought sex education classes should teach students where they could go to obtain contraception, less than half were in schools where this information was taught (Forrest & Silverman, 1989). In the US it was also found that sexuality education programmes had a proven ability to increase knowledge about pregnancy, reproduction and contraceptive methods. School programmes that promoted both

postponement and protected sex when sexually active were more effective than those promoting abstinence only. School-based sexuality education programmes were more effective before young people initiated intercourse, and when they emphasised skills and social norms as well as knowledge (Planned Parenthood, 2001).

After comparing comprehensive sexuality education and abstinence only programmes the American Psychological Association (APA) developed the following recommendations:

- Programmes to prevent HIV and sexually transmitted diseases among youth should provide clear definitions of the behaviors targeted for change, address a range of sexual behaviors, be available to all adolescents (including youth of color, gay and lesbian adolescents, adolescents exploring same-sex relationships, drug users, adolescent offenders, school dropouts, runaways, mentally ill, homeless and migrant adolescents), and focus on maximizing a range of positive and lasting health outcomes.
- Only those programmes whose efficacy and effectiveness have been well established through sound scientific methods should be supported for widespread implementation.
- New programmes to prevent HIV and sexually transmitted diseases among youth should be tested against those programmes with proven effectiveness (Willenz, 2005).

Numerous studies and evaluations published in peer-reviewed literature suggested that comprehensive sexuality education is an effective strategy to help young people delay

their involvement in sexual intercourse. Research also concluded that these programmes did not hasten the onset of sexual intercourse, did not increase the frequency of sexual intercourse, and did not increase the number of partners sexually active teens have (SIECUS, 2001).

In 2001 Kirby reviewed research on a wide range of programmes, including curriculum-based sexuality and abstinence education for teens and pre-teens, sex education for parents, contraceptive and family planning clinics and programmes, early childhood programmes, youth development and service learning programmes, and community-based, multiple-component initiatives. According to him current evidence about the success of these programmes was inconclusive. This was due, in part, to the very limited number of high-quality evaluations of abstinence-only programmes available and because the few studies that had been completed did not reflect the great diversity of abstinence-only programmes currently offered. However, the early evidence about abstinence-only programmes was not encouraging (SIECUS, 2005).

Despite their increasing numbers, few of the sexuality education and pregnancy prevention programmes in developing countries have been evaluated. An evaluation study of the SEP in Jamaica was conducted in 1995-1997, to assess its impact. It was found that the project had no effect on initiation of sexual activity, but it had a positive short-term impact on use of contraception at first intercourse. Adolescents in the intervention group were more than twice as likely to use contraception. The project also had a positive short-term influence on several aspects of the adolescents' knowledge of

and attitudes about sexuality and pregnancy. The modest impact of the Grade 7 Project was encouraging, as school-based sexuality education programs of limited duration rarely had a long-term impact. Moreover, competing socioeconomic and cultural forces in Jamaica encouraged early sexuality and parenthood among adolescents. It was recommended that the use of more participatory teaching methods and smaller class sizes might strengthen the Grade 7 Project and enhance its impact (Publica, 2000).

Subsidised by the Dutch government, the “Lang leve de liefde” (“Long Live Love”) package, developed in the late 1980s, aimed to give teenagers the skills to take their own decisions regarding health and sexuality. Nearly all secondary schools provided sex education as part of biology classes and over half of primary schools discussed sexuality and contraception. The curriculum focused on biological aspects of reproduction as well as on values, attitudes, communication and negotiation skills. The media encouraged open dialogue and the health-care system guaranteed confidentiality and a non-judgmental approach. The Netherlands had one of the lowest teenage pregnancy rates in the world, and the Dutch approach was often seen as a model for other countries (Wikipedia, 2006).

School based education formed a significant part of Australia’s response to the AIDS virus and the National HIV/AIDS strategy recognised the importance of preventative education. While the National HIV/AIDS Strategy resulted in considerable success in controlling the epidemic, research showed that there was still a long way to go in terms of prevention education. Hence in 1996 the Education Department released the STD/AIDS

prevention and strategy in Victorian government secondary schools. This strategy helped schools to evaluate the effectiveness of their existing sexuality and health education programmes and to update them in line with the Victorian Curriculum and Standards Framework; the current national and international research on adolescent sexuality; the AIDS/HIV Policy & Implementation Guidelines (1991), (Misfud, 2000).

According to the review commission by the World Health Organisation in 1993, there was no support for the contention that sexuality education encouraged sexual experimentation or increased activity. After analyzing more than 1,000 reports on sexuality education programmes worldwide, it was concluded that the course did not lead to earlier sexual intercourse rather, in many cases the result was a delay in the initiation of sexual activity. This was because the content of these courses was largely about providing factual information and skills building; skills that equip children to take responsible decisions about their future (SIECUS, 2000).

Inconsistency in results of evaluations of sex education programs is not surprising, given the heterogeneity of researched initiatives. Sex education programmes encompassed curricula that vary widely in their aims, scope, implementation and content. Programmes with vastly different goals, structures, lengths, delivery agents and theoretical underpinnings are often classified under the broad heading of sex education. As such, abstinence-oriented programs, HIV prevention initiatives, contraceptive education and programs limited to physiological topics tended to be grouped together, and this disparate grouping makes evaluations difficult. Another obstacle to evaluating the success of sex

education programs in influencing behaviors arose from the use of self-reported, retrospective data, which often did not accurately reflect behavior. Inconsistent results among existing studies suggested that work remained to be done to determine which components of sex education are most effective in promoting healthy sexual behavior (Jacobs & Wolf, 1995).

The evaluation studies above showed that although sex education programmes in schools have been around for many years, most programmes are not as effective as hoped. Schools needed to take a rigorous look at their programmes. They need to implement more innovative programmes that had proven effective. There is a need for continuous monitoring and evaluating of programmes as well as reviewing and upgrading to ensure their effectiveness.

Chapter Three

Methodology

3.1. Introduction

South African society is characterised by socio-political change. Learners have to find a place for themselves in a world increasingly different from that in which their parents lived. Despite political change, learners' circumstances remain challenging. Crime and violence affect virtually every school. Environmental issues affect the health and well being of communities. Within this context, learners have to develop a sense of confidence and competence in order to live well and contribute productively to the shaping of a new society.

Life Orientation, which includes the sexuality education programme, addresses this competence and productivity by guiding learners to develop their full potential in all spheres of life. It focuses on skills that empower learners to relate positively and make a contribution to family, community and society life in South Africa. Issues such as poverty, inequality, race, gender, age, disability and challenges such as HIV/AIDS all influence the degree and way in which learners can participate in schooling. The National Department of Education launched the revised National Curriculum Statement (RNCS) in 2002 (Department of Education, 2002). The Revised National Curriculum Statement Grades R-9 (Schools) adopts an inclusive approach by specifying the minimum

requirements for all learners. All the learning area statements try to create an awareness of the relationship between social justice, human rights, a healthy environment and inclusivity. Learners are also encouraged to develop knowledge and understanding of the rich diversity of this country, including cultural, religious and ethnic components of this diversity. Many social and personal problems are associated with lifestyle choices and high-risk behaviours. Sound health practices and an understanding of the relationship between health and environment, can improve the quality of life and well being of learners. Amongst other things the Sexuality Education Programme addresses issues relating to nutrition, diseases including HIV/AIDS and STDs, safety, violence, abuse and environmental health.

The Revised National Curriculum Statement is also aimed at promoting commitment as well as competence among teachers, who will be responsible for the development of their own Learning Programmes. In order to support this process, the Department of Education has provided policy guidelines based on the Life Orientation Learning Area Statement. Provinces had to develop further guidelines where necessary in order to accommodate diversity.

The purpose of Life Orientation (Sexuality Education) as described in the National Policy reads: "The Life Orientation Learning Area aims to empower learners to use their talents to achieve their full physical, intellectual, personal, emotional and social potential. Learners will develop the skills to relate positively and make a contribution to family, community and society, while practising the values embedded in the Constitution. They

will learn to exercise their constitutional rights and responsibilities, to respect the rights of others and to show tolerance for cultural and religious diversity in order to build a democratic society. The Life Orientation Learning Area will enable learners to make informed, morally responsible and accountable decisions about their health and the environment. Learners will be encouraged to acquire and practise life skills that will assist them to respond to challenges and to play an active and responsible role in the economy and society,” (Department of Education, 2002, p.4).

Of the five learning outcomes of Life Orientation three are directly related to Sexuality Education. They are:

- Learning Outcome 1: Health Promotion – The learner will be able to make informed decisions regarding personal, community and environmental health.
- Learning Outcome 2: Social Development – The learner will be able to demonstrate an understanding of and commitment to constitutional rights and responsibilities, and to show an understanding of diverse cultures and religions.
- Learning Outcome 3: Personal Development – The learner will be able to use acquired life skills to achieve and extend personal potential to respond effectively to challenges in his or her world (Department of Education, 2002, p.7).

The sexuality education programme has been in operation since 2002. This study looked at whether the needs of learners and teachers were being met, by evaluating the programme.

3.2. Programme Evaluation

“The practice of evaluation involves the systematic collection of information about the activities, characteristics, and outcomes of programmes, personnel, and products for use by specific people to reduce uncertainties, improve effectiveness, and make decisions with regard to what those programmes, personnel, or products are doing and affecting,” (Patton, 1982, p.15). Patton argued that evaluation research could include any effort to judge or enhance human effectiveness through systematic data-based inquiry. Human beings are engaged in all kinds of efforts to make the world a better place. These efforts include assessing needs, formulating policies, passing laws, delivering programmes, managing people and resources, providing therapy, developing communities, changing organisational culture, educating students, intervening in conflicts, and solving problems. In these and other efforts to make the world a better place, the question of whether the people involved are accomplishing what they want to accomplish arises. When one examines and judges accomplishments, one is engaged in evaluation. When this examination of effectiveness is conducted systematically and empirically through careful data collection and thoughtful analysis, one is engaged in evaluation research. Qualitative methods are often used in evaluations because they tell the programme’s story by capturing and communicating the participants’ stories (Patton, 2002). There are now standards for evaluation practice that constitutes utility, feasibility, propriety and accuracy. These standards of conduct are guidelines specifying how evaluators should engage in the practice of their profession. They are meant to be broadly applicable to all evaluation situations indicating what constitutes excellence and

minimally acceptable professional behaviour. The priority in evaluation is on producing practical knowledge, i.e., knowledge that can be used to do something.

This evaluation is aimed at providing information to be used for program improvement (Patton, 1982). It is based on an adaptation of Michael Scriven's goal-free evaluation model/ "needs-based" evaluation which examines the extent to which actual client needs are being met by the programme (Scriven, 1972). Essentially, goal free evaluation means doing fieldwork and gathering data on a broad array of actual effects or outcomes, then comparing the observed outcomes with the actual needs of programme participants. There are four primary reasons for doing goal-free evaluation:

- To avoid the risk of narrowly studying stated programme objectives and thereby missing important unanticipated outcomes;
- To remove the negative connotations attached to the discovery of unanticipated effects;
- To eliminate the perceptual biases introduced into an evaluation by knowledge of goals; and
- To maintain evaluator independence by avoiding dependence on goals that can limit the evaluator's range and freedom of inquiry (Patton, 2002).

This goal-free approach focuses on evaluating a programme in relation to the extent to which it meets needs. The logic behind this approach is that a programme has to go beyond achieving its goals and to do something worthwhile as well (Bennet, 2003). The focus of this evaluation was on clients' needs, assessing the extent to which participants

in the Sexuality Education Programme were being provided with services and programmes that were meaningful and relevant. It was aimed at providing information to be used for programme improvement.

3.3. Method

A qualitative stance was adopted in this study. Qualitative research involves the use of qualitative data such as interviews, documents and participant observation, to understand and explain social phenomena. Qualitative research methods were developed in the social sciences to enable researchers to study social and cultural phenomena. The motivation for doing qualitative research, as distinct from quantitative research comes from the observation that, if there is one thing that distinguishes humans from the natural world, it is our ability to talk. Qualitative research methods are designed to help researchers understand people, within their lived social and cultural contexts. The goal of understanding a phenomenon from the point of view of the participants and its particular social and institutional context is largely lost when textual data are quantified (Kaplan & Maxwell, 1994).

In this study interpretative phenomenological analysis (Smith, 2003) was used to evaluate the sexuality education programme in determining whether the needs of the facilitators and the target population were being met. The aim of interpretative phenomenological analysis (IPA) is to explore in detail how participants are making sense of their personal and social world, and the main currency for an IPA study is the meanings particular

experiences, events, states hold for participants. The approach is phenomenological in that it involves detailed examination of the participants' lifeworld; it attempts to explore personal experience and is concerned with an individual's personal perception or account of an object or event. At the same time, IPA also emphasises that the research exercise is a dynamic process with an active role for the researcher in that process. One is trying to get close to the participant's personal world, to take an insider's perspective, but one cannot do this directly or completely. Access depends on, and is complicated by, the researcher's own conceptions; indeed these are required in order to make sense of that other personal world through a process of interpretative activity. Thus a two-stage interpretation process, or a double hermeneutic, is involved. The participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world. IPA is therefore intellectually connected to hermeneutics and theories of interpretation (Packer & Addison, 1989; Palmer, 1969). Different interpretative stances are possible, and IPA combines an empathic hermeneutics with a questioning hermeneutics. Thus, consistent with its phenomenological origins, IPA is concerned with trying to understand what it is like from the point of view of the participants, to take their side. Applied in the present research, the focus was on describing and interpreting experiences and meanings associated with the Sexuality Education Programme currently being taught in schools. This process assisted in identifying the needs of both learners and educators in terms of what was met and what was not met.

3.4. Sampling

IPA studies are conducted on small sample sizes. The aim of the study is to say something in detail about the perceptions and understanding of this small group rather than prematurely make more general claims. This is described as an ideograph mode of inquiry (Smith, 2003). Thus purposive sampling (Patton, 1980) was used to select the participants for this study. Purposive sampling has two principal aims: The first is to ensure that all the key constituencies of relevance to the subject matter are covered. The second is to ensure that, within each of the key criteria, some diversity is included so that the impact of the characteristic concerned can be explored (Ritchie & Lewis, 2003). In this study a sampling of typical cases was carried out. Therefore it must be noted that this group is not representative of some population to which the findings can be generalised. This sample does not satisfy the statistical requirements of randomness.

This method assisted the researcher in finding a fairly homogeneous sample for which the research question was significant. Focus group interviews are based typically on homogeneous groups. The sampling for focus groups involves bringing together people of similar backgrounds and experiences to participate in a group interview about major issues that affect them (Patton, 2002). A sample of learners and educators from primary and secondary schools in the North Coast of KwaZulu-Natal was selected by using purposive sampling.

The researcher created two focus groups, which were used to conduct the evaluation of the sexuality education programme. Focus groups are a qualitative research method (Morgan, 1998). This approach enables participants to express themselves, in their own words, in an open and flexible process without being directed by predetermined hypotheses or controlled by existing measures (Krueger & Casey, 2000). They use guided group discussions to generate rich understanding of participants' experiences and beliefs. Focus groups are fundamentally a way of listening to people and learning from them. They create lines of communication. The first focus group consisted of six educators teaching sexuality education in the Life Orientation Learning Area. They were chosen from a primary and a secondary school. The second focus group consisted of ten Grade Ten learners chosen from a secondary school. These participants were regarded as typical cases.

It must be noted that difficulties were encountered by the researcher in gathering the educator focus group. Initially four educators each from two secondary schools were selected to participate in the interview, with their approval. On the appointed day of the interview only three educators presented themselves for the interview. On inquiry it was found that the others were either absent or attending departmental workshops. The interview was rescheduled and the venue moved to accommodate all the educators. Only one educator turned up for the next interview. Once again educators were either absent or attending emergency meetings. Subsequently a third school (combined school) was approached. When the need for and purpose of the study was outlined, the principal of the school was very accommodating. He undertook to inform the educators about the

study, selected the educators for the interview, organised the venue and set the date. The focus group interview then took place as scheduled without any problems.

3.5. Instruments

Written narratives

Prior to the interview participants were asked to write an account of their personal experiences of the sexuality education programme. Educators had to focus on their experiences of teaching the sexuality education programme while the learners had to focus on their experiences of being taught about sexuality.

The Semi-structured Interview Guide

A semi-structured interview schedule /interview guide (a list of questions or issues that are to be explored in the course of an interview) was prepared to provide topics or subject areas within which the interviewer could explore, probe, and ask questions that elucidated and illuminated the Sexuality Education Programme (Refer to Appendix B1; B2). The advantage of using this type of interview is that it facilitates rapport/empathy, allows greater flexibility of coverage and allows the interview to go into novel areas and it tends to produce richer data (Smith, 2003). It simply served as a basic checklist during the interview to make sure that all relevant topics were covered (Patton, 1982). The basic thrust of qualitative measurement is to minimize the imposition of predetermined responses when gathering data. Use was made of open-ended questions. When using qualitative interviewing strategies for data collection it is critical that the questions be

asked in a truly open-ended fashion. This means that the question should permit the person being interviewed to respond in his or her own terms. The truly open-ended question does not presuppose which dimensions of feeling, analysis, or thought will be salient for the interviewee. The truly open-ended question allows the person being interviewed to select from among his or her full repertoire of possible responses. Probes were used to deepen the response to a question, to increase the richness of the data being obtained, and to give cues to the interviewee about the level of response that was desired.

A tape recorder was used to record the interviews. A tape recorder is part of the indispensable equipment of researchers using qualitative methods (Patton, 1982). Tape recorders do not tune out of conversations, change what has been said because of interpretation or record more slowly than what is being said. In addition to increasing the accuracy of data collection, the use of a tape recorder permits the interviewer to be more attentive to the interviewee.

3.6. Validity

Evaluation is a sociopolitical process. Social, cultural and political factors should not be viewed as unattractive nuisances that threaten validity, but as integral and meaningful components of the process, without which the evaluation effort would be sterile, useless and meaningless (Guba & Lincoln, 1989). Two independent researchers were engaged in the analysis of the data to ensure that everything was accounted for, and that the proposed clusters did not include interpretations that went beyond the original contexts of the data

(Riemen, 1986). The resulting theme clusters were then referred back to the original descriptions for further validation. The rationale for using two researchers to perform a phenomenological analysis individually was to ensure the triangulation of analysts, as a key approach to facilitate the trustworthiness or credibility of findings (Cresswell, 1998). Triangulation involves the use of different methods and sources to check the integrity of, or extend, inferences drawn from the data. It has been widely adopted and developed as a concept by qualitative researchers as a means of investigating the convergence of both the data and the conclusions derived from them. It is also often cited as one of the central ways of validating qualitative research evidence (Ritchie & Lewis, 2003). In this study the following two types of triangulation were used. Triangulation of sources: comparing data from different qualitative methods namely, written narratives and focus group interviews. Triangulation through multiple analysis: using different analysts to compare and check data collection and interpretation.

3.7. Ethical Issues

The nature of evaluation means that those being evaluated can see it as a potentially threatening activity. It is therefore very important that ethical considerations are addressed when undertaking an evaluation. The guiding principle is that participants should be treated fairly, honestly and with consideration, respect and appreciation (Bennett, 2003). In this evaluation study the following aspects were addressed:

- Permission was obtained from the Department of Education, Research Section, Kwa Zulu-Natal, as the research participants were in schools under their jurisdiction. (Appendix A2)
- Permission was obtained from the principals of the schools where evaluations were conducted. (Appendix A3)
- All participants were made aware of the nature and purpose of the evaluation as well as who would have access to its findings. They signed an informed consent. (Appendix A4; A5). Furthermore learners' consents were accompanied by parents' signatures.
- Permission was obtained from the participants for data they had provided to be included in the report.
- Participants were guaranteed confidentiality and anonymity.
- All focus group interviews were conducted in privacy.
- Participants' permission was obtained to tape record the interviews. An explanation for the need of tape recording was given to them.

3.8. Data collection and data analysis

Data was collected from the participants via written narratives and focus group interviews. The written narratives and transcripts of the interviews were then analysed by engaging in an interpretative process. In order to capture and do justice to the meanings of the respondents, to learn about their mental and social world, a sustained engagement with the text and a process of interpretation was carried out using thematic analysis. Two

independent raters also thematically analysed the data. The common themes were then put together in the report. The next chapter will incorporate a statement of the results obtained followed by a discussion of the findings that emanated from the study.

Chapter Four

Statement of findings and discussion

4.1. Introduction

This chapter contains the data collected via the written narratives of educators and learners followed by the emergent themes obtained in them. Thereafter themes extracted from the focus group interviews were listed. Finally a discussion ensued based on the findings and the literature reviewed. The discussion included the identified met and unmet needs of learners and educators together with the suggestions made by them for fulfilling their unmet needs.

4.2. Educators' biographical details

- **Age range:** 31 – 49yrs. Average age: 40yrs.
- **Gender:** Males – 4; Females – 5.
- **Race group:** Indian.
- **Position held at school**

Deputy Principal: 1

Head of Department: 3

Level One Educator: 5

- **No. of years of formal training:** Between 3 and 4 years.
- **Type of training to teach SEP:**

FDE – Lifeskills: 1

B. Soc. Sc. (Psychology): 1

Psychology Three: 1.

Five day training workshop: 7

- **Written narratives** were obtained from educators of three secondary schools.
- The **focus group** consisted of educators from a combined school – 3 from the primary section and 3 from the secondary section.

4.3.1. Educators' written narratives

Educator One (Grade 10 educator)

As an educator, I have had the privilege of interacting with learners from different walks of life. Life Orientation is a subject that lends itself to maximum participation between learners and the educator. The learner is able to express his/her feelings and opinions without assuming that they would be 'judged'. I have noticed that there is reluctance at first when broaching the subject of sexuality education but after a few lessons the learners open up. They tend to confide in you, explore the views of others when presented as case studies. I enjoy teaching this aspect as the learners have a fixated interest and are willing to communicate freely and participate actively.

Educator Two (Grade 11 educator)

Given the culture of sex being taboo in conversations between parents (adults) and children, teaching sexuality education is challenging to me as an educator. When words such as sex and semen are mentioned some learners appear to be shocked or they begin to laugh nervously. It is difficult for educators to talk openly about sex to youngsters (approximately 15 years). It is also difficult for learners to mention things related to sex without feeling self-conscious. Sometimes a few learners ask questions because they honestly don't know about certain things. Some ask questions out of mischief making. I feel it is important to be professional and straight-faced when talking about sexual issues. To me, Life Orientation provides an ideal opportunity to correct wrong perceptions about sex and AIDS.

Educator Three (Grade 8 & 9 educator)

I feel very comfortable teaching and facilitating sexuality education with my learners (Grades 8 and 9). We discuss the following aspects:

- Boy-girl relationship
- Sex and sexuality
- HIV/AIDS
- Sexual abuse
- STD's and STI's
- Teenage pregnancy

I find that:

- Learners are responsive – they participate in class discussion.
- Their posters and assignments indicate that they have more information on important relationship issues.
- Educators who respect their learners' opinions and who are mature are better placed to deliver sexuality education to learners.
- Some salient issues remain a challenge for most educators. These include: same sex relationships; self-pleasure etc.

Educator Four (Grade 3 educator)

Judging from the responses of some of the learners when the words “sex”; sexuality are mentioned in class, it is clear that they are not made aware of these issues at home – it is encouraging to note the majority of the learners are becoming more and more comfortable to speak openly about sex/sexuality – they are showing signs of knowing their rights and responsibilities with respect to their own bodies and that of others – learners now speak out/ not afraid to report to us when other learners touch them in places that make them feel uncomfortable – I have also found that learners learn more effectively about HIV/AIDS and related issues through role-play/ dramatisation – they participated enthusiastically in plays with the HIV/AIDS theme at our recent school concert which was well received by the audience.

It is also encouraging to note that most of our learners are aware of how the AIDS virus is transmitted from one person to another; preventative measures to be taken etc.

Whilst most of the learners know the correct names for the different body parts there are others who still continue to use “strange” terms to refer to their sexual organs – it is disturbing to note also that despite the potential threat of acquiring HIV/AIDS – we suspect that some of our learners start becoming sexually active at a young age. Some learners are “amused” when they see pictures” of a human body – have to be reminded that they need to respect their bodies/ be comfortable with the...

Educator Five (Grade 7 educator)

I find that children today are more receptive to information regarding sexuality.

Although our children are so aware of the causes of HIV/AIDS their behaviour makes us believe that they are not taking this disease seriously. We find that many learners even at primary school level are involved in relationships, dress rather provocatively and are also falling pregnant rather early in life.

When teaching sexuality education at Grade 7 level, the learners seem very mature and interested in topics discussed. Probably due to the high level of exposure on television and the subject matter in LO, children are aware of and knowledgeable in sexual matters.

I find that learners quiet enjoy topics related to sexuality education.

Educator Six (Grade 10 educator)

Many senior learners display inhibitions in discussing sexual matters in class probably due to the combined nature of the class. Most learners have acquired sufficient knowledge about HIV/AIDS. They are aware of the way it is transmitted, the link between Tuberculosis and AIDS, the symptoms displayed and the preventative measures. They respond and participate actively in peer groups. They discuss, ask and answer questions pertaining to sexuality education individually. Some learners display shyness when matters pertaining to sex is discussed particularly the smaller learners. Learners participate in school-based programmes, speech contests, plays etc. Pupils also display empathy and compassion for those that are affected and infected with this deadly virus. We also find that despite positive responses from learners concerning HIV/AIDS many learners still display promiscuity. Due to the immature nature of some learners they make light of the lesson. Some girls shy away while some blush.

Educator Seven (Grade 5 educator)

I have noticed that the learners of today are more aware of matters concerning sexuality than learners of the past. Some learners from more conservative backgrounds are shy and not very responsive in class. In spite of HIV/AIDS and our ongoing discussions and teachings on the subject learners are clearly displaying inappropriate behaviour, by becoming sexually active at an early age, dressing provocatively and some learners are in possession of pictures and other material concerning sex.

Learners fully understand the devastating effect of HIV/AIDS and some of them are infected or affected but this does not deter them in any way. They want to experiment and they don't think of the consequences thereof.

Learners enjoy sexuality education. They contribute actively in class discussions. They are also very receptive to information from television, magazines and brochures.

The information in the textbooks, brochures etc. that we use as teaching aids are very explicit and are supposed to have a positive influence on learners ie. to make them sexually aware, to respect their bodies and themselves, to lead morally correct lifestyles but in fact the learners use this information to experiment and as a result it has negative consequences.

Educator Eight (Grade 9 educator)

Sexuality education – a “compass” which guides teenagers on their voyage to independence as we are an “anti-dote” to the “poisonous” media influence and ignorance. In this report, I will summarize my observations and experiences of teaching sexuality education.

An active participation, which involved the cooperation of most, definitely not all, learners to the questions, discussions, assignments and the creation of awareness posters was noted. The expression of interest, curiosity, shyness, discomfort and excitement was

revealed, verbally and non-verbally. Learners became more attentive than usual. Reactions were therefore mixed, as some were cooperative while others were not. For example, the menstrual cycle showed responses, which ranged from curiosity to shyness – displayed by girls – and curiosity and offensive humour by boys. While others were shy, some learners demonstrated their courage by expressing their opinions and reading sensitive information in front of the class and showing types of contraceptives to learners. I heard questions, which revealed curiosity about teenage sexuality such as: age suitability for intimate relationships, oral sex, sexually transmitted diseases and types of contraceptives. A debate which spontaneously surfaced about the use of the condom revealed learners' curiosity about its "not 100% safe" quality. Certain responses were vulgar, while others revealed much constructive thought.

Written essays demonstrated effort, research, curiosity and an appreciation of the awareness programme. The production of assignments, answers, questions and creative awareness posters demonstrated obvious interest and curiosity. Noteworthy as it is, not all learners were active participants.

Suffice it to say that the teaching of sexuality education not only generated more ideas on how to teach the topic but also enabled me to explore the depths of the learners' psyche on the topic – their feelings, thoughts and beliefs. Although an initially uncomfortable experience, I successfully completed the awareness programme by motivation, cooperation of learners, guidance and prior training.

4.3.2. Emergent themes from educators' written narratives

- **Learners' background/Barriers to teaching**

Learners at school came from different backgrounds. Educators saw learners' language, gender, race and culture as barriers to teaching. Some found it challenging while others coped adequately.

Language: E4: Whilst most of the learners know the correct names for the different body parts there are others who still continue to use "strange" terms to refer to their sexual organs.

Gender: E6: Many senior learners display inhibitions in discussing sexual matters in class probably due to the combined nature of the class.

Race: E1: I have had the privilege of interacting with learners from different walks of life.

Culture: E2: Given the culture of sex being taboo in conversations between parents (adults) and children, teaching sexuality education is challenging to me as an educator.

E7: Some learners from more conservative backgrounds are shy and not very responsive in class.

- **Communication**

Sexuality education requires communication between learners', and their parents and teachers. Teachers have discovered that parents are still not communicating with their children about issues on sexuality. However some learners had no problems in communicating with their educators, while others were not very responsive.

Parents/learners

E2: Given the culture of sex being taboo in conversations between parents (adults) and children,

E4: Judging from the responses of some of the learners when the words “sex”; sexuality are mentioned in class, it is clear that they are not made aware of these issues at home.

Teacher/learner

E1: The learner is able to express his/her feelings and opinions without assuming that they would be ‘judged’.

E2: It is difficult for educators to talk openly about sex to youngsters (approximately 15 years).

E3: Learners are responsive – they participate in class discussion.

E4: Learners now speak out/ not afraid to report to us when other learners touch them in places that make them feel uncomfortable. It is encouraging to note the majority of the learners are becoming more and more comfortable to speak openly about sex/sexuality.

E7: Some Not very responsive in class.

E8: An active participation, which involved the cooperation of most, definitely not all, learners...

• Attitudes

According to the educators, learners were developing a positive attitude towards sexuality education. Educators, themselves were displaying a positive attitude towards teaching the SEP although one educator did find it challenging.

Learners

E1: I have noticed that there is reluctance at first when broaching the subject of sexuality education but after a few lessons the learners open up.

E5: I find that children today are more receptive to information regarding sexuality. I find that learners quite enjoy topics related to sexuality education

E7: Learners enjoy sexuality education.

Teachers

E1: I enjoy teaching this aspect as the learners have a fixated interest and are willing to communicate freely and participate actively.

E2: Teaching sexuality education is challenging to me as an educator.

E3: I feel very comfortable teaching and facilitating sexuality education with my learners (Grades 8 and 9).

• Characteristics

Educators agreed that they needed to have certain characteristics in order to teach sexuality education effectively.

Teachers

E2: I feel it is important to be professional and straight-faced when talking about sexual issues.

E3: Educators who respect their learners' opinions and who are mature are better placed to deliver sexuality education to learners.

Learners

In their interaction with learners they found that some learners were mature while others were immature.

E5: When teaching sexuality education at Grade 7 level, the learners seem very mature and interested in topics discussed.

E6: Due to the immature nature of some learners...

• Learners' behaviours/reactions

During SEP lessons learners displayed mixed reactions ranging from giggling and laughing, to being shy, embarrassed and in extreme cases vulgar. Educators felt that learners were not taking HIV/AIDS seriously and this was impacting on their immature behaviour.

E2: When words such as sex and semen are mentioned some learners appear to be shocked or they begin to laugh nervously. It is also difficult for learners to mention things related to sex without feeling self-conscious. Some ask questions out of mischief making.

E4: We suspect that some of our learners start becoming sexually active at a young age.

E5: Although our children are so aware of the causes of HIV/AIDS their behaviour makes us believe that they are not taking this disease seriously. We find that many learners even at primary school level are involved in relationships, dress rather provocatively and are also falling pregnant rather early in life.

E6: Some learners display shyness when matters pertaining to sex is discussed particularly the smaller learners. Pupils also display empathy and compassion for those that are affected and infected with this deadly virus.

E7: Some ... are shy. They want to experiment and they don't think of the consequences thereof.

E8: The expression of interest, curiosity, shyness, discomfort and excitement was revealed, verbally and non-verbally. Learners became more attentive than usual. Reactions were therefore mixed, as some were cooperative while others were not. For example, the menstrual cycle showed responses, which ranged from curiosity to shyness – displayed by girls – and curiosity and offensive humour by boys. While others were shy, some learners demonstrated their courage by expressing their opinions and reading sensitive information in front of the class and showing types of contraceptives to learners. Certain responses were vulgar, while others revealed much constructive thought.

- **Content/knowledge**

The content being taught covered most of the areas found in a comprehensive SEP.

E3: We discuss the following aspects:

- ◆ Boy-girl relationship
- ◆ Sex and sexuality
- ◆ HIV/AIDS
- ◆ Sexual abuse
- ◆ STD's and STT's
- ◆ Teenage pregnancy

E4: They are showing signs of knowing their rights and responsibilities with respect to their own bodies and that of others.

E6: Most learners have acquired sufficient knowledge about HIV/AIDS.

E7: Learners fully understand the devastating effect of HIV/AIDS.

E8: I heard questions, which revealed curiosity about teenage sexuality such as: age suitability for intimate relationships, oral sex, sexually transmitted diseases and types of contraceptives. A debate which spontaneously surfaced about the use of the condom.

- **Methods**

According to the educators a variety of methods was used to teach SEP.

E3: Their posters and assignments...

E4: I have also found that learners learn more effectively about HIV/AIDS and related issues through role-play/ dramatisation – they participated enthusiastically in plays with the HIV/AIDS theme at our recent school concert which was well received by the audience.

E6: Learners participate in school-based programmes, speech contests, plays etc.

E8: The production of assignments, answers, questions and creative awareness posters demonstrated obvious interest and curiosity.

- **Resources**

Several types of resources were used by the educators as teaching aids.

E7: They are also very receptive to information from television, magazines and brochures. The information in the textbooks, brochures etc. that we use as teaching aids...

- **Role of the teacher**

The teacher's role was seen as one of correcting perceptions about sexuality.

E2: To me, Life Orientation provides an ideal opportunity to correct wrong perceptions about sex and AIDS.

- **Media exposure/influence**

Educators found that learners were exposed to sexuality education via the media. However instead of having a positive impact on learners, the media was negatively influencing them.

E5: Probably due to the high level of exposure on television and the subject matter in LO, children are aware of and knowledgeable in sexual matters.

E7: ... television, magazines and brochures. The information in the textbooks, brochures etc. that we use as teaching aids are very explicit and are supposed to have a positive influence on learners ie. to make them sexually aware, to respect their bodies and themselves, to lead morally correct lifestyles but in fact the learners use this information to experiment and as a result it has negative consequences.

- **Teacher/learner relationship**

One of the educators enjoyed a good relationship with the learners.

E1: They tend to confide in you.

- **Perceptions of sexuality education**

Educators noticed that there was a positive change in learners' perceptions of sexuality education. Some saw themselves as the medium of changing media influence and ignorance.

E7: I have noticed that the learners of today are more aware of matters concerning sexuality than learners of the past.

E8: Sexuality education – a “compass” which guides teenagers on their voyage to independence as we are an “anti-dote” to the “poisonous” media influence and ignorance.

- **Impact of teaching sexuality education**

One educator saw the teaching of SEP as having a positive impact on him.

E8: Suffice it to say that the teaching of sexuality education not only generated more ideas on how to teach the topic but also enabled me to explore the depths of the learners' psyche on the topic – their feelings, thoughts and beliefs.

- **Requirements for successful teaching of sexuality education**

The same educator identified four requirements for successfully teaching SEP.

E8: ... I successfully completed the awareness programme by motivation, cooperation of learners, guidance and prior training.

4.3.3. Emergent themes from educator focus group interview

- **Content**

The content covered a wide range of topics.

Topics currently taught: included relationships, direct sex education which includes adolescence, puberty, sex abuse, sex relationships with pupils, STDs, STIs, including HIV/AIDS, gender issues, the body, body parts, teenage pregnancy, human rights, contraceptives.

As there was no structured curriculum laid down, educators taught topics as and when the need arose. The choice of topics depended on the learners' environment. This appeared to be problematic for the educators, as they had no proper guidance. Hence they were not able to specify what topics should be added to the programme.

Topics to be included: "I don't think the programme is restrictive to any thing. It allows for a great deal of latitude. Whatever arises in the classroom, whatever discussion, however you accept the needs of the learner, whatever they need to know you know you can always change not the focus area but one of the things they come into the classroom is prior knowledge so if you establish that this is what you expect to be prior knowledge and learners are not coming in with that kind of knowledge you can go back. Nothing stops you from going back. There are no restrictions. Its err appears to be open-ended but that's where the difficulty is because we don't know where to stop."

"Add on topics as and when necessary."

"Most of the topics depend on the environment."

"We choose topics to suit our learners, our type of environment."

There was consensus amongst educators that some topics needed to be taught earlier but it depended largely on learners' needs.

Topics to be taught earlier: Teenage pregnancy – Grade 4 or 5

The use of condoms - earlier than Grade 10

“They become sexually active when they are very young.”

“I think the earlier the better.”

“We need them to prevent pregnancy.”

“The ABC of sexual education we first teach them abstinence, we teach in a relationship to be faithful and condomising and our principal introduced D. He told them about do it yourself.”

“There are some topics that need to be taught earlier but it depends largely on the needs of the learners.”

- **Resources**

Educators made use of a variety of resources in their SEP lessons.

Types

“We have textbooks.”

“We have workbooks as well.”

“We also have a nice magazine in the Daily News that comes once a week and is called Uncut.”

“Nurses come over as well. They talk to the learners. They talk to the girls about certain hygienic habits.”

They did not have problems in accessing resources on sexuality education.

Availability and accessibility of resources on SEP.

“There’s a vast amount of resources.”

“Our library is well stocked. We have lots of books.”

“We use the media. We give them magazines and we have teenage magazines.”

However despite having a variety of resources at their disposal there was still a need for other resources like DVDs and a model of the human body.

Resources to be made available to teachers

“You know if we could have like a model of the human body.”

“We could also show them DVDs and videos. For the smaller learners the language could be simple and easy to follow.”

“Some of them don’t have TVs in their homes so we can use videos to make them aware.

Sometimes they watch TV because it is something which they enjoy, it would be more effective to show them DVDs.”

• Training of teachers to teach sexuality education.

This was a very problematic area for the educators. They felt that they lacked, the necessary skills, training, and the more complex scientific knowledge, to effectively teach SEP. They wanted intensive training to help them overcome their inadequacies.

“That is the problem because the entire syllabus the OBE syllabus there is a great deal of latitude. There’s no compulsion on any educator to particularly choose the topic on sexuality and sexuality education. The Department needs to workshop these teachers on how to present it, because we are dealing with very important topics e.g. we talk about in one lesson, how do you talk to children about masturbation? Principal said it as a joke in

the assembly. The children want to know. They see this on TV even the editing of programmes. Now how do we go about this?"

"So what we need to do, we need to have a structured programme. Department needs to take teachers into intensive training err prepare them and those who are adequately prepared can then go and teach sexuality education."

"I feel very strongly that educators need to be trained. You know the training needs to be very intensive."

"You know I want to tell you something. The LO training workshops we went to, it wasn't content based it was more like teaching... RNCS but it wasn't LO stuff ... We need more workshops to help us teach the content on sexuality."

"The focus should be on content – the topics should be taken individually..."

"And workshopped"

"...That is the workshop"

"Especially with the problems going on today the topics that are relevant we need to have skills on how to handle those problems."

"I think the one thing that we said I think that sometimes the educators are badly exposed because the programme is already determined. There's no training. I am going to give you an example: the fact that many more women are HIV positive than men are. Now when you present the fact to learners, maybe you're creating a serious problem, that listen women are more promiscuous and if we look at the reason as to why, and how many can translate those reasons. In the classroom you know, tell pupils why females are more exposed to the virus than males. And there's a level of training that is necessary. This one

example highlights the need for adequate teacher training. Especially in the secondary school. You know what, the children ask you some very awkward questions.”

“And what happens when a pupil asks you why are we menstruating earlier now.

I mean I am not in a position to answer the question. So there is a lot of scientific data and everything else around these issues. We talk to them about adolescence, growing up, the changes that are taking place in their body, chemical reactions and you build to that point. And some of us we are not like the science teachers so there’s not much that we do know. So as I said that is why we need the training.”

- **The criteria used by school management to select teachers to teach SEP/LO**

In the secondary school educators were used as a last resort to teach SEP because specialist teachers had to be assigned their teaching load first. Those teachers that did not get a full load were then allocated to teach SEP/LO. They were not chosen according to the skills/training they possessed. However in the primary school educators who felt comfortable with sexuality education generally taught SEP.

“Well they give you I don’t think that the problem lies with the management I must say that. There are particular demands in school. If you look at the academic curriculum there are certain teachers who can teach physics there are certain teachers who are trained to do mathematics there are certain teachers especially in the secondary school I am talking about now they are subject specialists and if they have a full load being a subject specialist then obviously you can’t teach anything else. So inadvertently it falls on those teachers who can’t make up their loads. Basically that’s how it’s done.”

“ In the primary school it’s a bit different.”

“No. No.”

“We choose because we like the subject. Then we volunteer to teach it. We feel comfortable with the subject.”

“Therefore I qualified in a secondary phase.”

“No particular attention is paid to whether the teacher can deliver on the particular curriculum. It’s just that its there, somebody needs to do it. The school is left with the invidious position of giving it to a teacher who can’t make their workload. And it’s not only in our school I think it’s in every school.”

“Because what happens is that LO is palmed out to err after all the academic requirements then you give them LO.”

“In dispensing with the workload for teachers in school I don’t think much attention is given to who does LO/Life Skills. We can’t negotiate around teaching of sexuality education in LO for any Grade. We have to identify those teachers who can deliver the programme.”

- **A specialist LO/ sexuality education teacher.**

Overall it was unanimous that a specialist teacher was a necessity at the secondary school but educators felt that in the primary school every educator should have training in sexuality education.

“Necessary.”

“There is a rife need for them.”

“We should have”

“That teacher will do justice to that subject.”

“In the primary school every teacher needs to teach every subject and in some cases that’s what happens. A teacher is room-based. They teach for their class every single subject on the curriculum. There’s no specialisation. And really LO from Grade 1 to matric is compulsory. So outside maths and the language LO is the next one because if the children don’t have academic ability they can’t meet the huge demands of the secular world in terms of employment and everything else. The one thing they must do, is they must be able to live, live a productive life, and they must enjoy those skills so for those reasons a specialist teacher is needed.”

“So that is I would think a problem for the Department because they haven’t trained any educators and they haven’t determined specialists in schools.”

- **The level of involvement from Department officials with regards to SEP?**

Educators protested that Department officials were not involving themselves in the SEP.

“No. No involvement.”

“Except for having that workshop otherwise nothing.”

“Nobody comes and monitors the work being done or helps.”

How Department officials can help teachers in teaching SEP.

Educators wanted more involvement from Department officials in the form of support groups, short training courses and networking.

“I think that the necessary structures must be in place. They need to have support groups.”

“Workshops...”

“... for HIV/AIDS you know that’s one. Then they need to have constant in-service programmes because this is ... we’re at the developmental stage.”

“Yes, they should ensure that.”

“We should interact with each other and in schools where there are problem learners, they need to do that.”

“Network.”

“We don’t have the time because of our workload.”

Approaching the Department for assistance.

There seemed to be a communication problem with the Department of Education. Educators expressed a lack of confidence in the current Specialist Education Manager (SEM). Hence they did not approach the Department for assistance.

“We don’t know who they are.”

“In the field of LO we know that in KZN there’s just one person that is supposed to be the subject specialist, SEM. He’s come from a different Department so he’s been in excess in his Department, now they gave them this portfolio right so we saying they have come up with a curriculum. They don’t have a plan. Obviously they don’t have a plan. They are seconding persons to different divisions They don’t have any kinds of skills either.”

“Incompetent.”

“Seems like a lack of service delivery.”

“Not so much service delivery but a will to go and resolve problems. We know that we are in a developmental stage. You said it was implemented in 2002 so that gives us four years. There’s a lot of planning that took place before that to actually introduce it. At that

point of planning they should have talked about delivery of the programme and how they intend structuring that kind of delivery. You can't just have a programme and then think that everyone is capable of doing it."

- **Government and school policies on sexuality education**

The Department policy document given to schools

The general consensus was that the Departmental Policy document was adequate. However educators suggested that improvements could be made regarding the content to be covered in each grade.

"They don't do much."

"It does cover quite a bit, the pertinent aspects."

"It's quite intense. It is definitely useful."

Ways to improve it

"I suppose it can be reviewed."

Aspect that needs to be reviewed.

"This comes under personal health and well-being. That is the learning outcome (LO1). So in that it is developed. Sexuality education comes under health and they develop the programme very well in fact if you look at that from Grade one to nine the one we looked at, its done exceptionally well. It can take you there but the challenges are the ones we spoke about. Who delivers the curriculum, how well is it researched, the assistance that we need in areas that we want to cover especially in how far we go with the topic."

The school policy on SE.

This school had a policy on HIV/AIDS, which was drawn up involving all the stakeholders. There was some evidence of monitoring and evaluating the policy. However the school did not have a specific policy on sexuality education.

“We have a policy an AIDS policy. We empower learner to make informed decisions.

Around issues of HIV/AIDS, around sexuality education. And we discuss about non-discrimination.”

“Inviting outside NGOs Assembly programmes.”

“Support groups.”

Way it was drawn up

“Each HOD was given...”

“Everybody was involved.”

“That was informed by our learners, by the parents, and the teachers. Eventually we put all together. The SMT put all together but what we looked at was the National Guidelines, the National AIDS policy, so we don’t have a sexuality education policy at school, we got an HIV/AIDS policy that’s very consistent with what the National policy is. It has been reviewed and updated.”

Person in charge of that policy

“We don’t have somebody incharge of the policy. What we have is _____ who does peer...”

“... AIDS and the educators.”

“Like treatment care whatever else for the educator. Like prevention measures, access programmes for educators on the plant.”

Monitoring and evaluating the policy.

“The one that I do, I’ve got to SMS the Sexual Fund Trust and they monitor and evaluate all the workshops and all the work we disseminate to the educators. They call you back for follow up workshops.”

“In terms of the learners it is basically dispensing information because there is a lot of privacy around the declaration of HIV status so you can’t lend support or anything like that without, but we work very closely with the NGOs, _____ Child Welfare, we get speakers coming in .”

“They will be coming in to assist us with the programmes.”

“They come in and see how far we have gone with HIV/AIDs.”

• Methods

Of all the methods used, educators found that learners enjoyed role-playing. Educators intimated that they would like to use DVDs to enhance their lessons.

“Show and tell.”

“Plays, role-play, dramatisation.”

“In fact we found that learners enjoy doing role-plays. They are more comfortable.”

“In the higher grades, Grade 10 we have panel discussions, we have debates.”

Other methods that can be used.

“We said the Department can provide DVDs.”

“You know that would help us.”

- **Barriers to teaching sexuality education.**

Language

Language was seen as a barrier to teaching in all learning areas. Educators were tolerant of learners using their mother tongue in sexuality education.

“Language will translate to every learning area.”

“What we found in certain races they use certain terms for the names of the sexual organs/body parts. We accept the terms and still teach them the correct terminology.”

Culture

The most challenging barrier to teaching sexuality education was the cultural background of learners. Educators were not comfortable with certain issues and admitted that it was due to their own stereotyping as well as a lack of broad-based consultation by the curriculum planners.

“How do we meet the challenges the community has in respect of culture? In some, culture don’t allow you to speak to them. We have children coming from certain religious beliefs. Their parents don’t want you to, they say, *fine its offensive that we talk to them* because they believe that this is the job of the parent.”

“And the other topics e.g. Same sex- relationships if a teacher has a stereotype then obviously they are going to be affected by it. What do we do? We laugh at two boys being together. Its true that’s what we do. We laugh at two boys or two girls being together. And yet these are realities of our times.”

“Err we spoke about the cultural issues. So what do we do? What kind of protection do our educators receive when we deal with sexuality education and look step out of the bounds when we dealing with what is taken home? The parents take umbrage to the fact

we delivering umm err we talking about gay and lesbians in the classrooms and what happens in a senior class if this is misconstrued by pupils. So the parameters need to be determined. There hasn't been any broad-based consultation in respect of this curriculum. That's the most important thing. I think that is the starting point. There are many, many people who believe that sexuality education shouldn't be taught at school.

Some even believe that we are promoting promiscuity, so we don't have to deliver now.

And you know psychological analysis has not been done e.g. many years ago we didn't do this at school. Now we doing this at school. We are sending children on AIDS programmes and yet our children are being so sexually active. Now more than ever because the one thing we have to say is listen, in our lessons, you also opening the door of curiosity. And once we do that children are children and they are going to go and experiment. The more you talk to them about smoking the more they smoke, the more you talk to them about drugs, but the point of the matter is this how do you stop talking to them. When drug addiction becomes a problem we have to start. The entire question is how do we approach the topic. And that's what needs to be researched. Government or Department needs to come up with a plan and we'll address it from that point on. What we're now saying is that listen its there so lets go and do the best that we can."

"You know it will depend largely on the capacity of the educator. I mean I must be honest I don't know the religious demands of every religion. I don't know the demands of every race group. Although you are going to try and ascertain past history. But this as I said is a serious challenge for us. As I said earlier what do you do in class when you know that parents object to you teaching it. So do you ask those pupils to be excused or

whatever? We just continue without paying attention to their rights in delivering on the curriculum.”

Gender

Learner gender was not problematic for secondary school educators. In the primary school educators were coping well with gender issues. Whenever they felt a need learners were separated according to gender.

“There are some topics where learners are separated.”

“The girls feel more comfortable and they open out to us.”

“Boys as well.”

“Whenever we feel there’s a need for that.”

“In the secondary phase it is not a problem. I think they are a little bit maturer.”

“Mature.”

“They are comfortable with seeing both sides.”

“It’s a coed school.”

• Coping with learners’ reactions

Educators had difficulty in coping with the mixed reactions displayed by learners during the sexuality education lessons. They acknowledged their lack of skills in dealing with the different reactions.

“We shout at them.”

“They haven’t reached that level of maturity. Your job is to now educate them. And to try to bring them to that level that you want them to.”

“But many of them have prior knowledge.”

“But there are some students that are still doing it and they will giggle and laugh and you have to explain to them.”

“Especially the very young ones.”

“You talk to the Grade 9 class, right, you talk to them about changes that are taking place like developing their breasts, growth of pubic hair, you see even _____ is laughing. But the point of the matter is these are the things we talk about.”

“Firstly there needs to be a certain level of maturity. You need to establish a relationship with your pupils to understand that you are taking them through a process and also requires a fair degree of skill. There are people who can do that very, very effectively where they can deliver a lesson without any child giggling or And I think that it’s a skill. You know the truth is not everybody can talk about everything that is why we said that teachers need to be trained.”

“You know I am teaching Grade 5 learners. I give out these new books. All of them were looking at this one particular page and they were having a ball of their time. Laughing and giggling. It was the one that showed the body parts.”

“I had to tell them that this is a part of growing up. Because they are age 11/12. I told them this is what is going to happen to your body. But it took time. They still enjoyed giggling and laughing but when it came to the section, they became serious and stopped their laughter.”

“And also children are maturing much earlier.”

“If we look, ten fifteen years back girls were menstruating at age thirteen, now they begin as early as ten. So by the time they get to Grade 8 and 9 they are quite mature.”

- **Assessment of learners.**

Assessing the knowledge component of the SEP did not pose a problem for the educators. However they were not sure of how to assess the skills, attitudes and values components. The Department asked them not to assess the attitude component because it was difficult. These areas were pointed out as needing more attention. Educators requested more workshops, which focused specifically on the content of SEP, demonstrating how these aspects could be assessed. Educators were using teacher guides compiled by publishers to assist them in assessing the learners. They found these guides useful.

Knowledge:

“Testing.”

“Written tests.”

“We also focus on the content –what they have learnt in class.”

Skills, attitudes: “That is the point. You know that’s what I was going to talk about. How do we assess those points? We give them a poster to draw. We see that the topic is there, you know about violence and abuse, they will get a caption. We have an understanding but you don’t know who gave them that and attitude towards sexuality is something very difficult to assess.”

“That is why you find now in LO they have taken away the a from Skav. It’s just skills, knowledge and values. Because they said you cannot test attitudes.”

Values: “Well you know what you can do is you can give them case studies and you can test their reaction to a particular event. So the way they write, will tell you about their values and their reactions to it.”

“If you take an ordinary topic, if you take a subject like mathematics everything the child learns about mathematics happens at school when you take sexuality education you are already coming with some kind of...”

“Preconceived ideas.”

“... Jaaa. I mean you're already coming with certain attitudes because of what you experienced This is what they experienced from the time of growing up, growing up in an environment When you test, a child will give you the kind of answers that you expect them to give you according to the kind of discussions you have, but the values is not only influenced in schools, it is influenced by their own experiences. That's the reason no matter how much we speak to our children about sexuality no matter how much we speak to them about teenage pregnancy, what happens when they go outside is the reality. We can't fool ourselves into believing because the proof of the pudding is in the eating. If we talk to our children about contraception tell them that contraceptives are freely available at clinics and then you ask them but why are our girls still getting pregnant. What is it you don't know about contraceptives, we've spoken to you about it. The child will tell you openly, ‘ Sir, you don't eat a sweet with the wrappings.’ So where do they pick up these things? It's from the areas they come.”

“Their home background.”

“And so you know we only assist in this programme. Really the home needs to play a part. The religious institutions need to play a part in it. All NGOs need to play a part. Everywhere you go they need to spread the word because of the situational kind of the problem.”

Areas needing more attention.

“It’s difficult to assess the values because the values are not only influenced by the schools.”

“It’s difficult to also assess skills because each one comes with their own idea of what life should be like.”

“I don’t think there’s an incorrect answer.”

Guidance received in assessing skavs of learners with respect to SEP

“The workshop.”

“The workshop wasn’t very...”

“At the workshop they don’t discuss sexuality education. They do assessment in general. So they are not giving specific topics.”

“No content.”

“No workshops that we go to except the HIV/AIDS workshop. And that is outside the LO frame. But if you go to a workshop, I haven’t been to a workshop where they covered this specific. They have covered it under the learning outcomes, right that’s the only time. What has helped you know is the books that have been published. If you look at the teacher guide, those books are very helpful. You know I looked at the Clever series. They have some novel ideas on how we can assess.

• Contact time

The SEP was taught during the time set aside for LO, but there was no specific time allocated to the teaching of sexuality education. There was concern over the time for LO being reduced which would effectively reduce the time spent on SEP. The point that

educators made was that if a specific syllabus was given for SEP then the time could be distributed accordingly to teach SEP. Hence they were unable to comment on whether the current timeframe was sufficient or not.

“There’s no time allocated set aside specifically for sexuality education. Its supposed to be covered in parts of the time set aside for LO which in the secondary phase is two hours per week for the year.”

“We have to cover sexuality education in that time.”

“Well that’s the time limit set by the National.”

“We try to cover everything.”

“We follow the National Policy.”

“And from next year Grade 8 &9 the LO period will be dropped by one.”

“No. No. No. Then it will be four hours in a two-week cycle. Right now we have almost three hours per week because our periods are one hour. So next year it will be two hours fifteen minutes a week.”

“What we need to say about this and I think that’s the point that needs to be made is there’s no compulsion to teach sexuality education there’s no given err...”

“Timeframe.”

“... Syllabus, no given timeframe. It comes under a specific learning outcome. So you do what you can and therefore we say that if there is a directive that this is how much, how far you go, we will be able to determine if the timeframe is enough/sufficient. Right now they don’t define the aspects to be covered so we can’t say whether the time is sufficient.”

- **Teaching sexuality education as a separate subject.**

Educators regarded teaching SEP as a separate subject, as being dependent on the availability of specialist educators. Some doubts were still expressed about whether SEP should be taught at schools despite it being mandated by the Government.

“Well this depends on the kind of personnel we have. Do we have teachers that are comfortable to teach this particular subject?”

“In the high school there should be specialists. In the High School there should be a focus on it because I think right, we are putting so much of focus on that. You know when we were growing up; maybe we were deprived of essential information. But we lived in a much more pleasant society.”

“LO has four learning outcomes. I would think, if they took away learning outcome four and taught it separately (sports and recreation) then that would be better off, because if you redirecting the energy of the pupil and have a specialist in that field then it will help them.”

“We must start to look at where it needs to be placed. Who needs to do this, whether it needs to be done at school, whether it needs to be done by the community, because they come from different backgrounds? So I think there needs to be more broad based discussion on it but....”

“Its been mandated already by the department.”

“But I think its fine the way its presented because its more developmental and its not specifically focusing on that, its focusing on your health, how you take care of yourself, human rights, respecting yourself, respecting your body and when it is presented in that way it becomes you know a holistic approach.”

- **Parental involvement at school level.**

Educators were concerned that parents were not prepared to become involved at school level despite provisions being made for them. Some educators defended the parents by stating that parents had a lot of issues to deal with besides the education of their children, especially those that came from poverty stricken areas. Blame was apportioned to the changes occurring in society and parents' inability to handle these changes. They were unable to offer suggestions to get parents involved at school level because of the difficulties experienced.

"They are very reluctant."

"Nothing at all."

"Parents of learners in our school have a whole lot of other issues that they are grappling with and they have very little time to monitor the basic work of their children to support learners in their learning to support us in our teaching. So we don't enjoy very much cooperation from them."

"But when we do have a problem with the learner e.g. Pregnancy or with behaviour that is not too good we call the parent and we do have discussions, we monitor and we help them."

"I think that the parents are battling to cope with the changes that are occurring in society because when you call them in, they have major problems with the child as well and we don't know what to do. So the parents depend on the teacher to instill basic values. They say I am leaving it to you, you do whatever you can. And the reality is we

are teaching so many subjects, we don't have time to have a one on one discussion on any one aspect."

"Also our large numbers contribute to this."

"Our day is not enough for that."

Ways that parents can get involved.

"Mam, we have parent's day at school. If you see fifty parents that's very good."

"We also accommodated them by having meetings on Saturday afternoons but still we haven't been successful."

"Mam, there is very little support."

"No support."

"In fact we used to have our parents meeting on a weekday evening. And when we took a survey we found that they said they don't have transport that it is dangerous. So we decided to have it on Saturday afternoons."

"Even that is not good."

"Also if we look, lots of our parents are illiterate. Education is of no interest to them. So they don't think it's vital for them to be there for their child. Because they have major problems trying to survive from one day to the next. They expect us to do everything."

• Community involvement in the SEP at school level

There was a need for community involvement. Educators saw the NGOs as the ideal means of educating parents and hence indirectly impacting on their children. The problem experienced by this school was that the learners came from a large number of different communities, more especially the informal settlements and getting all involved

was a mammoth task. This was the reason for requesting NGO involvement. A two-way communication was imperative.

“NGOs and the Department can organise workshops with the community and representatives from each community, and those people can go back and empower the parents with knowledge and information, and they should have a properly structured monitoring mechanism to see that that knowledge and skills is being passed on to parents. Because it means that it will be passed on to their children and we will benefit from it as well.”

“And also we need to know that the students from our school don’t just come from one area. We have groups that come from _____, from _____, and _____. So how many communities do you approach? There are certain areas where there are more problems than other areas.”

“Like the informal settlements.”

“It is important for there to be a two way communication.”

- **Peer education.**

Educators found that guided peer education was effective. They used it in their HIV programme. However it was not used in others areas of the SEP. There was no continuity. The question arose as to which programme the school should focus on, academic, sporting or extra-curricular.

“If we are guiding them then it works.”

“The learners learn quite a bit from them.”

“They enjoy it.”

“It helps them to improve.”

“I think if they are not guided, then it’s basically they are on their own.”

“They pick up a lot from the media and pass it on to others.”

Structured peer education at school

“We did have a peer programme with the HIV/AIDS.”

“It worked well.”

“Learners went on a programme. They came back and cascaded the information to their peers. But not anymore.”

“Because it was on a topic that was exhausted. Also they eventually exit the system. And there’s no direct follow up, because what programme does the school really concentrate on? What do we enjoy support from? Is it academic programmes, sports programme, or the extra curricular activities?”

• Teacher/learner relationship

Educators were developing a good rapport with their learners. Learners were not afraid to bring their problem on sexuality to them. They even discussed non-related problems with them.

“... And the more they are confident in you they are freer to talk.”

“The LO teacher is the teacher who is dealing with life skills and he is also addressing the socioeconomic, human rights so whenever the child feels that their rights are being violated they come.”

“I have many of them coming to me.”

“So it’s not necessarily on sexuality problems.”

“They come and the bond is formed.”

“Whoever they comfortable with.”

- **Teacher characteristics**

All educators agreed that they needed to have certain characteristics in order to teach sexuality education effectively. They openly discussed their views.

“Educators themselves need to be comfortable with what they are teaching, because they come from a very closed society and these things have not been open-ended topics for them to feel free to talk about. Some teachers will tell you that it is difficult for them to address topics like that. Others believe that because of the level of maturity and that the way in which they see the learners they are able to talk to the learners.”

“They have to have maturity and be able to enjoy the confidence of the learners.”

“I think masturbation is one of the most sensitive topics in the programme. You cannot feel comfortable about talking to them about anything because you know your own background, your own prejudices they all influence you. It will come in your way.”

- **Guidance Counsellors**

Guidance counsellors were an important component of the SEP. They were essential to deal with the sexuality problems of learners. Their presence at schools would relieve educators of the added burden of attending to individual learners’ problems. Reference was made to guidance counsellors being previously employed at secondary schools. Now there was an even greater need for them even at primary school level. There was some

confusion about guidance counsellors delivering the SEP. Most agreed that they wanted them to deal with problems rather than deliver the programme.

“Oh it’s an absolute necessity.”

“Absolutely essential.

“Oh Gosh! That is something that is so vital in our schools.”

“We really, really need them.”

“We all forced to become guidance counsellors everyday of our lives at the expense of our normal teaching time because there’s such an important need to talk to the learners.

And it takes a lot of our time in guiding and talking and counselling.”

“In between our lessons.”

“We are doing that all the time.”

“All the time.”

“If we are suggesting that we need guidance counsellors to deliver our programme, then we have to apply our minds a little more to it because now the way things are and especially with the pandemic that we are experiencing, every teacher should in their training, as part of their training be made to do this as a course. So you have a broader base capacity at school to deal with all the problems in the classroom. Because I don’t believe that a single guidance counsellor will serve one thousand two hundred learners.”

“No. That’s why we said two.”

“We can refer learners to them because we don’t have all the time.”

“But this used to pertain at the secondary school. Right now we’ve also got the problem at the primary school. What do we do in the primary school?

More than that we need them, as well as our remedial education teacher, physical education teacher and teacher librarian.”

4.4. Learners’ biographical details

- All learners were from Grade Ten.
- Age: 15 – 16yrs.
- Gender: Male – 5; Females - 6.
- Race group: Indians – 7; Blacks - 4.
- No. of years exposed to SEP: 4yrs.
- The written narratives came from learners in two secondary schools.
- The focus group consisted of learners from one secondary school.

4.5.1. Learners’ written narratives

Learners were asked to write about their experiences of being taught about sexuality education in the Life Orientation learning area. They were told that it would be used in the evaluation of the sexuality education programme being taught in the Life Orientation learning area. The written narratives of ten Grade Ten learners were used in the study.

Learner One

I think that it is a good idea for sexuality education to be part of Life Orientation. It is much needed because of the many problems we face these days. It is hard for children and teenagers to talk about this or confront anyone as they don't know who to turn to. Sometimes, they don't even feel safe speaking to their parents. That is why sexuality education should be part of our lesson.

At school, our teachers are like our best friends, as they teach us about all these things and encourage us to be better people. That's why it is easy for us to talk to them about sex & sexuality.

Learner Two

I am a Grade 10 learner at _____ Secondary School. As part of the new F.E.T system Life Orientation is made compulsory. You have mentioned that the department of education has implemented a sexuality education programme as part of Life Orientation and have asked to assist in evaluating the programme by participating in a research project. I am writing in regards of that.

My experiences towards sexuality education at school is very positive. I feel that it being part of Life Orientation is necessary as we are able to learn more and make wiser and good decisions. We are able to learn about relationships and intimacy. We enjoy the

lesson as we learn many new things and are able to communicate and ask questions to the teacher.

I feel that learning about sexuality education is really important and necessary and if it was done earlier we would not have as many problems with teenage pregnancy and HIV/AIDS as we are facing today.

Learner Three

I think it's a good and obvious reason to teach sexuality education in every school. Every pupil and student has to be taught sexual education because some of them don't really care or worry about *their sexual life or what is really happening in it*.

Each person needs to know what their relationship with their partner really is about. If what their doing with their partner is the complete right thing or not.

Every pupil in a school needs to be educated about their sexual life.

I experience about more knowledge of sex and sexual education than what I have known before.

Learner Four

My experience has been very intriguing. Sexuality education doesn't only involve the sex part, it also involves learning how the human body functions. Through this learning programme I am more aware of my sexuality and my body. It has broaden my knowledge about the things that are right for me and the things I should not being doing. I have also

learnt how to behave like a proper teenage girl and that respecting my body is the most important thing. The next important thing I've learnt is that having sex at the age of 15 is impulsive. But many teenagers do have sex at that age, nobody can stop them, its their decision. But if they are having sex then they should at least wear a condom, because AIDS is one of the biggest killers in the world.

Learner Five

My experience of learning sexuality education in school is remarkably brilliant. We learn lots of new things daily because sex is the most common "WORD" amongst our youth of today. Sexuality education is teaching, us the youth that sex is not all in the world that we are living in. Sexuality education teaches boys and girls who are sexually active that they must wear a "condom" whenever they are having sex. When we talk about sexuality education, there are many words that can describe this education. Learning about sexuality education is empowering today's youth about STD'S. Although SEX is a three letter word, learning about it is a "beautiful thing" but today's youth turns it into a "dangerous thing".

Learner Six

Learning about sexuality education in the subject LO. What I can say is that my TEACHER is very open with us and able to answer our questions. I have learn't a bit of what I didn't know such as safe sex and unsafe sex and diseases we can be infected of,

what I think this subject must be taught to the future generations. It makes teenager to make good decisions in life that why it must be taught.

Learner Seven

I think learning about sexuality in school is a great thing to learn about, because we seem to do things that we will regret the following morning. Learning about sex helps a lot of people not only children but also our parent's because there are still things that our parent's don't know about. Eg S.T.D and H.I.V and AiD'S. many people engage in sexual intercourse while they don't know the benefit of it at all. In the life orientation programme we get to learn about many things that include us as teenager's, who are growing up and looking up in their future. But there is only one night where you lose your future and not only that you lose your future but your life, because you made it last night not realizing that the next morning you are H.I.V. positive and you are carrying unexpected pregnancy. As much as I want to know more about sex and its benefit, and I really want to have more knowledge about sex and learn to live my life properly. And I hope it's continue's teaching us about H.I.V and AiD'S because there is some message that some people need to know about life and to live their life's Responsible.

Learner Eight

I've learnt a lot about sexuality education in LO because they say what we do outside that they don't about it. LO is being very openly with us. LO sexuality was a good subject to taught us a lot to let us learn more sexuality in life and being so enthusiastic about being

thought about sex, to prevent lot of diseases to not get through us as youngsters and elders. I think my teacher has taught good and very positively about sexuality. When I had a girlfriend, she was older than me, we met in party, she told me to have sex with her. We were not wearing a condom I didn't know what I was thinking and the other morning I was so tired and scarie. So I told my friend to come with me to the clinic and I had a hiv test my results were negative status. So when my teacher taught us about sexuality LO I was so openly to know much about sex.

Learner Nine

My learning experience of sexuality education in L.O has been superb. I never used to worry about educating myself about sex. I thought that sex was just opening your clothes and having sexual intercourse for satisfaction but I was completely wrong because sex has a whole lot of other meanings. I never knew about the diseases and dangers of having sex whilst you are still young.

HIV/AIDS, Gonorrhea, Colliflower and Pubic Lice, what in Gods name are all these? I never really bothered to ask anyone for the meanings of these words. Luckily my L.O teacher Mrs _____ told me and I got to know what these words meant. I figured out that these are all sexually transmitted diseases that cannot be cured. I also never knew about the dangers of not using a condom.

I always thought that a person could only fall pregnant when I grow older or when you get married. I didn't know that I could fall pregnant when I am a teenager. My mam

alerted us on teenage pregnancy and I was shocked about how little I knew about sexuality education. Thank God I heard about all this before it was too late.

Learner Ten

Sexuality education when taught to my class was more or less uninteresting. The teacher who was teaching us at the time probably did not know how much we really knew about the various topics of sex. Therefore she started with basic lessons and information about sex. This to me and the rest of the learners was a waste of time as we already knew these things and that's where everything went downhill. In a sense that every LO lesson in our minds became a "free" period and no pupil took interest in what the teacher taught anymore. As I said, there was the continuous teaching of the same things and I found it very boring and not useful to us the youth in any way.

Learner Eleven

I feel that it is something very good. It will help children to learn about something that is very important. The pupils at school need to know the dangers of having a sexual intercourse at a very early age and where it will leave them. If a girl or boy really love each other they should not have sex at an early age. If they boy really loves a girl he will learn and know to protect her and that is by not having sex until they are married. All girls and boys should have one sexual partner. By having one partner they cannot contract with any disease. Before one could have sex they should take an hiv test to make sure that

they are safe. Both partners should take the test. When or if they are having an intercourse it is very important to have protection.

4.5.2. Emergent themes from learners' written narratives

- **Reasons for an SEP**

Learners felt that there was a need for SEP because it provided them with information about their sexuality.

L1: It is much needed because of the many problems we face these days.

L8: Every pupil and student has to be taught sexual education because some of them don't really care or worry about their sexual life or what is really happening in it.

- **Attitudes to SEP**

Most of the learners had a positive attitude towards the teaching of SEP. Some learners were bored because of the repetition of content.

L3: I think it's a good and obvious reason to teach sexuality education in every school.

L5: Although SEX is a three letter word, learning about it is a "beautiful thing" but today's youth turns it into a "dangerous thing".

L8: ... I was so openly to know much about sex.

L10: There was the continuous teaching of the same things and I found it very boring and not useful to us the youth in any way.

- **Perceptions of SEP**

Learners perceived SEP in a positive light, which was evident in their experiences of SEP.

L1: I think that it is a good idea for sexuality education to be part of Life Orientation.

L2: My experiences towards sexuality education at school is very positive.

L4: My experience has been very intriguing.

L5: My experience of learning sexuality education in school is remarkably brilliant.

L6: I think this subject must be taught to the future generations.

L7: I think learning about sexuality in school is a great thing...

L8: I've learnt a lot about sexuality education in LO...

L9: My learning experience of sexuality education in L.O has been superb.

L10: Sexuality education when taught to my class was more or less uninteresting.

L11: I feel that it is something very good.

- **Behaviour**

SEP helped to change some learners' behaviours, while others continued to be irresponsible. Some showed apathy to the SEP lessons.

L4: I have also learnt how to behave like a proper teenage girl and that respecting my body is the most important thing.

L7: Many people engage in sexual intercourse while they don't know the benefit of it at all.

L10: In a sense that every LO lesson in our minds became a "free" period and no pupil took interest in what the teacher taught anymore.

- **Content and knowledge component of SEP**

The SEP content included relationships and intimacy, STDs and HIV/AIDS.

L2: We are able to learn about relationships and intimacy.

L6: I have learn't a bit of what I didn't know such as safe sex and unsafe sex and diseases we can be infected of.

L7: E.g. S.T.D and H.I.V and AiD'S

L8: ... to prevent lot of diseases to not get through us as youngsters and elders.

- **Attitudes/relationship with teachers**

Most learners had a good relationship with their SEP educator.

L1: At school, our teachers are like our best friends, as they teach us about all these things and encourage us to be better people.

L8: I think my teacher has taught good and very positively about sexuality.

- **Communication**

Parents

Learners were finding it difficult to talk to their parents about sexuality.

L1: It is hard for children and teenagers to talk about this or confront anyone as they don't know who to turn to. Sometimes, they don't even feel safe speaking to their parents.

Teachers

Learners communicated better with their educators about sexuality.

L1: That's why it is easy for us to talk to them about sex & sexuality.

L2: We enjoy the lesson as we learn many new things and are able to communicate and ask questions to the teacher.

L6: What I can say is that my TEACHER is very open with us and able to answer our questions.

L9: My mam alerted us on teenage pregnancy ...

L10: The teacher who was teaching us at the time probably did not know how much we really knew about the various topics of sex. Therefore she started with basic lessons and information about sex.

- **Decision making/responsibilities**

There was an awareness of sexual relationships and safe/unsafe sex. However some learners were not very good at making responsible decisions.

L3: Each person needs to know what their relationship with their partner really is about.

If what they're doing with their partner is the complete right thing or not.

L4: But many teenagers do have sex at that age, nobody can stop them, it's their decision.

But if they are having sex then they should at least wear a condom, because AIDS is one of the biggest killers in the world.

L5: Sexuality education teaches boys and girls who are sexually active that they must wear a "condom" whenever they are having sex.

L8: When I had a girlfriend, she was older than me, we met in a party, she told me to have sex with her. We were not wearing a condom I didn't know what I was thinking...

L11: When or if they are having an intercourse it is very important to have protection.

- **Most talked about topic**

Sex was commonly talked about by the youth.

L5: ... sex is the most common “WORD” amongst our youth of today.

- **Peer support**

In times of need friends were used as support structures.

L8: So I told my friend to come with me to the clinic...

- **HIV and testing**

Learners were knowledgeable about HIV and testing.

L7: But there is only one night were you lose your future and not only that you lose your future but your life, because you made it last night not realizing that the next morning you are H.I.V. positive

L8: I had a hiv test my results were negative status.

L11: Before one could have sex they should take an hiv test to make sure that they are safe.

- **Ignorance and myths**

Learners were coming to terms with their ignorance and myths about sexuality.

L9: I thought that sex was just opening your clothes and having sexual intercourse for satisfaction I always thought that a person could only fall pregnant when I grow older or when you get married. I didn't know that I could fall pregnant when I am a teenager.

- **Abstinence**

Some learners believed in abstinence from sex until marriage.

L11: If a girl or boy really love each other they should not have sex at an early age. If they boy really loves a girl he will learn and know to protect her and that is by not having sex until they are married.

- **Needs**

There was a need for more information on sexuality education especially the consequences of early sexual intercourse.

L7: I really want to have more knowledge about sex and learn to live my life properly.

L11: The pupils at school need to know the dangers of having a sexual intercourse at a very early age and where it will leave them.

- **Effect/impact of SEP on learners.**

Learners stated that the SEP was having a positive impact on their lives.

L2: I feel that it being part of Life Orientation is necessary as we are able to learn more and make wiser and good decisions.

L3: I experience about more knowledge of sex and sexual education than what I have known before.

L4: Through this learning programme I am more aware of my sexuality and my body. It has broaden my knowledge about the things that are right for me and the things I should not being doing.

L5: Sexuality education is teaching, us the youth that sex is not all in the world that we are living in. Learning about sexuality education is empowering today's youth about STD'S

L6: It makes teenager to make good dicisions in life that why it must be taught.

L7: Learning about sex helps a lot of people not only children but also our parent's...

L9: HIV/AIDS, Gonorrhea, Colliflower and Pubic Lice, what in Gods name are all these?

I never really bothered to ask anyone for the meanings of these words. Luckily my L.O teacher Mrs _____ told me and I got to know what these words meant.

L11: It will help children to learn about something that is very important.

4.5.3. Emergent themes from learner focus group interview

- **Content**

The topics taught revolved around HIV/AIDS, STDs, safe/unsafe sex, pregnancies.

Topics taught

"At school we learnt that boys and girls who are engaging in sexual activities they must wear a condom at all times."

"We learnt that sharing needles with a positive person can give AIDS."

"Mam I learnt about more diseases."

"Mam STDs and HIV/AIDS."

"We also learnt that there are many words to describe sexuality education."

"Unexpected pregnancies."

"Abstinence from sex."

Topics to be included

With regards to HIV, learners wanted to know more about what happened after the virus entered the body. They wanted to hear from people infected with HIV.

“What the HIV does inside our bodies?”

“People who suffer from HIV/AIDS. I would like to learn a little bit more about other people’s opinions.”

“It will grow my knowledge and I’ll know how other people think.”

• Resources

There was a lack of textbooks and resources, though available, were not easily accessible.

Types of resources used

“Mam the teacher.”

“My parents.”

“ Research books.”

“The internet.”

“Hospitals and clinics.”

“Doctor’s surgeries.”

Accessibility of resources

“I think its kind of hard to get information but from parents and teachers it is OK but from the internet it is difficult.”

“Some of us don’t have computers.”

“Some people have to walk far to the library.”

“Some people don’t know how to use the computer.”

“We don’t have access to a lot of information.”

Accessibility to school library for magazines and books.

“Whenever it is open.”

“Sometimes the library is open during lunch breaks other times it is closed – so it is not very easily accessible.”

Resources needed

Learners wanted their own textbooks and magazines like Soul City to refer to. They requested for social workers and health care workers to visit schools.

“Textbooks.”

“Soul City magazines.”

“Social workers can come and tell us more about sexuality.”

“Health workers can also come.”

• Teacher characteristics

Learners’ view of their teacher

Learners showed admiration for their SEP teacher.

“She is there for us and she talks to us.”

“She keeps our revelations confidential.”

“She doesn’t scold us, mam.”

“She is open.”

“She is strict.”

The characteristics an SEP teacher should have.

Learners were very specific about what kind of characteristics an SEP teacher should have.

“First of all be strict.”

“Not be judgemental.”

“Loving.”

“Caring.”

“Trustworthy.”

“Be available when needed.”

“A person who you can confide in.”

• Methods used to teach SEP

Although educators used a variety of methods, learners wanted other methods to be included as well. There was a need for lessons to be active, fun and enjoyable.

Methods used by the teacher

“She talks very loudly so that all of us can hear.”

“She does demonstrations.eg. she taught us how to use the condom by using a broomstick.”

“Brainstorming.”

“Debates.”

“She gets different views from everyone in the class.”

“She asks many questions about sexuality as well as HIV/AIDS.”

“If she gives us worksheets it would be like for tests or assessments.”

“She writes notes on the board. We copy it down.”

Methods that learners would like to be used.

“Use case studies.”

“Use a textbook.”

“I would like the lesson to be active.”

“Make the lessons fun and enjoyable.”

“Take us outside the classroom and let us stand in circles and make us do things.”

“She could have used jokes.”

“Could have interclass competitions and quizzes.”

- **Teacher gender**

Initially there was mixed feelings about the gender of the SEP educator, but when a consensus was taken majority preferred a female educator.

“I am happy if it is a male or female teacher as long as she gives us equal treatment.”

“I think the sexuality education teacher should be female because they can interact with us openly.”

“I think there should be a female teacher for the girls and a male teacher for the boys so that you will feel more comfortable when you talk.”

- **Teacher/learner relationship**

There was a cordial relationship between the learners and their SEP educator.

“She is friendly with us.”

“She is very close to us.”

“She is like a mother to us.”

“We feel comfortable talking to her.”

“She listens to our problems.”

“She gives us her time.”

“She doesn’t judge us.”

“She doesn’t discriminate us.”

“She is very sociable.”

Handling discipline in the SEP lessons

The SEP educator handled discipline in a diplomatic manner, which was acceptable by the learners.

“She is very strict.”

“She takes the person outside and talks to them.”

“She doesn’t embarrass them in front of the class.”

“She asks them to leave the class if they disturb the lesson.”

“She gives us detention during breaks.”

“Not all the time. Generally discipline is good in the class.”

• Attitude to SEP

Learners displayed a positive attitude towards SEP.

“I am happy. We learnt many things about sexuality.”

“We got more knowledge about the things that happen around us.”

“We got more knowledge about sexuality.”

“It is OK.”

- **Skills learnt in SEP**

Skills were taught in SEP but most learners said that they did not know how to apply these skills when confronted with sexuality issues. They wanted to learn how to practically apply the skills.

Skills learnt

“To abstain from sex.”

“We learnt that when a boy is coming onto us we must say no.”

“We learnt about what happens when you engage in sexual activities.”

“Have learnt that it is important to act safely.”

“If we say no, we mustn’t laugh and giggle and say no.”

Skills learners want to learn about

“We want to learn how to say no when a boy asks a girl to have sex.”

“We need to learn how to be confident.”

“Proper communication with the boy.”

- **Learners’ behaviours/reactions**

Learners mostly reacted in immature ways because of their own inadequacies. There was a need to help these learners understand their inadequacies by talking to them and getting others, like social workers to help them.

Reactions

“Some are childish , some are serious.”

“Embarrassed.”

“Some feel shy to talk.”

“Some of them speak openly.”

“Self conscious.”

“Some of them think sexuality education is a big joke.”

“Some are mature and some are not mature enough.”

“They laugh and giggle.”

“They make funny comments.”

Reasons for reactions

“Maybe they thought they are immature and are still children but at the moment their age is quite high.”

“Maybe they are going through problems themselves.”

“I think they are playful.”

“They don’t want to face reality.”

“Mam, because their parents don’t talk to them about important stuff.”

The best way to handle such learners

“Make them understand the situation.”

“Sit down and talk to them.”

“Hand books to them. Let them read it.”

“Maybe the teacher should ignore them.”

“Call a social worker to speak to them.”

Behaviours

Learners were aware that they needed to take responsibility for their behaviours. They were able to state the consequences of irresponsible sexual behaviour.

“ We must learn to be responsible for our behaviour.”

“I don’t think they should engage in sexual activity because they are still children. They need to enjoy their childhood. Only when the time is right ask to be married.”

“If we have sex we can be safe by using a condom.”

The consequences of irresponsible behaviour

“We can become pregnant.”

“Result in rape.”

“The boys can get gonorrhea.

“Can get STDs.”

“Can get HIV/Aids.”

“Results in death.”

• Learner’s gender

While most learners felt okay to be taught in a combined class others felt uncomfortable.

Being in a combined class

“Its ok.”

“Mam I also agree.”

“Mam, I feel very uncomfortable.”

“I think its great because boys learn about girl’s things and girls learn about boy’s things.

We learn more.”

- **SEP to be taught as part of LO or as a separate subject**

After much debating learners felt the SEP should be part of LO as most of the lifeskills were taught there. However they wanted the LO periods to be extended so that more time could be spent on teaching SEP. Not enough time was spent on sexuality education during LO.

“As a separate subject.”

Others: “No?”

“Because we have more time and we can learn more.”

“But don’t you think sexuality education forms part of LO.”

“Jaaa. Yes its part but I would like to learn a little bit more .You do learn about sexuality in LO. But you don’t spend the whole period in LO learning about sexuality. That is why a separate period would be fine.”

“If you have a separate period you would extend the LO period.”

“Exactly.”

“I agree with that.”

“If we have more LO periods we will have more time for sexuality education and other activities.”

“If it is a separate subject we will stay longer in school. It will increase the time we are in school.”

“It means our days will be long and our Mondays we finish late.”

“We rather have the LO periods extended than have sexuality education as a separate subject.”

“Yes.”

- **Ideal person to help with sexuality related problems**

Many possibilities were postulated but the final consensus was the LO teacher.

“The LO teacher.”

“Maybe a counsellor.”

“My friend.”

“If he is a true friend.”

“He won’t have sufficient knowledge but he might be able to help.”

“Maybe a person in a higher grade.”

“Or an older person.”

- **Parental involvement**

All said that there was no involvement of parents at school level. They were keen on parents coming to school to have discussions with the educators. There was a suggestion that knowledgeable parents could volunteer to give talks to learners at school.

Ways for parents to get involved

“They can try and talk to us.”

“Some people don’t like their parents to be involved because they are shy to talk.”

“Maybe they can come to schools and talk to our teachers.”

“Maybe they can have discussions at school.”

“They can have a parents meeting.”

“Can introduce a day when parents are allowed to come to school.”

“Send letters to parents so that they know that they are allowed to come to school.”

“Those parents that know a lot about sexuality education can talk to the children in school.”

“Parents can come on different days if there are many that want to talk.”

4.6. Discussion

The purpose of this study was to evaluate the SEP currently being implemented in South African schools by investigating whether the needs of learners and educators were being met. The findings made will be discussed in the light of the literature reviewed.

The sexuality education curriculum

There are many types of sexuality programmes being implemented in schools worldwide. South Africa has implemented a comprehensive sexuality education programme with a vast range of topics as evidenced in the findings. According to the National Policy Guidelines (Department of Education, 2002) educators had to impart age-appropriate information to the learners. Broad guidelines were given which despite being useful, left the educators floundering and not knowing exactly what to teach in each grade. Educators were not provided with a core syllabus to work from.

As a result they instinctively chosen topics according to their perceptions of what learners in their area needed regardless of what learners actually required. There was thus a need for the provision of a structured curriculum outlining the requirements for each grade.

Certain topics needed to be taught earlier in order to have a positive impact on the learners, especially condom use in Grades 7 and 8 rather than Grade 10 and the menstrual cycle as it was reported that boys and girls were reaching puberty at a much younger age. Learners in secondary schools were becoming bored with hearing about the prevention and consequences of HIV/AIDS as it was overly stressed in the primary school years. They were curious as to what the virus did in the body, the various stages of AIDS as well as how to take care of AIDS sufferers. They preferred to hear talks from AIDS victims so that they could get a better understanding of the disease.

Educators also felt that it was not their place to teach certain topics like masturbation and same sex relationships as it was contradictory to what parents wanted. These topics are very sensitive as they have religious/cultural implications. Thought needs to be given on how to address this issue. Perhaps the Education Department can liaise with the Health Department. Health professionals going into schools to educate learners on these issues may be better received by parents, but this idea still needs investigation.

Policies on sexuality education

Programme policies serve as guidelines to the facilitators on how the programme should be implemented. Every country that is teaching sexuality education in their schools has developed policies in line with the requirements of their citizens. Some countries (Netherlands, Sweden, and Scotland) have well-developed policies that have been refined over the years. These countries have instituted proper monitoring and evaluation

mechanisms to help them keep track of the programme's effectiveness. However other countries (Nigeria, China, India) are still in the early stages of refining their policies. South Africa appears to fall in the second group. The province of KwaZulu-Natal is sadly lacking in the area of monitoring and evaluating the programme, a crucial aspect in the success of any programme. Educators in this study felt that although the policy was useful it needed to be reviewed and updated in line with learners' and educators' needs. They also complained that department officials rarely visited their schools to examine what was being done in respect of sexuality education. They lacked confidence in the current officials who they felt were not equipped to deal with their problems.

Each school operates in its own unique environment. Adopting National Guidelines in their entirety would be futile, as these unique characteristics are not taken into consideration when drawing up such policies. Hence it is the school's prerogative to draw up their own school policy on sexuality using the National Policy as a guideline. The school should be responsible in involving all stakeholders in the process to ensure that the needs of the learners and educators are being met. Again it must be emphasised that a monitoring and evaluation system must be in place to ensure the programme's success. The school in this study had an HIV/AIDS policy but none on sexuality education. It was suggested that the school could incorporate this policy into their sexuality education policy.

Time spent on the programme.

Matthews (1995) found that learners liked sexuality education to be taught during stipulated times/periods. There was also a need for a cumulative curriculum in which enough time for discussions was allowed. As early as 1992, Seydel found that sexuality education should not be taught in isolation, but rather as part of a general lifeskills programme which should be incorporated into the school curriculum. This study found that currently the same feelings prevailed amongst learners and educators. Educators felt that greater justice would be done to the teaching of sexuality if specific time was allocated in the LO period for the teaching of sexuality. The current time allocation was not specified, as a result topics on sexuality were taught as and when the need arose. Learners themselves felt that too little time was spent on sexuality education and that they would benefit greatly if the LO periods were increased with more time allocated for the teaching of sexuality education.

Teacher Training

The ultimate goal of teacher training for sexuality education is to improve students' knowledge, attitudes, and behaviours on it, but effective training of teachers first has to have an impact on the teachers themselves, helping them to examine their own attitudes towards sexuality, understand the content they are teaching, learn participatory skills, and gain confidence to discuss sensitive and controversial topics.

The kind of preparation, training, and support teachers receive are crucial to a school based sexuality education programme. In an era of HIV/AIDS pandemic, teachers play a critical role of being the source of accurate information and a person with whom young people can raise sensitive and complicated issues about sexuality. And as the HIV/AIDS pandemic spreads, the need becomes more urgent for teachers to discuss AIDS in the context of human development, sexuality and pregnancy prevention. Teachers also need to know how to protect their own health and the importance of not putting any of their students at risk through their own behaviours. As trusted custodians of information, teachers can be instrumental to imparting knowledge and skills to young people.

Teachers can function as role models, advocates for healthy school environments, guides for students in need of services, resources for accurate information, mentors and effective instructors (Adenipekun, 2006).

In a teacher training programme in China it was found that when the course came to the part where names of sexual organs had to be frequently mentioned, the teachers were almost petrified with embarrassment, despite the trainer's efforts to create a comfortable atmosphere. A female teacher left training after the first lecture. Hence it was important for the mental barriers of teachers to be broken down before they could pass on sex knowledge to students (Ling, 2005). Teachers should be sensitised and trained to handle such cases without embarrassment, negative attitude and uncomfortable feelings (Chauhan, 2006).

In Australia ongoing professional development is provided so that teachers are skilled and confident in teaching a comprehensive health programme in partnership with local health professionals (Misfud, 2000).

Unfortunately the teachers in this study felt that the promises made by the Department of Education in respect of teacher training were not being fulfilled. When the programme was initiated a five-day workshop was held. According to the educators these workshops merely cascaded information contained in the policy documents. It did not prepare them to actually teach sexuality education in the classroom. Relying on their general teacher training was not sufficient and this was very frustrating for them. No follow up training workshops were held and no assistance was given at school level. Educators were in need of intensive training programmes in the form of workshops, seminars and in-service training. They were concerned about their lack of skills in handling learners' mixed reactions, and in assessing the skills, attitudes and values of learners. They were also worried about the effect of their own prejudices and stereotypes on learners and overcoming the barriers to teaching/learning, especially the cultural/religious aspects.

Investigations have shown that teacher-training institutions are currently including sexuality education in their teacher training programmes. Recently qualified teachers however are not given the task of teaching sexuality education as most of them are either employed as temporary or governing body paid teachers. The Department needs to look at the possibility of recruiting these teachers to teach sexuality education in schools lacking trained sexuality educators. There was a need for LO/SEP specialist educators at

secondary schools. This would help to overcome the problem of allocating the teaching of LO/SEP to untrained teachers. It would also help the school's management team in drawing up their timetables which is dependent on specialist teachers. Since LO is going to be included as a compulsory subject up to Grade 12 this option should be seriously looked at.

Teaching methods

Learners were not happy with the traditional teaching methods, like the "chalk and talk" method and lectures (Bailie, 1991). Interactive teaching methods are vital in sexuality education. They help students reexamine their values and change their behaviors by allowing them to try out new ones in a safe environment. Students also learn facts more effectively this way, through thinking and analysis. However, these methods require practice to master. They demand that the teacher take an active role in guiding the students toward information, as well as helping them to think critically about their opinions and attitudes. Inexperienced teachers often have trouble using the new methods at first (Lkhagvasuren, 2006).

In this study learners indicated that they preferred creative/interesting teaching methods like role-plays, dramatisation, debates and other interactive methods. Educators were offering these methods but it was not enough for learners. Especially in the field of sexuality education, they wanted the lessons to be fun and enjoyable interspersed with jokes. It can be concluded that educators were keeping a straight face and being strict to the point of taking out the fun element in teaching. This was probably taking place

because of their lack of training. They suggested that teachers could take them out of the class for certain lessons to break the monotony and routine of sitting in a class, guest speakers could be invited and they welcomed the viewing of videos and DVDs.

Teacher characteristics

Matthews (1995), found that learners felt that adequate training, openness and neutrality were important characteristics in a sexuality education specialist. They needed the teacher to work from a holistic perspective, thereby putting sexuality education in a natural context.

In this study learners specified the characteristics they would like the SEP educator to have. These were in line with what Van Rooyen (1997) listed. Learners found that their educators did possess most of the required qualities. Knowing the learners' needs, schools and the Department of Education can screen teachers before allocating them the teaching of SEP. This would enable learners to have more confidence in their educators. Their level of comfort would increase and it would help to alleviate some of the discipline problems untrained teachers have to handle in the SEP lessons. These educators would be better able to handle the mixed reactions of learners and help them deal with their associated inadequacies, which is a current problem in schools.

Provision of guidance counsellors.

The study indicated the dire need for guidance counsellors in both the primary and secondary phase. Teachers were inundated with calls from learners for help with their personal problems, the majority of which were sexuality related. Educators reported that their workload prevented them from doing justice to these learners, although they tried their best. The presence of a guidance counsellor would relieve them of this added burden. Furthermore the guidance counsellor could be used as the liaison officer between the school and the other stakeholders. He/she could coordinate sexuality-related activities like peer education/counselling, inviting guest speakers on sexuality education/HIV/AIDS and monitoring/evaluating the SEP.

Resources

Schools in other countries (Netherlands, England, and Australia) ensured that both learners and educators were provided with the necessary resources for sexuality education. Resources were vital to the success of any programme. Australian schools were using a resource kit for secondary students called **Catching On**. The kit comprised teaching and learning materials designed for students in years 9 & 10; an information booklet for student research and teacher reference and a professional development video for use with teachers and parents. The kit had been designed to support schools in the provision of a comprehensive programme that considered these issues in a health promoting framework that examined the social and cultural context of sexuality and safe

sex issues and was part of the Department's ongoing commitment to HIV/AIDS education (Misfud, 2000).

Likewise in South Africa the Department of Education and NGOs made various resources available. Educators had easy access to these resources but they still had a need for other resources like the model of the human body and DVDs on sexuality education, which they felt, would impact positively on their learners. On the other hand learners were not provided with their own textbooks and they found that other resources were not easily accessible. Their major complaint was that their school libraries were not functional – an area to be investigated. More money should be invested in ensuring that learners were provided with the basic textbook.

Life skills

Life skills is a blanket term encompassing a range of interventions including classroom training and peer counseling. Life skills training emphasizes the need to give adolescents the knowledge they need to protect themselves against a variety of threats facing them as they approach maturity. These include knowledge of how to prevent sexually transmitted infections, particularly HIV/AIDS. They also include skills needed to guard against the dangers of substance abuse and smoking, as well as the risks of being trafficked or otherwise sexually exploited. Finally, life skills training strengthens adolescents' capacity to cope with the threat of depression, suicide, and pregnancy outside of marriage (Francais, 2004).

The development of life-skills programmes was one of the initiatives in Dutch schoolwork on health promotion. Life-skills approach in health education is based on various theoretical perspectives, which justify the development of crucial life-skills that promote healthy development and minimise harm and risk. Skills development, informational content, and interactive teaching methodologies are the key elements of any life-skills programme. With reference to SE programmes, research supported the development of social skills (communication, assertiveness, peer refusal, and negotiation), as findings indicated that young people's shortage in these skills were significantly correlated to the negative outcomes of adolescent sexual activity, such as unwanted pregnancy and STIs. Moreover, in the educational area of sexual and reproductive health and interpersonal relationships, life-skills development could be applied to many informational contents, like friendship and dating, social influences (including the media), information on contraception, gender stereotypes, gender (in) equality, as well as seeking help and locating services (Netherlands, 2003).

In this study both learners and educators felt that SEP was correctly placed within the LO learning area as all the relevant skills were taught there. However it was found that educators were not sufficiently trained to impart the necessary lifeskills to the learners. Learners were given the information but did not know to practically utilise the skills in their everyday life. A common example was that they knew they had to say "No" if they did not want to engage in sexual activity with their partner but they did not know how to say it effectively, as a result they were often overpowered by their partners resulting in

unwanted pregnancies. Being able to assert oneself and say “no” is important for girls as well as boys. It is particularly important for girls to be able to resist boys’ sexual demands and it is important that boys learn to respect girls’ wishes, and resist demeaning and hurtful peer pressure put on them to be sexually active (Vergnani & Frank, 1998).

Myths and ignorance

This study has shown that the SEP is successfully dispelling many of the myths and ignorance about sexuality related issues. However it is disturbing to note that one particular area is resistant to the SEP, namely condom use. Learners are fully aware of the consequences of having unprotected sex, but they justify their irresponsible behaviour by attributing blame to their elders who have passed on the myth that sex cannot be enjoyed with a condom. This has resulted in many teenage pregnancies at schools. It has become absolutely necessary to look at ways to deal with this myth that condoms prevent enjoyable sex. Both the school and parents are failing in this aspect; hence alternative strategies need to be investigated.

Relationships

Pupils learn above all from the personal relationships and attitudes they experience in their whole life in the school, in every part of the curriculum and in every activity.

The essential building blocks of good relationships are the ability to assert oneself, the ability to communicate one’s needs and feelings and the ability to have mutually rewarding experiences. This goes hand in hand with the ability to make choices.

In this study learners looked up to their SEP educators because they were sources of information, they became the learners' confidantes and warm relationships could be established with them. Thus the SEP educators played a very important role in their lives in terms of shaping their futures.

Compared to previous studies (Bailie, 1991; Hlalele, 1998; Matthews, 1995), this study showed that the level of communication between learners and SEP educators had increased to the extent that much better relationships were developed between them. Learners were openly communicating with these educators about their personal sexuality issues and were impressed with the concern displayed by the SEP educators.

On the other hand learners reported that they were still having difficulty talking to their parents about sexuality. This resulted in a lack of communication and poor relationships with parents. Learners were thus compelled to seek answers elsewhere.

According to Hlalele (1998), in the African community, parents are imbued with the attitude of not talking about sexuality issues with their children. He suggested discussion sessions to deal with this attitude so that parents can address their children's problems and lack of knowledge regarding sexuality. Sex is still a taboo subject in our society because it is equated with just a physical act or childbirth. But sexuality includes the process of growing up, puberty, adolescence, marital, post-marital sexual relationships,

conception, contraception, childbirth, menopause, etc. Parents are generally uncomfortable talking about sexuality with children (Chauhan, 2006).

Professor Su Ping from the Renmin University of China said parents should abandon the following three presumptions with regard to sex education: sex can be self-taught, children are too young to know about sex and children needn't be told about sex unless they ask. Some mothers and fathers say they are unwilling to offer sex education because it should be taught at school. Their thinking goes, we are not sex education experts, and we don't know how much knowledge is appropriate. Moreover, it is awkward and uncomfortable to talk about sex at home, parents say (Ling, 2005).

In her study Etsane (1997) found that although learners' major source of information on sexuality issues were their friends, they indicated that they preferred their parents to be used as resources of sexuality and that their major sexuality need was communication with parents. Therefore it has become imperative that parents heed this call from their children and start taking an active interest in educating their children in the basics of sexuality education and fostering closer relationships with them. The overall effect will certainly alleviate the social problems currently plaguing the country.

The roles of parents, community and school administrators

Parental involvement and support are critical to the success of sexuality education programs. In the UK most school districts give parents the opportunity to choose whether

or not they want their children to participate in sexuality education. It is important for schools to organize information nights where parents are able to review materials used in the sexuality education curriculum. Parents need ample opportunity to ask questions about the content and learn skills to help them talk to their children about sexuality (Milton, 2001).

The school policy of Derby Primary School in the UK commits the school to work in active partnership with parents/carers; to value their views and keep them informed about sexuality education provision; to take time to address their concerns and allay fears they may have; to work with them and their child to explore possible alternative provision if parents/carers decided to withdraw the child from the programme (PSHE/Citizenship Co-ordinator, 2003).

There must be a commitment from the administration of the school as well. The administration is responsible for providing support to both teachers and students. They can act as a public relations contact to the media, community, and other concerned parties about the program's content. Administrative coordination should be utilized so that continuous teacher training takes place, and current resources are available (Daria & Campbell, 2004).

The best way to obtain parental and community input is to convene a community and school-based advisory committee. The committee should include parents, educators,

administrators, school board members, members of the medical profession, clergy and other community leaders when possible. The role of the committee includes:

- identifying appropriate curriculum topics,
- reviewing curriculum content,
- reviewing all audiovisuals and books or pamphlets,
- educating parents and the larger community about the programme, and
- responding to concerns about the programme.

Once the sexuality education programme is in place, the committee should serve as an advisory group throughout the existence of the programme. This keeps the teachers and school administrators in touch with the concerns and values of the community (Cassell & Wilson, 1989).

Based on a needs assessment of more than 150 education and health leaders, the Sexuality Information and Education Council of the United States (SIECUS) recommended the following strategies to build support and prevent controversy for HIV-prevention and sexuality education programmes.

Work with Other Groups

It is important from the early stages of programme development to form collaborations with other organizations, such as representatives from the community, parents, faith communities, business leaders, teachers, colleagues from local organizations working in sexuality education, and the local or state public health departments.

Develop or Look to Models

Clearly define the terms that refer to the curricula (i.e. "abstinence-based," "abstinence-

only," "fear-based," or "comprehensive"). Be consistent. Seek out culturally competent programs. Develop policies and protocols for guest speakers.

Engage the Media

Work proactively with the media. Submit articles to newspapers, issue press releases, and respond to editorials that may arise.

Build Community Support

Work with community-based organizations to understand the policies and issues of the school district. Involve community members and parents in curricula training sessions.

Organize Public Meetings

Anticipate differences of opinion, when developing issues to be discussed on the agenda. Set time limits and ask for speaker statements ahead of time.

Prepare for Challenges

Learn as much as you can about the opponents in your community by getting on their mailing lists and attending their meetings and trainings.

Involve Parents

Schedule a parent preview night. Publish a newsletter for parents on adolescent health issues. Create packets for students to take home to parents who may not have been able to attend the preview night. Include reading materials and parent child activities (ReCAPP, 2001).

The above strategies should be considered by South African schools as this study found that there was virtually no involvement of important stakeholders like the parents and the community. Despite making arrangement for parents' meeting to accommodate them, parents displayed a lack of interest and left educators to find solutions to their children's

problems. Some educators reported that parents were so caught up in their own survival process that they had no time to be bothered with their children's education. They saw the school as taking over this responsibility from them. The communities that the learners came from were very destitute and to add to the problem spread far and wide making it impossible to have proper communication with them. It was suggested that this was an area for the NGOs to look at. They could gather representatives from each of the communities, educate them on important issues regarding sexuality and HIV/AIDS, provide them with information and send them back to their communities to disseminate the information and educate members in their community. This would impact indirectly on the learners and ultimately on the success of the programme at school.

Peer education

During adolescence, peers are instrumental in influencing the adoption of one's value system. The adolescent receives feedback about his abilities, values, attitudes and behaviour, which he can reinforce or revise. He is aided in his development by his age-mates and, depending on the level of his maturity, he will be able to select appropriate norms and adopt a suitable value system (Schiller, 1997).

Due to peer love and peer pressure, which is a part of their growing up, children tend to discuss sexuality with friends and classmates. This often leads to anxiety, negative attitude, phobia and misconceptions as they cannot decide about the correctness of the information they get (Chauhan, 2006). Despite this, peer education has a positive side to

it as noted in the study by Appel and Klieber (1998). However the Scottish Executive (2003) cautioned the implementation of peer education because of the lack of sufficient research.

Theoretical backgrounds of peer education are rooted in developmental psychology and social learning theory. Under a social learning perspective peer modelling is a basic process in the socialization of children. The protective role peer social networks play in the positive development of youth is of importance. Peer interactions are characterized by equality, symmetry and reciprocity and that offers special learning possibilities for the developing adolescents (Appel & Klieber, 1998).

Educators in this study reported that guided peer education was an effective way of educating learners in important concepts. In their school it came to an end because the topic was exhausted and the trained learners exited the system. They emphasised that peer education had to be an ongoing process because when peer educators exited the schooling system others needed to replace them.

On a positive note, it has been observed that the Department of Education, KwaZulu-Natal, has called for tenders to research peer education with the intention of implementing it in 2007.

The media

Educators in this study had a very negative image of the media influence on learners especially with regards to sexuality education. They reported that the media was taking advantage of vulnerable learners by publishing inappropriate material that had a negative influence on them. Learners were becoming promiscuous, dressing provocatively and behaving immodestly to keep up with current fashion trends and what they thought was expected of them. They defied parents' and educators' advice despite knowing the consequences of their irresponsible behaviour. The media was accused of publishing pornographic material, which was falling into the hands of the very young learners. These were brought to school and passed on to other learners. What educators failed to see was that the media could be used as their ally. By making contributions to the media, getting them involved in their school activities and using the media as a forum for open discussions educators could turn the tables. Learners would be exposed to both the good and bad. Their decision-making skills could be honed by asking them to make choices between the good and the bad. This could be a lesson well learned. Hence the media can play a vital role in the success of the SEP.

The words of Kirby (2000) are an appropriate way to conclude this discussion. For him

“Effective programmes:

- focus narrowly on reducing one or more sexual behaviors that lead to unintended pregnancy or STDs/HIV infection

- are based on theoretical approaches that have been successful in influencing other health-related risky behaviors
- give a clear message by continually reinforcing a clear stance on particular behaviors
- provide basic, accurate information about the risks of unprotected intercourse and methods of avoiding unprotected intercourse
- include activities that address social pressures associated with sexual behavior
- provide modeling and the practice of communication, negotiation, and refusal skills
- incorporate behavioral goals, teaching methods, and materials that are appropriate to the age, sexual experience, and culture of the students
- last a sufficient length of time to complete important activities adequately
- select teachers or peers who believe in the program they are implementing and then provide training for those individuals,” (Kirby, 2000, p.74).

Finally it cannot be overemphasised how important it is for all the relevant stakeholders in the SEP to work together in harmony, to co-operate, to commit themselves and strive towards the common purpose of providing our learners the relevant education so that the current social problems can be alleviated somewhat to enable them to become better citizens and leaders tomorrow.

Chapter Five

Conclusion

5.1. Introduction

Sexuality education is a controversial and sensitive subject. Despite strong opposition the Government embarked on an SEP at school level to alleviate the social problems of HIV/AIDS, teenage pregnancy and child rape/abuse. Education is a proactive way of reducing current problems and preventing future problems. The SEP currently implemented in schools can be commended for the positive impact it is having on the learners. This study has found that it is to some extent meeting the needs of both learners and educators. However the programme can be improved by examining the unmet needs of learners and educators, by taking heed of their suggestions and incorporating them into the SEP.

What follows is a summary of the needs of learners and educators being met by the SEP, as well as the unmet needs identified in this study, limitations of the study, suggestions for follow up investigations and guidelines for the relevant stakeholders.

5.2. Needs of learners and educators being met by the SEP

- The SEP provided comprehensive sexuality education covering a wide range of topics.
- Educators had easy access to a variety of resources to plan their lessons.
- Learners indicated that their SEP educators were displaying most of the characteristics they wanted an SEP educator to have.
- The programme aided in developing a cordial teacher/learner relationship.
- The level of communication between learners and their SEP educators increased.
- Educators received some teacher training in the form of workshops on HIV/AIDS.
- National and Provincial Departments of Education provided schools with useful policy guidelines on the SEP.
- Learners acknowledged that educators used a wide variety of teaching methods, which they largely accepted.
- Gender sensitive issues were appropriately handled by educators in the primary school where learners were separated by gender and taught the relevant material.
- Educators were competent in assessing the knowledge component of sexuality education.
- Publishers were actively publishing new resource materials, which were found to help educators in lesson planning and preparation.
- An awareness of responsible behaviour was created in learners.

- SEP helped the learners to identify irresponsible behaviours and the consequences thereof.
- Both learners and educators were comfortable with SEP being part of the LO learning area because they believed that all the relevant lifeskills were taught in LO.
- A certain degree of community involvement was noted especially in the area of HIV/AIDS.
- There was some provision of peer education in respect of HIV/AIDS.
- Learners were developing a positive attitude towards SEP.
- The programme was successful in dispelling myths and ignorance of learners.
- SEP created in learners an awareness of the dangers of HIV/AIDS, safe/unsafe sex, and abstinence.
- Teachers were also developing a positive attitude towards teaching SEP.
- Overall both learners' and educators' perceptions of SEP were changing positively.

5.3. Needs of learners and educators not being met by the SEP

This study found that there was a need for

- Broad based consultation on what topics should be included in the curriculum.
- Inclusion in the secondary school curriculum of how the HIV virus attacks the body, the different stages of AIDS and caring for the AIDS sufferers.
- Specific guidelines/structured curriculum on what should be taught in each Grade.
- Specific time allocation for teaching/learning the SEP.

- Each learner to have a textbook and easy access to available resources.
- Additional resources like a model of the human body and DVDs on sexuality education.
- More intensive teacher training on how to teach sexuality education especially for educators already in the system.
- Specialist LO/SEP educators in the secondary school.
- Training of all educators in the primary school regarding teaching of SEP.
- Education Departments to review and update policy guidelines in line with learners' and educators' requirements.
- Schools to draw up their own policy on SEP by involving all relevant stakeholders.
- Policies to be constantly monitored and evaluated.
- Monitoring and evaluation systems to be put in place by both the education department and the schools.
- SEP lessons to be more interactive, fun and enjoyable.
- Educators to be more jovial and relaxed.
- Acquisition of skills by educators to handle mixed reactions of learners.
- Educators to learn how to assess skills, attitudes and values in SEP.
- Parents, Department officials and the community to become involved in the SEP at school level.
- Parents to communicate with their children on sexuality matters.
- Learners to come to terms with their inadequacies to enable them to react in the appropriate manner during SEP lessons.

- Peer education in sexuality education.
- Screening of SEP educators, as all educators do not possess the necessary characteristics.
- School guidance counsellors to deal with individual learner's problems.
- Acquisition of skills by learners to be taught in a practical manner so they could be appropriately applied to solve their own sexuality dilemmas.
- Learners to apply knowledge and skills learnt in SEP at school, when they are out of school.
- Media to work in tandem with the SEP being taught in schools rather than exploiting vulnerable learners.

5.4. Limitations of the study.

This study is not without limitations. Firstly the sample chosen was not representative of the entire population of South Africa since it was limited to a few schools in a specific location in the North Coast of KwaZulu-Natal. It must be noted that the small number of subjects used in qualitative studies such as this study does not compromise the generalisability of such studies. In accordance with the aim of this study, which was to identify the met and unmet needs of learners and educators, this study was successful in its endeavour. Due to the location it was not possible to include all the race groups in the sample chosen. It must be borne in mind that a different location may produce different met and unmet needs in learners and educators, which needs further investigation.

However it must be understood that the core needs are the same, the difference will lie in which ones are met and which are not met.

5.5. Suggestions for follow up investigations

- A large-scale survey based on the identified needs of learners and educators in this study can be conducted throughout KwaZulu-Natal. Alternatively small-scale studies similar to the current one can be carried out in different locations. The results can be pooled together to get a global picture of the met and unmet needs of learners and educators. This will provide the necessary data that can be used to improve/refine the current programme.
- A summative evaluation of the programme to establish whether the goals of the programme are being met.
- Investigate the possibility of engaging school leavers as peer counsellors/educators to curb unemployment rates.
- Investigate strategies for obtaining cooperation from relevant stakeholders of a programme.
- Compilation of statistics on teenage pregnancy, HIV/AIDS and child rape/abuse on an annual basis. These figures can be compared region wise and year to year enabling problem areas to be identified and subsequently assisted.

5.6. Conclusion

School-based sexuality education complements and augments the sexuality education children receive from their families, religious and community groups, and health care professionals. The primary goal of school-based sexuality education is to help young people build a foundation as they mature into sexually healthy adults. Such programmes respect the diversity of values and beliefs represented in the community. Sexuality education seeks to assist young people in understanding a positive view of sexuality, provide them with information and skills about taking care of their sexual health, and help them make sound decisions now and in the future. Comprehensive sexuality education programs have four main goals:

- to provide accurate information about human sexuality
- to provide an opportunity for young people to develop and understand their values, attitudes, and beliefs about sexuality
- to help young people develop relationships and interpersonal skills, and
- to help young people exercise responsibility regarding sexual relationships, including addressing abstinence, pressures to become prematurely involved in sexual intercourse, and the use of contraception and other sexual health measures.

In order for the sexuality education programme to have the desired impact at school level it needs to be delivered by properly trained personnel who can serve as a link between the learners, their families, religious and community groups and health care professionals. It

is also imperative for the needs of the learners to be taken into consideration when implementing the sexuality education programme in school.

School-based sexuality education programs are necessary to help adolescents make informed decisions about sexuality issues. These programs encourage good health practices and potentially save lives. To ensure that sexuality education programs are effective, school administrators have to provide continuous staff development sessions for teachers and give them current resources. Teachers must feel comfortable teaching about sexuality and comfortable answering adolescents' questions about sexuality issues. Parents play an important role in a successful sexuality education program. They should be included in the process and given an opportunity to ask questions and review materials (Daria & Campbell, 2004).

Sexuality is not only about disease or pregnancy prevention, but rather it is about much broader and deeper issues essential to living whole and fulfilling lives. We can't underestimate the importance of teaching our children about sexuality to ensure their health and wellbeing. They will use the knowledge and skills throughout their lives. Therefore it's crucial to invest in their teachers' training. If attention is given to the needs of teachers and an adequate training program is developed, implementation of a sexuality education program is not only possible and rewarding, but also invaluable to our children (Lkhagvasuren, 2006).

Sexuality education is a gift for people of any age, but especially for the senior primary and junior secondary learners who are experiencing such significant changes, emotionally, physically, sexually, and socially. Sexuality education offers a marvelous opportunity to provide vital information, life skills, insight, and perspectives that can make important differences in how students feel about themselves, relate to others, and approach day-to-day experiences and decisions.

Guidelines for the stakeholders of SEP to fulfil the unmet needs of educators and learners.

Preamble

The SEP is an integral part of the school curriculum. Various requirements have to be met by the various stakeholders in order for the programme to be effective. It must be understood that change is a slow process in certain instances and is impacted upon by various internal and external factors. Notwithstanding this, small incremental changes to social programmes, like the SEP, can have positive outcomes. However it is a known fact that social problems like HIV/AIDS, teenage pregnancy and child rape/abuse cannot be eradicated but can be alleviated to some extent. Hence cognizance needs to be taken of how to effect incremental changes at various levels. What follows is a guideline, for various stakeholders, drawn up from the inputs and experiences of learners and educators as well as from the observations and experiences of the researcher.

Department of Education

- Intensive training programmes for the facilitators of a programme are a prerequisite for the successful implementation of any programme. Likewise SEP educators need to be trained in order to deal with the various problems and needs of learners in changing times during the SEP lessons. This could take the form of in-service training, workshops and seminars. The training of specialist LO/SEP educators for secondary schools should be considered, as well as providing training for all primary school teachers, as they teach all the subjects across the curriculum.

- As an incentive to employed educators who wish to further their training in sexuality education through distance learning institutions, the Department of Education should think about subsidising their studies. This can be both cost effective and timesaving for the Department of Education.
- When reviewing the curriculum The Department of Education needs to engage in broad-based consultations with all stakeholders with regard to what topics should/should not be taught at school. Special attention should be focused on the inclusion of more than just prevention and an awareness of HIV/AIDS in the secondary school curriculum.
- Currently educators have no specific guidelines on the curriculum content for each grade and the time limits for SEP. Hence the provision of educators with a structured curriculum outlining what should be taught in each grade as well as specifying the time allocation for SEP in the LO learning area will ensure that justice is done to sexuality education in schools.
- Although resources on SEP have been supplied to educators it will be beneficial to make additional resources, like the model of the human body and appropriate DVDs, available to educators for effective teaching of sexuality, as well as updating the current resources. Sometimes a textbook is the only source of reference for learners. It is therefore vital that the Department of Education takes steps to ensure that every learner is provided with his/her own textbook, as this is the major source they rely on especially with regards to sexuality education.
- It is recommended that the Department of Education become involved in the SEP at school level by providing knowledgeable personnel who can go out to schools and

assist educators with problem areas. They can be used to monitor and evaluate the programme on a regular basis. This will enable the Department to continuously update the programme in line with the needs of learners and educators.

- The Department of Education needs to look at forming a partnership and working closely in conjunction with the Department of Health as sexuality education overlaps their territory. A combined effort will definitely ensure the success of the programme and be beneficial to all.
- The University of Zululand has been producing community psychologists since the year 2000. These community psychologists can be engaged by the Department to assist with continued programme evaluation, to act as consultants and to work with the community, not only the school, in educating them about sexuality education as well as providing intervention strategies like initiating support groups.

Schools

- It is imperative for all schools to develop a sexuality education policy involving all stakeholders and incorporate the existing HIV/AIDS policy. The rationale for this is that schools serve different types of communities, which is not taken into account in the National Policy on SEP. The school policy can be designed to meet the local needs of the learners while at the same time encompassing the broad guidelines given by the Department.
- The monitoring and evaluation of the SEP policy on a regular basis is necessary to ensure its success and to update as and when required. The schools can develop/decide on a suitable mechanism for this process.

- School libraries are in existence but very few are in operation because of lack of personnel. Schools must make an effort to overcome this problem and make the school library accessible to learners. Parent volunteers can be used to man the library during the lunch breaks. They can also be engaged in building up the school collection of sexuality education resources for use by learners.
- Instead of blaming the media for negatively influencing learners, the media can be engaged to work in tandem with the schools to enlighten vulnerable learners. The media can be used to propagate information that is vital for learners in the area of sexuality education.
- The school should aim to provide an environment that breaks down discrimination and stereotypes in relation to sexuality education by giving students accurate information; allowing them to explore their own values and beliefs in relation to sexuality; doing this within the context of comprehensive sexuality education.
- Where possible, schools should (through their governing body) establish a Health Advisory Committee. This committee should include educators and other staff, representatives of learners, representatives of the parent body, and representatives from the medical or health care professions. All members of the school community will then be able to work together to provide learners with integrated and positive experiences and structures which promote and protect their health.
- Representatives of the school should participate in community/district-based inter-sectoral HIV/AIDS related committees in order to support a comprehensive, co-operative and integrated response to HIV/AIDS in the community.

- Schools are encouraged to engage with parents and care-givers and, where appropriate, community and faith-based organisations, to design and/or implement sexuality education programmes that will assist parents both in fulfilling their responsibilities but also in supporting the Department's educational programmes and objectives.
- Staff development programmes and workshops should be held on a regular basis to update information in line with modern trends in society.
- Schools can look at other alternatives to help learners dispel the myth that condoms prevent enjoyable sex. Schools can contact individuals who had a similar attitude but have realised their folly and are prepared to educate the youth on this misconception. They can be brought to schools to give assembly talks or alternatively to participate in small group discussions during the SEP/LO lessons. NGOs working with sexuality can also be engaged to work in partnership with schools to eradicate this myth. This will go a long way to help reduce teenage pregnancies.

Educators

- As educators cognizance needs to be taken of social factors, which affect attitudes towards sexuality education courses in school. Traditional cultural attitudes, and multi-cultural sexual needs and prohibitions in society must be addressed.
- Educators should schedule a parent preview night where the curriculum can be examined and shortcomings addressed. Bilingual teachers or parents can be used to address the needs of non-English speaking parents. Information packages could be created for students to take home to parents who may not have been able to attend the

preview night. Items like reading materials, goals and objectives of the SEP, summary of what happened at the preview night, some parent-child activities and a form for parental feedback could be included.

- A newsletter could be published for parents on adolescent health issues using articles written by students on adolescent health issues and by using information from adolescent health websites to cite statistics and research related to programmes that are shown to work. Parents can be given information about how to contact the principal, school governing body and local clinics to advocate for their child's needs.
- Educators can encourage students to form a student club to help publish the newsletter on sexuality education.

Parents

- Parents need to get actively involved at school level by volunteering, where possible, to collect resources on sexuality education for the school library, by helping in manning the school library during lunch breaks by taking turns and for those who have the expertise, engaging in assembly talks. It is important for parents to attend meetings arranged by the school as well as give their inputs on sexuality education. All of these will positively impact on the child's overall education.
- As parents or guardians one needs to be on the lookout for teachable moments. A teachable moment is a situation that opens the door for parents/guardians to talk to their child about subjects that are difficult but necessary to discuss e.g. sexuality. Use can be made of media outlets that are the best resource for teachable moments.

- Children must be encouraged to discuss sexuality-related issues with parents who can create a loving, nurturing environment for this to occur. A warm relationship can thus be developed if children are made to feel comfortable when talking to parents.

Others

- The Department of Health can establish school-based clinics. With their presence in schools the health workers can make a major contribution. A school-based health care worker can make valuable information on sexuality (e.g. contraception) available to learners. The negative attitude shown to stigmatise learners for collecting contraceptives at local clinics will be alleviated. Contraceptives will also be closer to learners and therefore readily available. To curtail expenses use can be made of mobile clinics that can service a number of schools in the area.
- Distance learning institutions can also play a major role in training educators who are already employed by providing short courses on sexuality education. This will help to relieve the burden of the Department of Education.

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APPENDIX

A1

MRS M NAIDOO
18 VICTORIA APARTMENT
CHURCH STREET
TONGAAT
4399

27 JANUARY 2006

MR S R ALWAR
DEPARTMENT OF RESEARCH, STRATEGY, POLICY DEVELOPMENT AND
ECMIS
PRIVATE BAG X05
ROSSBURGH
4072

SIR

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I hereby request permission to conduct research in schools situated in the North Durban Region for academic purposes.

I am currently completing a Ph. D (Community Psychology) at the University of Zululand. I intend evaluating the sexuality education programme currently being implemented in schools.


The information received will be treated anonymously and confidentially. The final copy of my research will be submitted to the Department of Education for perusal.

Attached please find a copy of my proposal.


For further information please contact me at the above address or at telephone no. 032 9452758; Cell: 0845483190.

Thank You

Yours sincerely



MRS M NAIDOO
(STUDENT)



PROF S D EDWARDS
(PROMOTER)



PROVINCE OF KWAZULU-NATAL
ISIFUNDAZWE SAKWAZULU-NATALI
PROVINSIE KWAZULU-NATAL

DEPARTMENT OF EDUCATION
UMNYANGO WEMFUNDO
DEPARTEMENT VAN ONDERWYS

Tel: 033 341 8610
Fax: 033 341 8612

Private Bag X9137
Pietermaritzburg
3200

228 Pietermaritz Street
Pietermaritzburg, 3201

INHLOKOHHOVISI

PIETERMARITZBURG

HEAD OFFICE

Inquiries:
mibuzo: Sibusiso Alwar
javrae:

Reference:
Inkomba: 0095/06
Verwysing:

Date:
Usuku: 27 February 2006
Datum:

To: Mrs M. Naidoo
18 Victoria Apartments
Church Street
TONGAAT
4399

RE: APPROVAL TO CONDUCT RESEARCH

Please be informed that your application to conduct research has been approved with the following terms and conditions:

That as a researcher, you must present a copy of the written permission from the Department to the Head of the Institution concerned before any research may be undertaken at a departmental institution bearing in mind that the institution is **not obliged to participate** if the research is not a departmental project.

Research should not be conducted during official contact time, as **education programmes should not be interrupted**, except in exceptional cases with special approval of the KZNDoE.

The research is not to be conducted during the fourth school term, except in cases where the KZNDoE deem it necessary to undertake research at schools during that period.

Should you wish to extend the period of research after approval has been granted, an application for extension must be directed to the Director: Research, Strategy Development and EMIS.

The research will be limited to the schools or institutions for which approval has been granted.

A copy of the completed report, dissertation or thesis must be provided to the RSPDE Directorate.

Lastly, you must sign the attached declaration that, you are aware of the procedures and will abide by the same.


for SUPERINTENDENT GENERAL
KwaZulu Natal Department of Education

UHULUMENI WAKWAZULU NATAL
UMNYANGO WEMFUNDO DEPARTMENT OF EDUCATION DEPARTEMENT VAN ONDERWYS
2006 -02- 27
ISIKHWAMA SEPOSI PRIVATE BAG / PRIVAAT SAK X04 ULUNDI 3838
RESEARCH, STRATEGY AND POLICY DEVELOPMENT



PROVINCE OF KWAZULU-NATAL
ISIFUNDAZWE SAKWAZULU-NATALI
PROVINSIE KWAZULU-NATAL

DEPARTMENT OF EDUCATION
UMNYANGO WEMFUNDO
DEPARTEMENT VAN ONDERWYS

Tel: 033 341 8610
Fax: 033 341 8612

Private Bag X9137
Pietermaritzburg
3200

228 Pietermaritz Street
Pietermaritzburg, 3201

NHLOKOHHOVISI

PIETERMARITZBURG

HEAD OFFICE


Inquiries:
Iibuzo: Sibusiso Alwar
avrae:

Reference:
Inkomba: 0095/06
Verwysing:

Date:
Usuku: 27 February 2006
Datum:

List of Schools where Research will be conducted:

The schools where research will be conducted are in the North Durban Area.



for **SUPERINTENDENT GENERAL**
KwaZulu Natal Department of Education

UHULUMENI WAKWAZULU NATAL
UMNYANGO WEMFUNDO DEPARTMENT OF EDUCATION DEPARTEMENT VAN ONDERWYS
2006 -02- 27
ISIKHWAMA SEPOSI PRIVATE BAG / PRIVAAT SAK X04 ULUNDI 3838
RESEARCH, STRATEGY AND POLICY DEVELOPMENT

MRS M NAIDOO
18 VICTORIA APARTMENT
CHURCH STREET
TONGAAT
4399

27 JANUARY 2006

THE PRINCIPAL

SIR

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

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Thank You

Yours sincerely



MRS M NAIDOO
(STUDENT)



PROF S D EDWARDS
(PROMOTER)

MRS M NAIDOO
18 VICTORIA APARTMENT
CHURCH STREET
TONGAAT
4399

27 JANUARY 2006

DEAR LEARNER

I am currently completing a Ph. D (Community Psychology) at the University of Zululand. I intend evaluating the sexuality education programme currently being implemented in schools.

Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs, and values about identity, relationships and intimacy. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles (SIECUS, 1991).

The Department of Education has implemented a sexuality education programme in schools which is incorporated in the Life Orientation learning area. It would be appreciated if you could assist me in evaluating this programme by participating in the research I am conducting.

All information received will remain strictly confidential and you will remain anonymous. You are under no obligation to participate. For further information please contact me at the above address or at telephone no. 032 9452758; Cell: 0845483190.

Thank You

Yours sincerely

M. Naidoo

MRS M NAIDOO
(STUDENT)

S. D. Edwards

PROF S D EDWARDS
(PROMOTER)

I, _____ hereby give consent to participate in your research.

SIGNATURE OF LEARNER

SIGNATURE OF PARENT

MRS M NAIDOO
 18 VICTORIA APARTMENT
 CHURCH STREET
 TONGAAT
 4399

27 JANUARY 2006

DEAR EDUCATOR

I am currently completing a Ph. D (Community Psychology) at the University of Zululand. I intend evaluating the sexuality education programme currently being implemented in schools.

Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs, and values about identity, relationships and intimacy. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles (SIECUS, 1991).

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All information received will remain strictly confidential and you will remain anonymous. You are under no obligation to participate. For further information please contact me at the above address or at telephone no. 032 9452758; Cell: 0845483190.

Thank You

Yours sincerely

Maidoo

MRS M NAIDOO
 (STUDENT)

S D Edwards

PROF S D EDWARDS
 (PROMOTER)

I, _____ hereby give consent to participate in your research.

 SIGNATURE OF EDUCATOR

SEMI STRUCTURED INTERVIEW SCHEDULE: LEARNERS**OPENING COMMENTS**

Welcome and statements regarding the purpose of the study, focus group procedures and ethical issues.

OPENING QUESTION

Please tell us a little about yourself.

Introductory Question

The SEP was introduced in 2002 as part of the LO learning area.

- What are some of the things you have learnt about in SEP at school?
- What topics would you like to be included in the SEP? Probes: Why? How will it help you?

Transition Question

- What resources are available to help you in your SEP lessons?
- How accessible are these resources? Why do you say this?
- What types of resources would you like to be made readily available to you?

Key Questions**Teachers**

- Describe the characteristics of your SEP teacher.
- What are the main characteristics an SEP teacher should have?
- What methods do your teachers use in teaching SEP lessons?
- Describe some of the ways you would like SEP to be taught.
- Comment on the gender of an SEP teacher.
- Describe your relationship with your SEP teacher.
- How does your teacher handle discipline in the SEP lessons?

Learners

- What is your attitude towards SEP?
- What kind of skills have you developed in handling sexuality-related problems?
- What skills do you still need to develop?
- How do learners behave during an SEP lesson? Why/ What is the best way to handle such learners?
- Comment on learning about sexuality in a mixed class of boys and girls.

General

- SEP is taught as part of the LO learning area. What are your comments on this? Time spent? A separate subject?
- In school how do you handle your personal sexuality related questions and problems?
- Who should be the ideal person in school to help you deal with these issues? Why?

Ending Questions

- What can you tell me about parental involvement in the SEP at school level?
How can parents become involved?

Finally is there anything about SEP that we have not talked about that you would like to raise before we leave today?

Thank you for your participation in this research project. Your valuable contributions will now enable me to evaluate the SEP currently being implemented in schools. The findings will be submitted to the Department of Education for perusal.

SEMI STRUCTURED INTERVIEW SCHEDULE: EDUCATORS

OPENING COMMENTS

Welcome and statements regarding the purpose of the study, focus group procedures and ethical issues.

OPENING QUESTION

Please tell us a little about yourself.

Introductory Question

The SEP was introduced in 2002 as part of the LO learning area.

- What topics have you taught in the SEP lessons at school?
- What topics should be added to the programme? Why?
- Comment on the appropriateness of the topics taught in the different grades.

Transition Question

- What resources do you use to help you prepare for your SEP lessons?
- Comment on the availability and accessibility of resources on SE.
- What additional resources would you like made available to you?

Key Questions

- Comment on the training of teachers to teach the SEP.
- How can teacher training be improved?
- Describe the level of involvement from Department officials with regards to the SEP. Excluding training, how else can the Department officials help you in teaching SEP?
- What can you tell me about the policy document given to schools by the Department in respect of SEP/LO? How useful it? How can it be improved?
- Describe your school policy on SEP. How was it drawn up? Who is in charge? Monitoring and evaluating?
- What are some of the criteria used by your school management to select teachers to teach SEP/LO? What are your views on this? Who do you regard as being most competent to teach SEP/LO? What about a specialist teacher?
- Describe the methods you use to teach sexuality education? What other methods can be used?
- How do you handle barriers to teaching and learning? Race? Language? Culture? Gender?
- How do you cope with the various reactions learners display during the SEP lesson? What type of relationship do learners have with you regarding confiding their personal sexuality problems?
- How do you go about assessing learner's skills, knowledge, attitudes and values regarding sexuality education? Which one needs more attention? Why? What can be done to improve the weak areas? What guidance have you received in assessing the skav's of learners?

- Comment on the contact time you have with learners to teach SEP. What solutions do you have? Separate Subject?
- Parents are an important component in the SE of learners. How do you get parents involved in the SEP at school level? In what other ways can parents become involved?
- How can community organisations become involved in the SEP at school level?

Ending Question

Learners like to learn about sexuality from their peers.

- Comment on your experiences of peer education. What are your views on peer education in respect of SE?

Finally is there anything about SEP that we have not talked about that you would like to raise before we leave today?

Thank you for your participation in this research project. Your valuable contributions will now enable me to evaluate the SEP currently being implemented in schools. The findings will be submitted to the Department of Education for perusal.