

**KNOWLEDGE AND PERCEPTIONS OF ADOLESCENTS
ON SEXUAL REPRODUCTIVE HEALTH AND RIGHTS
IN KWAZULU-NATAL PROVINCE**

by

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DEDICATION

I dedicate this dissertation to my mother, Mrs E. Banda, and my late father, Mr B.G. Banda; their prayers have not gone to waste.

Student number 48460273

DECLARATION

I declare that **KNOWLEDGE AND PERCEPTIONS OF ADOLESCENTS ON SEXUAL REPRODUCTIVE HEALTH AND RIGHTS IN KWAZULU-NATAL PROVINCE** is my own work and all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any institution.



SIGNATURE

July 2023

BETTY LUBUTA

Date

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ABSTRACT

Adolescent access to comprehensive sexual and reproductive health (SRH) and rights (SRHR) has been a problem in developing countries. The purpose of this study was to determine adolescents in schools' knowledge and perceptions about the issues related to SRH and SRHRs. A descriptive and exploratory qualitative design was used, and data were collected through semi-structured interviews. Nonprobability quota sampling was used to select 20 participants aged 14-19 from grades 10-12. Data were thematically analysed using the Braun and Clarke strategy.

Four themes emerged from the findings: Knowledge and perceptions of adolescents about SRH and SRHRs; availability and use of SRH services; preferred way to receive information on sexuality; and perceptions of information about SRH/SRHRs, whether taboo or acceptable. The study was conducted in Richards Bay, KwaZulu-Natal, South Africa. The results revealed that adolescents were not equipped with comprehensive information about SRH and SRHRs from teachers, parents and churches. Recommendations were made to the multidisciplinary team to provide adolescents comprehensive sexual education.

Key concepts:

Adolescents, Knowledge, Perceptions, Sexual Reproductive Health, and Sexual Reproductive Health Rights.

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LIST OF ABBREVIATIONS

ANC	Antenatal Care
HIV	Human Immune Virus
LO	Life Orientation
NDP	National Development Plan
SDG	Sustainable Development Goals
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive Health Rights
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Access to sexual and reproductive health (SRH) and rights information during adolescence has become a global concern (Mbarushimana, Conco & Goldstein, 2022:1). According to previous research, adolescent morbidities and deaths from unsafe abortions, difficult deliveries, sexual and gender-based violence, and female genital mutilation endanger the immediate physical and mental health of adolescents (Juma, Ouedraogo, Mwoka, Ajayi, Kageha, Otukpa & Ushie, 2021:2). Additionally, these factors have long-term detrimental health and socioeconomic consequences, such as infertility or chronic diseases such as the Human Immunodeficiency Virus (HIV).

Globally, girls, especially those living in poverty, have little or no access to information and services related to their reproductive health and rights, which affects women, families, communities and national economies (Ara, Maqbool & Gani, 2022:1). Furthermore, Ninsiima, Chiumia and Ndejjo (2021:2) state that sub-Saharan African adolescents face substantial difficulties with SRH, such as inadequate access to services that benefit young people and knowledge of physical and mental development, unsafe abortions, gender-based violence, sexuality, and family planning. Subsequently, adolescents engage in dangerous sexual behaviours that increase their risk of sexually transmitted diseases (STD) and make them more susceptible to morbidities and deaths associated with pregnancy. Moreover, Agbemenu, Hannan, Kitutu, Terry and Doswell (2018:5) claim myths related to sexuality have negative consequences for adolescents. For example, some parents feel that introducing Life Orientation (LO) programmes in the school curriculum to educate adolescents about sexuality promotes immorality. They also question whether morbidity and mortality are caused by a lack of knowledge about issues around SRH. Ultimately, SRH allows people of all ages, including adolescents, to have safe and satisfying sexual relationships, addressing obstacles such as gender discrimination,

inequality in access to health services, restrictive laws, sexual coercion, exploitation, and gender-based violence (National Development Plan, 2019:11).

Instead of focussing on the absence of illness, malfunction, or infirmity, sexual reproductive health rights (SRHRs) encompass all elements of sexuality and reproduction and include physical, emotional, mental, and social well-being (NDP, 2019:11). Section 27 of the South African Constitution states that SRHRs, which include the right to define sexuality, secrecy, excellent and respectful services, and comprehensive sexuality education, are significant human rights. Thus, through international agreements, governments have committed to investing in SRHRs, which are crucial for people's health and survival, economic development, and human well-being. However, progress is hampered by issues such as political commitments, discrimination against girls and women, a lack of resources, and a reluctance to address issues around sexuality comprehensively (Starrs, Ezeh, Barker, Basu, Bertrand, Blum, Coll-Seck, Grover, Laski, Roa, Sathar, Say, Serours, Singh, Stenberg, Temmerman, Biddlecom, Popinchalk, Summers & Ashfor, 2018:1). In addition, SRHRs are associated with the freedom to choose if, when, how frequently, and with whom to have sex. These rights also appear to be associated with the freedom to choose whether, when, and how often to procreate.

This study explored the knowledge and perceptions of school-going adolescents about SRH and SRHRs at a high school in Richards Bay, uMhlathuze Municipality, KwaZulu-Natal, South Africa. Richards Bay is a gateway to Zululand, an area popular with foreign tourists due to its large harbour, beach, and diverse wildlife. This makes Richards Bay a socioeconomic hub that attracts local and foreign people in transit, putting youth at risk of contracting various diseases and unplanned pregnancies. The findings of the study will contribute to the knowledge to decrease the percentage of children born to teenage mothers, morbidities and mortalities related to adolescent sexual health, and improved services for young people.

1.2 BACKGROUND

Globally, issues around adolescents' SRH and SRHRs were the main concerns, especially in developing countries. SRH empowers everyone, including adolescents,

to have safe and satisfying sexual relationships by dealing with obstacles such as gender discrimination, gender-based violence, inequality, inaccessibility to health services, restrictive laws, sexual coercion, and exploitation (Engel, Paul, Chalasani, Gonaslaves, Ross, Chandra-Mouli, Cole, Eriksson, Hayes, Philipose, Beadle & Ferguson, 2019:1). In other words, SRH can be considered a person's right to health, autonomy, sexual education to help people make informed decisions and health care to prevent unplanned pregnancies and sexually transmitted infections.

According to Kanem (2018:34), sexual rights include access to family planning counselling and various modern contraceptive methods, safe pregnancies and births, and proper prenatal and postnatal care. Additionally, SRH and SRHRs should provide comprehensive sexuality education that is timely and relevant so that male and female adolescents and young adults can have fulfilling relationships and make mature decisions about their sexual behaviour. Additionally, they should give people the confidence to speak out against sexual abuse, exploitation, and harassment. To have satisfying and safe sexual experiences, free from coercion, prejudice, and violence, sexual health requires a positive and respectful approach to sexual and reproductive partnerships.

The WHO (2020:2) reported that problems during pregnancy and childbirth are the leading cause of death in 15-19-year-old girls worldwide. Furthermore, the WHO (2020:2) explains that adolescent mothers (10–19 years old) have a higher chance of developing eclampsia, puerperal endometritis, and systemic infections than older women (20–24 years old). According to reports, newborns born to adolescents are more likely to have low birth weight, premature delivery, and serious neonatal disorders that require treatment. Furthermore, Juma et al. (2021:2) state that, in addition to immediately endangering the physical and mental health of adolescents, increasing morbidities and impairments due to unsafe abortions, birth difficulties, and sexual and gender-based violence, these factors also have detrimental long-term impacts on health. In addition, child marriage, early pregnancy, and other socioeconomic implications have been observed. These practices are known to contribute to poverty and gender disparities, affecting economic and educational outcomes.

Juma et al. (2021:2) claim that adolescents in sub-Saharan Africa bear a substantial and disproportionate burden of poor SRH outcomes, with the region having the highest rate of adolescent HIV in the entire world . Furthermore, since the COVID-19 pandemic started in 2020, the percentage of babies born to adolescent mothers in Gauteng has increased by 60%, according to Relief Web (2021:1). The Gauteng Department of Health found that between April 2020 and March 2021, more than 23000 girls under the age of 18 gave birth, 934 of whom were under the age of 14, compared to the 14 477 girls who gave birth during the same period the year before (Relief Web, 2021:1). This shows that multisectoral collaboration initiatives are necessary to reduce the morbidity and mortality rates of this population. Furthermore, Hlophe (2021:1) reports that at the end of the 2021 fiscal year, the high pregnancy rate among girls under the age of 15 was expected to reach 21 000 in KwaZulu-Natal. The ages of the girls who fell pregnant ranged from 9 to 24 years, which was a concern for the member of the KwaZulu-Natal Social and Development Executive Council, Nonhlanhla Khoza (Hlophe, 2021:1).

Efforts are being made by all states to address issues around sexuality. The sub-Saharan region recorded 100 births per 1 000 women in 2021, which was double the global average. The estimated number of births for ages 10 to 16 years was 332 000 and for those aged 15 to 19 years, 6 114 000 births were recorded (Maharaj, 2022:1). As a nurse working in the uMhlathuze municipality for more than 20 years, the researcher has noticed that some contributions to high morbidities and mortality could be related to a lack of knowledge of available SRH services and SRHRs. Furthermore, there are also barriers that affect the dissemination of information about SRH services and SRHRs that need to be addressed. Juma et al. (2021:2) agree that there is a need to understand adolescents' knowledge and perceptions of SRH and SRHRs and use this information to improve service delivery, thus reducing morbidity and mortality in this population. Therefore, multidisciplinary approaches are needed to offer educational and health literacy programmes for adolescents before they begin engaging in sexual activities. The availability of user-friendly healthcare facilities is also critical and must be made accessible to adolescents.

The African Population and Health Research Centre (2020:1) asserts that in most traditional African societies, family discussions about SRH issues are uncommon. In many cultures, discussing sexuality and intimate relationships in public is frowned upon. Only those deemed ready for marriage receive advice on how to behave in their marriages from elders of the family (African Population and Health Research Centre, 2020:1). In contemporary settings, people learn mainly about SRH by associating with the opposite sex through peers, public health educators, and friends (African Population and Health Research Centre, 2020:1). In support, Mpondo, Ruiter, Schaafsma, Van Den Borne, and Reddy (2018:1) explained that schools' sexual health curriculums fail to adequately equip adolescents with information to make informed decisions regarding sexual matters.

Agbemenu et al. (2018:5) also state that sexual intercourse myths emphasise the negative consequences of premarital or extramarital affairs, which include extreme body changes, supernatural happenings, or even death. For example, it is said that if adolescent girls have sex, they will become sick, skinny, and their fingers will grow long. Such myths give adolescents negative attitudes towards SRH and SRHRs information as they become afraid of the consequences. Furthermore, in many cultures, religion is an important governing factor in delineating and implementing sexual norms and values. In African societies, the sexuality of women and girls, as well as young unmarried people, is seen with great ambivalence at best and is normatively or legally restricted.

The government has established a number of policies and plans to support SRH and associated rights. One of these is the 2020 National Integrated Sexual and Reproductive Health and Rights Policy (South African Department of Health, 2019:1), which combines several guidelines on topics related to sexuality. Additionally, Section 27 of the Constitution of the Republic of South Africa, which stipulates that everyone has the right to obtain health services, including reproductive health care, also takes into account SRH and SRHR. The health sector is also using strategies to provide services that are geared towards teens and youth. According to James, Pisa, Imrie, Beery, Martin, Skosana and Delany-Moretlwe (2018:1), youth-friendly services are those that address some of the obstacles to service uptake by expanding the pool of

compassionate medical professionals and offering facilities that are aesthetically pleasing, functionally adequate, and simple to access.

However, certain SRH challenges require further attention. These include the removal of cultural, political, social, and economic barriers so that all people, particularly women and girls, can make decisions about their bodies. There should also be an elimination of child marriages and improvements in youth-friendly services. Mechanisms should be implemented so that adolescents have access to SRH and SRHRs information, education, quality integrated adolescent-centred SRH and SRHRs services, contraceptive and prevention strategies, and treatment for sexually transmitted infections (STIs), including HIV (The Joint United Nations Programme on HIV, 2019:1). Therefore, the underlying cultural, political, social, and economic challenges must be identified, as the findings may equip the multidisciplinary team with the necessary knowledge to reduce morbidity and mortality among this population.

1.3 RESEARCH PROBLEM

According to Brink, Van der Walt, and Van Rensburg (2020:50), a research problem is an area where a gap has been identified or a situation that needs a solution, improvement, or alteration, or where there is a discrepancy between the way things are and ought to be. Brink et al. (2020:50) and Grove and Grey (2023:130) explain that a research problem reflects a knowledge gap or a situation needing a solution, improvement, or alteration. In addition, Nasution and Aulia (2019:1) state that the research problem is defined as the disclosure of a particular research interest carried from two points of view, which are academic and non-academic. A problem statement does not contain merely question sentences, where the questions require only an answer with no solutions or proof. Instead, it is a series of words arranged systematically in the flow of reasoning that expresses the importance of the research (Nasution & Aulia, 2019:1).

SRH remains a global public health issue and continues to undermine the health of adolescents, as they are vulnerable. The researcher has noticed that the lack of

access to SRH information and services in hospitals in KwaZulu-Natal is one of the challenges that contribute to the morbidities and mortalities of this group. The present reports showed that Covid-19 lockdown restrictions and school closures further hindered access to sexual education, resulting in adolescents contracting HIV and STIs (Relief Web, 2021:1). Richards Bay, an area popular with foreign tourists due to its harbour, beach, and wildlife, is a socioeconomic hub that attracts locals and foreigners, which puts youth at risk of contracting various diseases and unplanned pregnancies.

The preceding sections underscored the importance of adolescents knowing about SRH services and rights because this may make them more responsible in choosing their behaviours and lifestyles. Of the estimated 5.6 million abortions that occur each year among adolescent girls aged 15–19, 3.9 million were unsafe, contributing to maternal morbidity, mortality, and lasting health problems (WHO, 2020:2). Sub-Saharan Africa reported large numbers of deaths due to SRH health-related problems (WHO, 2020:2). South African adolescents thus continue to be vulnerable, with a high prevalence of morbidities and mortalities (Galappaththi-Arachchige, Zulu, Kleppa, Lillebo, Qvigstad, Ndhlovu, Vennervald, Gunderssen, Kjetland & Taylor, 2018:1).

Moreover, many societies find SRH issues difficult to discuss because of stigma, embarrassment, and taboos stemming from their culture, religion, tradition, and personal beliefs. Some myths also make it difficult for parents or guardians to discuss sexuality, creating barriers for women and girls to access the knowledge and care they need. Reviews of the literature show that existing LO programmes in schools still focus on abstinence curriculums and risk-based approaches (Mturi & Bechuke, 2019:137). This does not provide sufficient awareness of available SRH services and sexual rights.

Therefore, this study attempted to establish what hindered school-going adolescents from acquiring information about SRH and SRHR and their perceptions about sexuality issues. The results will be given to the Departments of Health, Education, Arts and Culture, and Communication so that they can be informed of the shortcomings that need to be addressed.

1.4 PURPOSE OF THE STUDY

1.4.1 Research purpose

The purpose of the investigation should be stated in a clear and succinct manner (Brink et al. 2020:50). Grove and Gray (2023:131) remark that the stated justification or a particular objective for conducting a study is a research problem. Although the primary objective of research is to uncover undiscovered and hidden truths, the objective of a study is defined as addressing questions via the application of scientific techniques (Islam & Samsudin, 2020:333).

Therefore, the purpose of this study was to determine the knowledge and perceptions of school-going adolescents about the issues around SRH and SRHRs. The study's findings highlighted vital health interventions and recommendations that should be introduced to reduce morbidities and mortalities among adolescents related to SRH and SRHRs. The knowledge gained from this study also helped educate adolescents about their rights and the types of services available to them. It identified challenges that prevented the dissemination of sexuality knowledge. Finally, it filled a gap in the literature on this topic in Richards Bay, uMhlathuze Municipality, KwaZulu-Natal, as there is limited evidence of such a study. It may also form the basis for further research and will contribute to the achievement of the Sustainable Development Goals (SDGs) of the United Nations.

1.4.2 Research objectives

The objectives are referred to as what the researcher intends to accomplish in his study. Furthermore, Grove and Gray (2023:143) state that objectives can also be referred to as goals, which should be clear, concise and declarative statements that identify the study's objectives. These are usually based on the research problem and the purpose.

Objectives may also be defined as the summary of the meaning and definition of research (Islam & Samsudin, 2020:334). Research cannot be conducted aimlessly and thus require objectives to give guidance (Islam & Samsudin, 2020:334).

The following research objectives were addressed in this study:

- Explore school-going adolescents' knowledge and perceptions about SRH and SRHRs in Richards Bay.
- Describe factors that influence school-going adolescents to acquire knowledge about SRH and SRHRs.
- Explore school-going adolescents' subjective experiences and perspectives about their preferred method for obtaining information on SRH AND SRHRs.

1.4.3 Research questions

These are specific questions that researchers want to answer when dealing with research problems. Research questions are usually concise interrogative statements that are developed in the present tense for direct research studies (Grove & Gray, 2023:144). Research questions also guide the type of data collection and are typically descriptive.

The following questions were asked in this study:

- What are school-going adolescents' knowledge and perceptions of SRH and SRHRs in Richards Bay?
- What factors affect the dissemination of knowledge and perceptions on SRH and SRHRs among school-going adolescents in Richards Bay?
- What are the preferred ways to receive information on SRH and SRHRs among school-going adolescents in Richards Bay?
- What strategies can be recommended to improve adolescents' knowledge of SRH and SRHRs?

1.5 SIGNIFICANCE OF THE STUDY

The significance of this study is discussed under short and long-term benefits. The overall significance of this study was an exploration of school-going adolescents' knowledge and perceptions of issues around SRH and SRHRs.

1.5.1 Short-term benefits

By exploring adolescents' knowledge and perceptions of SRH and SRHRs, more information emerged that could be used by the multidisciplinary team (including the Departments of Health, Education, Arts and Culture and the media) to improve the services rendered to this population.

Adolescents will benefit in that they will have adequate information on sexuality issues. This will help them make informed decisions about their sexuality, which will eventually contribute to a reduction in sexually related infections and complications like STD/HIV. There may also be a reduction in unplanned pregnancies, illegal abortions, and child marriages. All these factors will contribute to adolescents' well-being.

1.5.2 Long-term benefits

The study's findings will add value by improving the health of adolescents so that they can enjoy their sexual life without complications like infertility or chronic diseases like HIV. Since an investigation was conducted on the factors that hindered the dissemination of sexual information, findings identified the customs, laws, or myths that are not user-friendly to SRH and SRHRs, and these will be dealt with accordingly. Different governmental departments will be able to adjust their services to meet the expectations required of them; for example, the health sector may have more ideas on how to improve the already existing adolescent-friendly clinics. This may reduce this population's morbidity and mortality and eventually require fewer funds for this service. The funds can then be allocated to other important services, such as any prevalent pandemics like Covid-19 and Monkeypox.

Identified factors hindering the dissemination of SRH and SRHRs information will also be addressed. The results of this study may also form the basis for further research on SRH and SRHRs. All of this will contribute toward the achievement of SDG 3 (Good health and well-being) and SDG 5 (Gender equality) as essential components of universal health coverage.

1.6 DEFINITION OF KEY TERMS

Concepts are observable phenomena and reflect the researcher's worldview assigned to objects or events (Brink et al. 2020:22). A concept is a term to which abstract meaning is attached, and it is also regarded as a building block of theory (Grove & Gray, 2023:492; Brink et al. 2020:27). Therefore, conceptual definitions represent the thoughts or theoretical meanings of concepts under study. The following concepts are used in this study.

1.6.1 Adolescents

Adolescents are children between the ages of 10 and 14, a time when there are significant physiological and behavioural changes associated with puberty (Hornby, 2018:2). It is also a time to develop knowledge and skills, learn how to manage relationships and emotions, and acquire attributes and abilities that will be important for enjoying the adolescent years and beginning adult roles. It has been noticed that as a person develops from childhood to adolescence, there is an increase in SRH problems, mental illness, and injuries.

According to the National Academies of Sciences, Engineering and Medicine (2019:2), adolescence and early adulthood are crucial periods of physical and emotional changes. During this developmental stage, adolescents develop personal autonomy and responsibility for their health. Thus, this is considered the time to explore and navigate peer relationships, gender norms, sexuality, and economic responsibility. However, this developmental stage is accompanied by risky behaviours that make adolescents vulnerable to SRH problems.

1.6.2 Knowledge

Knowledge is a platform for information, values, and insights (Li, 2018:73). Knowledge allows people to absorb and evaluate content, such as subjective elements that vary from person to person, which is particularly prominent in intentional knowledge. A

summary can be made that knowledge is the sum of what is known and is an awareness of familiarity or awareness of facts.

1.6.3 Perceptions

According to Hornby (2018:4), perception is the way in which an individual or person notices things, especially using the senses. Perceptions can also be defined as an individual's recognition and interpretation of sensory information, including how one responds to information.

1.6.4 Sexual and reproductive health

SRH enables people of all ages, including adolescents, to have safe and satisfying sexual relationships by tackling obstacles such as gender discrimination, inequality in access to health services, restrictive laws, sex coercion, exploitation and GBV (NDP, 2019:11). This is linked with the freedom to decide if, when, how often, and with whom one has sex, and the freedom to decide if, when, and how often to reproduce. SRH care includes antenatal care, perinatal care, postpartum and newborn care, and high-quality services for family planning. This includes fertility services, eliminating unwanted pregnancies, and unsafe abortions, combating STIs like HIV, reproductive tract infections, cervical cancer, and other gynaecological morbidities, and promoting healthy sexuality.

1.6.5 Sexual reproductive health rights

SRH is a state of physical, emotional, mental, and social well-being that relates to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity (NPD, 2019:11). Therefore, SRHRs reflect the right for everyone to make decisions about their SRH, including the choice to marry and determine the number, timing, and spacing of their children. It also includes reproductive security, being free of coercion and violence, being informed and having access to safe and legal family planning services and having access to healthcare services that allow women to go through pregnancy and childbirth safely. SRHRs must be observed for all adolescents,

as stipulated in Section 27 of the Constitution, which says that ‘everyone has the right to have access to health care services, including reproductive health care’.

1.7 OPERATIONAL DEFINITIONS

An operational definition is a stipulated concept that assigns meaning to a variable and describes how the variable can be practical and measured (Brink et al. 2020:77). Grove and Gray (2023:190) state that an operational definition reflects how concepts can be handled; for example, as independent variables, dependent variables or outcome variables. In a simplified way, Leedy and Ormrod (2021:72) explain that an operational definition is how the researcher defines a variable in the way it will be identified and used in the research study. In this study, the following concepts were used:

1.7.1 Adolescents

For this study, an adolescent refers to a school-going male or female individual between grades 10 and 12, and between the ages of 14 and 19. This unique and critical developmental phase is characterised by the transition between childhood and adulthood. It is accompanied by physical and psychological changes that predispose these individuals to risks and opportunities influencing their life prospects.

1.7.2 Knowledge

For this study, knowledge refers to the amount of information the school-going adolescents have about SRH and SRHRs. Personal beliefs, values and perspectives have a great influence on the knowledge an individual acquires (Li, 2018:73). According to Govender, Naidoo and Taylor (2019:5), knowledge about sexuality among school-going adolescents is acquired via a life skills programme introduced in secondary schools in South Africa in 1996 to provide learners with comprehensive information on HIV/AIDs and STIs, reproduction, contraception, pregnancy, violence, decision-making, and sexual negotiations. This programme is integrated into the LO curriculum, a standardised subject in schools that focuses on topics such as teenage pregnancies, contraception, STIs, HIV/AIDS, sexuality, and reproduction.

1.7.3 Perceptions

For this study, perception refers to the insight that adolescents have about SRH and SRHRs. It may also be referred to as how an adolescent regards or understands issues around sexuality.

1.7.4 Sexual reproductive health

For this study, SRH refers to the adequate availability of services offered by any healthcare provider on issues around sexuality to adolescents. It also refers to the well-being of adolescents in all aspects of sexuality.

1.7.5 Sexual reproductive health rights

In this study, SRHRs refer to the right of adolescents to make decisions about their sexuality and SRH. It also includes the adolescents' right to be informed and gain easy access to safe and legal family planning services, safe abortions, treatment, and care for any STIs.

1.8 THEORETICAL FOUNDATION OF THE STUDY

1.8.1 Research paradigm

According to Brink et al. (2020:19), a research paradigm is the way in which people respond to basic philosophical questions. Kuhn (1962 cited in Cohen, Manion & Morrison, 2018:8) states that a paradigm is a worldview or a way of looking at a phenomenon, or a view that counts as accepted or correct logical knowledge. This study focused on the constructivist paradigm.

1.8.2 Constructivism paradigm

The constructivist paradigm is also known as the naturalistic paradigm. The constructivist paradigm believes that there are multiple interpretations of reality, and researchers aim to understand physical or psychological phenomena inevitably based on human creation and belief (Leedy & Ormrod, 2021:451). The constructivist

paradigm was used as it contributes to the collection of detailed data, which helps researchers understand a phenomenon from the perspective of those experiencing it. Therefore, this helped the researcher to gain insight into how participants experienced and interpreted their world. Paradigms are characterised according to their specific assumptions, including ontological, epistemological, and methodological assumptions (Brink et al. 2020:19). Assumptions were used to illustrate how the constructivist paradigm was used in this study.

1.8.3 Assumptions

An assumption is a belief that is known to be true without proof (Grove & Gray, 2023:46). Brink et al. (2020:19) also state that assumptions are established facts that guide and influence the researcher's inquiries. Guba (1990 cited in Brink et al. 2020:9; Creswell & Poth, 2018:21) states that assumptions of ontology, epistemology, and methodology are typically used to describe a specific paradigm. In this study, the researcher identified all assumptions pertaining to school-going adolescents' information and perceptions on issues around SRH/SRHRs and verified it.

1.8.3.1 Ontological assumptions

Ontology is a patterned set of assumptions about reality, as described by Brink et al. (2020:19). The ontological view of constructivism, according to MacLeod (2019:1), is that it is an approach to learning where people can actively construct or make their own knowledge, and reality is determined by the experiences of the learner. In addition, Creswell and Poth (2018:20) claim that the ontological view of constructivism emphasises that there are multiple realities and that individuals actively construct their own ideas of reality through their understanding.

When studying individuals, qualitative researchers can conduct a study with the intention of reporting on these multiple realities, which can include evidence of themes using the actual words of different participants as one of the realities or how each participant viewed their experience. Therefore, in this study, the knowledge and perceptions of school-going adolescents in KwaZulu-Natal were explored, and the aim

was to identify the reality of what they knew and their perceptions of SRH and SRHRs. Individual semi-structured and in-depth interviews were conducted and data was thematically analysed using themes that emerged.

1.8.3.2 Epistemology assumption

According to Brink et al. (2020:19), epistemology refers to the knowledge of reality, and Creswell and Poth (2018:21) add that it is the actual relationship between the researcher and the participant. Therefore, subjective experience is gained through subjective experiences of participants. Therefore, it was important to conduct the interviews in the field where the participants were attending school. In this study, the researcher visited the school and the boarding houses of the participants so that a relationship could be established with the school-going adolescents before conducting in-depth individual semi-structured interviews.

1.8.3.3 Methodology assumption

Methodology is the specific way the researcher chooses to conduct the study. It may also be regarded as the particular way of gaining knowledge about the topic under study (Brink et al. 2020:19). Creswell and Poth (2018:21) elaborate that a methodology is considered inductive, emerging, and is shaped by the researcher's experience collecting and analysing data. According to the constructivist paradigm, there should be an in-depth understanding of the issue at hand. In order to obtain detailed information, inductive processes should be used (Creswell & Poth, 2018:21).

In this study, the qualitative approach with descriptive and explorative design was used. Exploration occurred when the researcher asked both closed- and open-ended questions. The researcher also asked why, when, where, and how the questions were answered so that a descriptive approach could be applied while collecting data on what adolescents knew about SRH / SRHRs. Data were collected through individual, semi-structured, face-to-face interviews and thematically analysed using the Braun and Clarke six-step analysis approach. Recommendations were also made to different stakeholders to build on the identified gaps.

1.8.3.4 Axiology assumption

This is when the researcher makes their value known in a study (Creswell & Poth, 2018:21). The information obtained from the participants added value to SRH and SRHRs in that recommendations were suggested to the multidisciplinary team on the identified gaps. In this study, it was found that learners did not have comprehensive information to make informed decisions, exposing them to risky behaviours because teachers were not adequately trained to teach sex-related topics. Therefore, recommendations were made to the Department of Basic Education to adequately train teachers.

1.9 THEORETICAL FRAMEWORK

The framework, according to Adom, Hussein and Agyem (2018:438), provides guides for the research study and grounds it firmly in theoretical ideas. Therefore, the theoretical framework is a set of ideas that provided a structure guiding this study.

To explain health behaviour, several models and theories have been developed and designed. The Social Ecology Model was used in this study to determine the community's characteristics and understand how adolescents acquire knowledge on SRH/SRHRs and their perception toward it.

1.9.1 The social-ecological perspective

The ecological perspective emphasises interactions and interdependence between and across the social spectrum. It relates health behaviour to the environment to which individuals are exposed. Therefore, an understanding of health is incomplete without an appreciation of the environment. Central to the ecological perspective is the assumption that people are affected by their environment, and they affect it too.

This relationship between the individual and the environment and how they affect and influence each other is known as reciprocal determinism or reciprocal causation. Bronfenbrenner's ecological theory was used as a conceptual tool to guide this study.

1.9.2 Bronfenbrenner's Ecological Theory

Bronfenbrenner's theory defines complex layers of the environment, and each layer influences a child's development. It is divided into five different systems: the microsystem, the mesosystem, the exosystem, the macrosystem, and the chronosystem (Renn & Arnold, 2019:261). Ecological system theory explains how human development is influenced by different types of environment systems. In this study, the researcher was interested in the opportunities and risks associated with the way in which adolescents spend their discretionary time outside the regular school day.

Bronfenbrenner's structure of environment:

1. The microsystem: This is the layer closest to the child and consists of the structures with which the child has direct contact. Guy-Evans (2023:1) states that the relationships in a microsystem are bi-directional, meaning the child can be influenced by other people in their environment and is also capable of changing the beliefs and actions of other people. The microsystem structure includes the family, school, neighbourhood, or childcare environment. In this study, for parents to impact adolescents' knowledge, communication was a two-way system, where the adolescents were allowed to have an opinion about what they knew and how they perceived SRH and SRHRs. Moreover, peer influence had an impact on school-going adolescents' behaviour on issues around sexuality.

2. The mesosystem: According to Guy-Evans (2023:1), the mesosystem is where a person's individual microsystem does not function independently but is interconnected and asserts influence upon one another. Essentially, a mesosystem is a system of microsystems, e.g., a child's mesosystem may be their home and the school (Guy-Evans, 2023:1). In this study, parents and teachers helped to impart knowledge to the adolescents. Both parties had an active role in educating adolescents about sexuality issues.

3. The exosystem: According to Guy-Evans (2023:1), the exosystem incorporates other formal and informal social structures, which do not themselves contain the child,

but indirectly influence them as they affect one of the microsystems. For example, the workplace of a parent forms part of a child's exosystem. Instances where exosystems affected a child's development when parents displaced their anger onto the child because of something that happened at work. In this study, an exosystem referred to the education system, health services, legislation, and policymakers, who all had an impact on the type of information given to the school-going adolescents.

4. The macrosystem: Guy-Evans (2023:1) states that the macrosystem focuses on how cultural elements affect a child's development, such as socioeconomic status, wealth, poverty, and ethnicity. This meant that individuals' cultural backgrounds may influence their beliefs and perceptions about events that transpire in life. The macrosystem differs from the previous exosystems as it does not refer to the specific environment of one developing child, but the already established society and culture within which the child is developing. Therefore, if a culture believed that it was taboo to discuss sexual issues with adolescents, that culture would prevent any form of discussion on SRH or SRHRs.

5. The chronosystem: This system, according to Guy-Evans (2023:1), consists of all the environmental changes that occur over one's lifetime, which influence development, including major life transitions, and historical events. These can include normal life transitions such as starting school. This can also include non-normative life transitions such as parents getting a divorce or having to move to a new house. As children got older, they may react differently to environmental changes, and they may be better able to determine how that change will influence them. To apply this concept to this study, as adolescents got older, they changed their perceptions towards SRH and SRHRs.

1.10 RESEARCH METHODOLOGY AND RESEARCH DESIGN

1.10.1 Study approach and design

A research design is concerned with the overall blueprint of how to conduct the research (Cohen et al. 2018:175). Therefore, it is the plans and procedures that guide the researcher in moving from broad assumptions to detailed methods of data collection, analysis, and interpretation. It may also be regarded as the most

appropriate way in which to answer a research question, which takes a lot of considerations, including the number of subject groups, the timing of data collection, and the researcher's interventions, if any. Brink et al. (2020:112) state that no particular research design is considered more valuable than another, but the best design is always the one most applicable to the research problem and purpose. In this study, the qualitative methodology with an exploratory-descriptive design was used.

Descriptive research designs aim to identify problems with current practice or prevailing trends that should be prevented and may be used to develop theories (Grove & Gray, 2023:494). According to Brink et al. (2020:96), descriptive designs are used where more information is required about certain characteristics, and it describes the variables required to answer the research question; however, it does not have any intentions of establishing a cause-effect relationship. It can also answer what, where, when, and how questions, but not why questions (McCombes, 2019:1). It may also be used to identify problems with current practice, justify practice, make judgements, or determine what is being done in similar situations by other professions. In this study, the descriptive design was used because the researcher wanted to obtain detailed information on how, where, and what information school-going adolescents have about sexuality topics and their perceptions towards sexuality.

An *exploratory research* design is defined by Swedburg (2018:2) as an attempt to discover by working your way through the topic. This design is used to increase the knowledge about a topic under inquiry and is not intended for generalisation.

In this study, this design was chosen because a description of the adolescents' knowledge and perceptions of SRH and SRHRs was offered by working through the study (through exploration). The advantage of using the exploratory design was that it helped the researcher gain insight into what previous researchers found on the topic.

1.10.1.1 Study setting

Grove and Gray (2023:502) define the research context as the physical location of the investigation. Following extensive journal reading, it was determined that a research study setting is the actual physical, social, or experimental setting in which the

research will take place. Majid (2018:3) adds that a study's location is crucial to the research investigation.

This study focused on a high school in Richards Bay, UMhlatuze Municipality, King Cetshwayo District, KwaZulu-Natal, South Africa. The city of Richards Bay is a gateway to Zululand and a socioeconomic hub, popular with foreign and local tourists, putting the youth at risk of contracting various diseases and unplanned pregnancies. The respective high school was chosen because it is one of the top-ranking high schools in the area, with learners of different races (Coloureds, Indians and Africans). Moreover, it has a clinic nearby and the researcher wanted to get information about the availability and adolescents' use of SRH services.

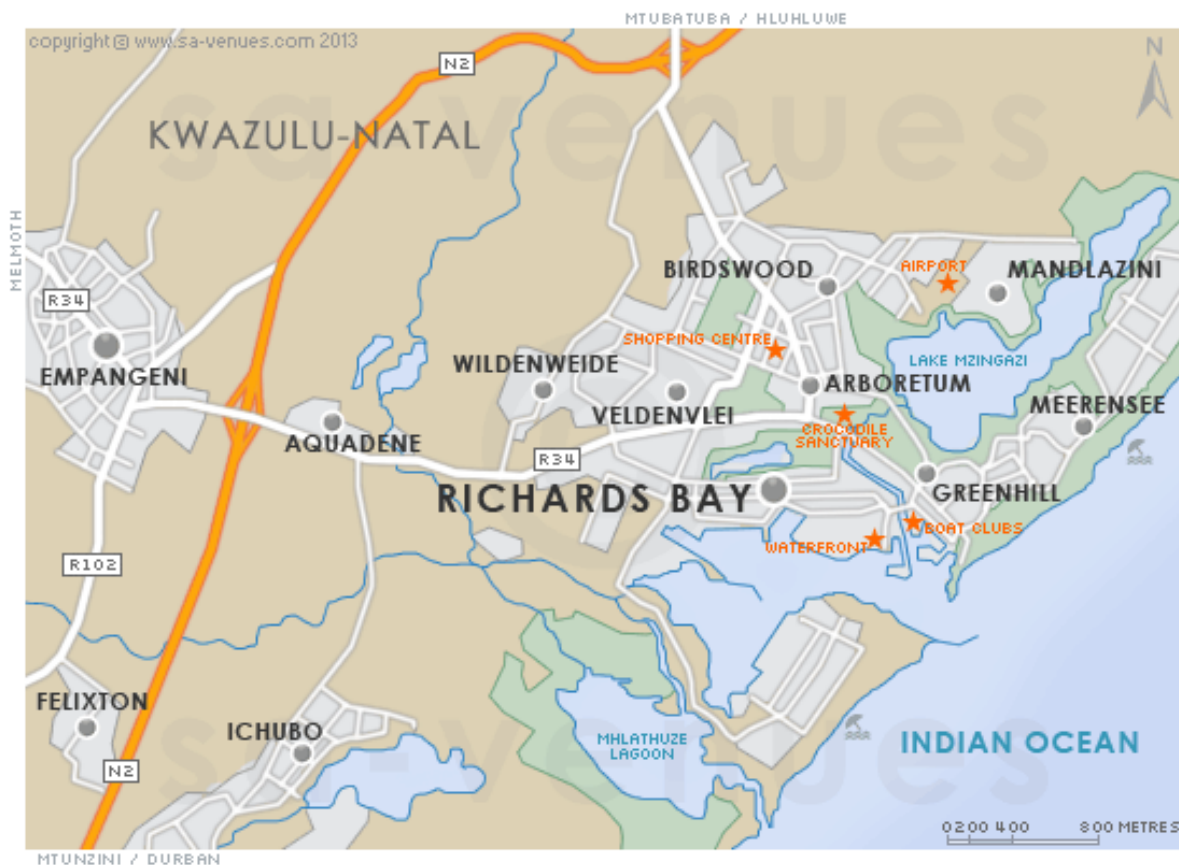


Figure 1.1: Map for Richards Bay

1.10.1.2 Data collection

a) Semi-structured interviews

According to Grove and Gray (2023:502) and Leedy and Ormrod (2021:181), semi-structured interviews are interactions between a researcher and participant, where the

researcher may ask standard questions with one or more individually tailored questions to get clarification or probe participant reasoning.

In this study, semi-structured interviews were conducted, and the central questions posed during the interview were: “What do you know about SRH and SRHRs? Are there any SRH services available in your area, and do you make use of them? Do peers influence you either positively or negatively on sexual issues? Are there any hindrances that prevent you from getting information on sexuality issues? How would you prefer to get information on SRH/SRHRs issues? How do you feel about SRH and SRHRs when being taught? Do you perceive learning about sexuality issues is acceptable or taboo?”

1.10.1.3 Data analysis

Braun and Clarke’s (2006, cited in Fouché, Strydom & Roestenburg, 2021:402) thematic six-step approach was used in this study. The following steps were used:

Step 1: Becoming familiar with the data.

Step 2: Generating initial codes.

Step 3: Searching for themes.

Step 4: Reviewing themes.

Step 5: Defining the themes.

Step 6: Writing up the report.

The four themes that emerged during data analysis included: school-going adolescents’ knowledge and perception of SRH/SRHRs, availability and use of adolescent SRH services, adolescents’ preferred way of receiving sexual information, and adolescents’ perceptions of SRH information, whether taboo or accepted.

1.11 SCOPE OF THE STUDY

The study participants were selected using quota sampling so that they were a good representation of the main population of Richards Bay. The sample had a

representation of two races: Coloureds and Africans. However, the study participants were limited to school-going adolescents from one high school, which may not be a good representation of adolescents in KwaZulu-Natal and the pure Indian and pure White adolescents were not represented. Also, only the qualitative methodology was used, and a mixed method would have yielded better findings.

1.12 STRUCTURE OF THE DISSERTATION

This dissertation is structured as follows:

Chapter 1 - Orientation to the study

This chapter discussed the orientation of the study, the background of the research problem, the research purpose, the research problem, research objectives and questions. It also presented definitions of the key terms, the study's theoretical foundation, the research methodology, the study's scope, and the dissertation's structure.

Chapter 2 - Literature review

This chapter presents a systematic review of the literature on adolescents' knowledge and perceptions of SRH and SRHRs, and factors affecting the dissemination of knowledge and perceptions. This information is presented under the following sub-headings: Exploring school-going adolescents' knowledge and perceptions of SRH and SRHRs; factors affecting the dissemination of knowledge and perceptions; and strategies to improve the dissemination of knowledge and perception of SRH and SRHRs among school-going adolescents.

Chapter 3 - Research design and methodology

This chapter discusses the research approach and design. The discussion includes the study setting, study population, sampling method, sample size, inclusion and exclusion criteria.

Chapter 4 - Analysis, presentation, and description of the research findings

This chapter presents the analysed data and management thereof. It also discusses the highlights of the study's findings.

Chapter 5 - Conclusions, recommendations and limitations

This chapter presents a summary and interpretation of the research findings, conclusions, recommendations, and limitations of the study, and offers final conclusive remarks.

1.13 CONCLUSION

Chapter 1 was the orientation of this research study, where the researcher introduced SRH and SRHRs, and how it remains a challenge for adolescents as they are vulnerable. The purpose of the study was to explore school-going adolescents' knowledge and perceptions of SRH and SRHRs. The identified problems that led to the study and objectives were discussed, and key terms used in this study were defined. Chapter 2 presents a literature review on issues around SRH and SRHRs. 3

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This section reviews literature regarding school-going adolescents' knowledge and perceptions of SRH and rights. According to Brink et al. (2020:57), a literature review involves reading, understanding and drawing conclusions about other authors' publications and then representing them in an organised manner. This literature review aimed to identify the most recent and relevant information and identified gaps related to SRH and SRHRs, which may be used to reduce morbidities and mortalities among school-going adolescents.

For this literature review, recent information between the years 2018 and 2023 was obtained. The literature was extracted from Google Scholar journal articles, PubMed and midline database, the Hornby Dictionary, prescribed textbooks by Brink, van der Walt and van Rensburg, Cohen, Manion and Morrison, Creswell and Poth, Grove and Gray, Polit and Beck, and websites that included Reliefweb, web of Hinari, and the WHO web. The keywords used to search information included 'SRH', 'SRHRs', 'knowledge', 'perceptions', and 'youth-friendly services'.

2.2 ILLUSTRATION OF HOW LITERATURE REVIEW UNFOLDS

Figure 2.1 is an illustration of how Chapter 2 unfolds. The literature review looked at what SRH and SRHRs are, factors affecting the dissemination of SRH/SRHRs information, and strategies to improve the dissemination of information.

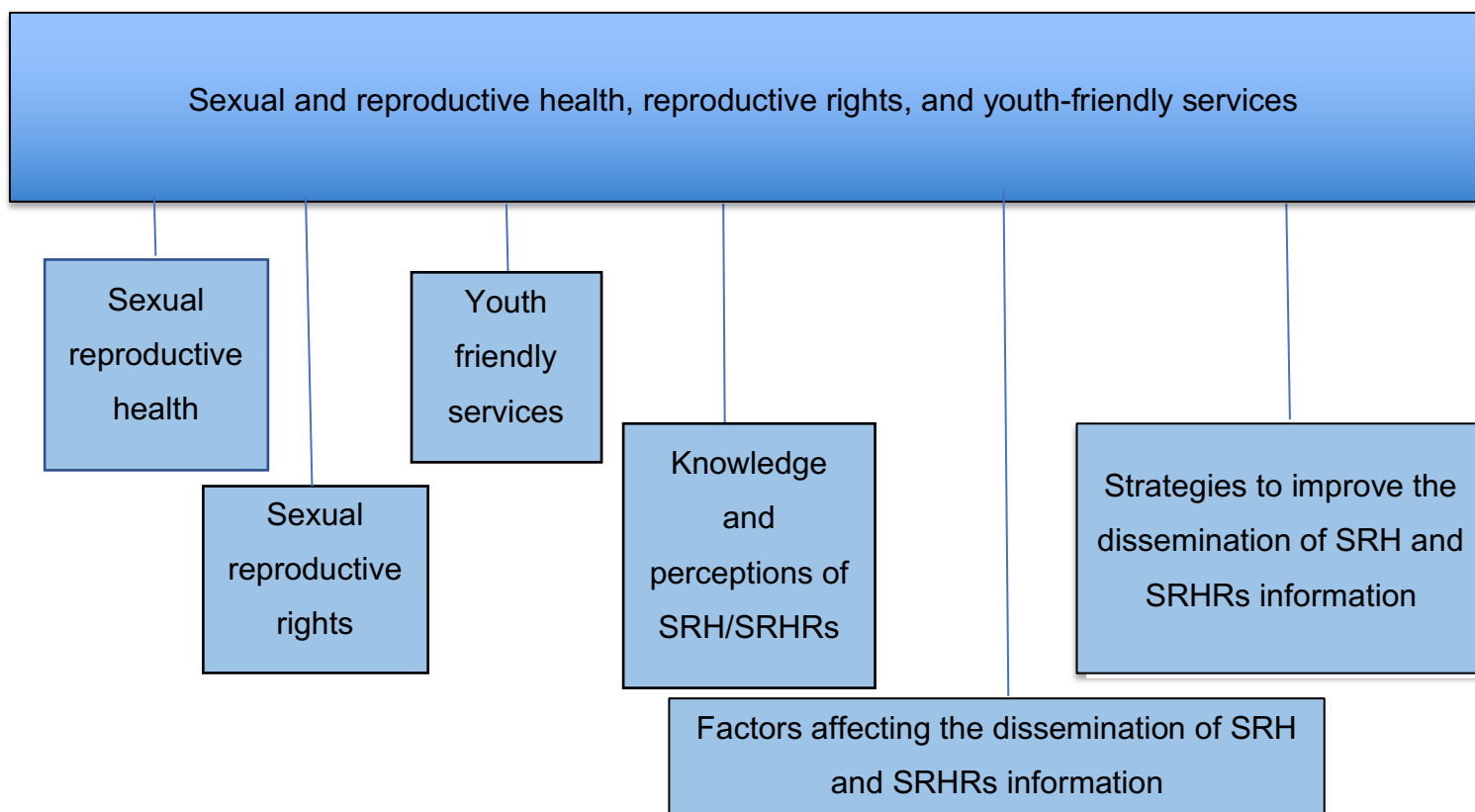


Figure 2.1: An illustration of how the literature review unfolds

2.3 SEXUAL AND REPRODUCTIVE HEALTH, REPRODUCTIVE RIGHTS, AND YOUTH-FRIENDLY SERVICES

The terms ‘SRH’ and ‘SRHRs’ are a canopy for a number of significant human rights, divided into four categories: sexual rights, sexual health, reproductive health, and reproductive rights. SRH and SRHRs can also be defined as timely, comprehensive sexual education programmes that teach male and female adolescents and young adults about their bodies, relationships, and sexuality while empowering them to speak out against sexual harassment, exploitation, and abuse. Adolescents can obtain this information through sexual education from various sources, including schools, the media, community forums, churches, and medical facilities, among others.

According to Mazur, Brindis and Decker (2018:2), youth-friendly services are an approach to delivering health services to meet young people’s SRH needs. These services support their physiological, cognitive, emotional, and social transition into

adulthood. However, various challenges prevent adolescents from gaining comprehensive knowledge of SRH, their sexual rights, and access to SRH services.

2.3.1 Sexual and reproductive health

According to the National Development Plan (NDP) (2019:1), SRH services enable people of all ages to have safe and satisfying sexual relationships by tackling obstacles like gender discrimination, inequality in access to health services, restrictive laws, sex coercion, exploitation, and gender-based violence. SRH includes services like antenatal care, perinatal care, newborn care, and family planning. Furthermore, the WHO (2020:5) elaborates that key population programmes that address SRH should include HIV and STI services for vulnerable women like sex workers and women who use drugs.

However, recent reports of contraceptive options and HIV outcomes show that the incidents of HIV and STI remain high among adolescent girls and women in parts of eastern and southern Africa (WHO, 2020:5). Additionally, Ninsiima et al. (2021:1) state that access and the use of SRH and SRHRs among adolescents are unsatisfactory in low and middle-income countries in sub-Saharan Africa. Juma et al. (2021:2) also identified that adolescents in sub-Saharan Africa bear a significant and disproportionate burden of poor SRH and SRHRs outcomes, and this region accounts for the highest adolescent HIV rates globally. Therefore, there is a need to improve SRH in these identified regions. To deliver quality SRH services, healthcare facilities should render care according to stipulated health norms and standards, including youth-friendly and non-judgemental services, especially for adolescents.

2.3.2 Sexual and reproductive health rights

Section 27 of the Constitution of the Republic of South Africa states that SRHRs, which include the right to define sexuality, secrecy, respectful and excellent services, education, and thorough sexuality education, are significant human rights. Having a safe pregnancy and delivery, receiving proper prenatal and postnatal care, and having access to family planning counselling are all examples of SRHRs, according to Kanem (2018:1).

Therefore, this entails that adolescents have the right to be respected, receive high-quality services that are non-judgemental, and receive comprehensive sexuality education so that they have adequate information to make informed decisions about their sexual and reproductive health. This may contribute to a reduction in morbidities and mortalities related to SRH, especially among adolescents. However, research in Limpopo province, South Africa, showed that women in rural areas lack autonomy due to their socioeconomic status, religion, and sociocultural influences that silence and deny them the opportunity to exercise their sexual and reproductive rights (Kgashanes, 2021:1).

In addition, community norms and traditions may or may not have a powerful influence on health, promoting progressive and pro-social actions (WHO, 2018:3). For instance, norms and standards about SRH do not typically promote the progression of health rights as elaborated by the WHO (2018:3). Unequal gender norms supporting harmful traditional practices such as female genital mutilation, norms that condone violence, norms that discourage discussions on sexuality and reproductive health, and norms that oppose the provision of sexuality education and SRH services prevail. Therefore, there was a need to explore adolescents' knowledge about their sexual rights so that identified gaps could be presented to the multidisciplinary team for correction.

2.3.3 Youth-friendly services

The NDoH and various partners are promoting youth-friendly services, and these are being used as a way to standardise the quality of adolescent health services offered to the nation (James et al. 2018:1). "Love Life", a national adolescent non-governmental organisation working with a coalition of non-governmental organisations, is a recognised youth-friendly clinic programme in South Africa. The following standards are expected to be implemented for a service to be regarded as youth-friendly (James et al. 2018:1):

- Policies and processes should be available that support the rights of adolescents.
- Appropriate adolescent health services should be available and accessible on a 24-hour basis, with adequate drug supplies and equipment to provide essential

services.

- Health centres should have a physical environment conducive to providing youth-friendly health services.
- Relevant information, education, and communication should be provided to promote behavioural change.
- A system should be available where staff is trained and developed to render effective adolescent-friendly services, including psychosocial and physical assessments, individualised care, and continuity of care through a proper referral system.

However, most health centres are not youth-friendly, and health practitioners are usually perceived as judgemental, according to the findings of a study conducted in Khayelitsha, Thembisa, and Soweto, South Africa (Pleanar, Kutwayo, Beksinsk, Mabetha, Naidoo & Mullick, 2022:1). Ninsiima et al. (2021:2) also concur that access to and the utilisation of youth-friendly and SRH services is still a challenge for adolescents, especially in sub-Saharan Africa. Moreover, Zanoni, Sibaya, Cairns and Habrer (2019:1) conducted a study in KwaZulu-Natal that showed youth-friendly services facilitated adolescents' retention in HIV care.

Therefore, health centres providing SRH services should be youth-friendly so that adolescents are free to use these services. This will empower the adolescents with comprehensive knowledge of sexuality issues to help them make informed decisions. It will also retain them under specific programmes and contribute to reducing SRH morbidities and mortalities. In this study, the researcher also explored causes that prevent the dissemination of information on sexuality among adolescents.

2.4 KNOWLEDGE AND PERCEPTION

2.4.1 Concept knowledge

Knowledge refers to information, facts or skills that are gained through either education or experience. According to Bolisani and Bratianu (2018:2), knowledge is defined as a justified true belief, and there are three kinds of knowledge: experiential knowledge, skills knowledge, and knowledge claims, which are all interconnected. Knowledge can also be defined as a platform for information, experience, values, and insight, which

can be evaluated and absorb new content (Li, 2018:73). Therefore, knowledge may be regarded as facts, information, and skills acquired by a person through experience or education. According to Fieser (2021:1), experiential knowledge is what we get from the environment via our senses, skill knowledge is about how to do something, and knowledge claims are what we know or think we know.

Experiential knowledge

Experiential knowledge is what an individual acquires from their surroundings by hearing, seeing, smelling, or touching. Therefore, in this study, adolescents' experiential knowledge of SRH reflected what they knew based on their background and environmental setting, including their cultural experiences with SRH. Some cultural beliefs were not SRH-friendly; for example, some cultural beliefs claim parents talking to their adolescents about sex-related issues is an indirect way of encouraging them to start engaging in sexual activities. Therefore, in this study, an exploration was undertaken of what adolescents learned from their environment. The knowledge that was detrimental to them should be dealt with accordingly with the help of the multidisciplinary team.

Skills knowledge

Skills knowledge may be referred to as the process of acquiring the ability to achieve certain goals through practice and hard work. Adolescents should gain self-awareness, self-confidence, engage in socially responsible behaviour, and maintain good intrapersonal relationships to develop knowledge. Relating to SRH, adolescents are expected to have life skills and family planning skills to prevent unplanned pregnancies. However, most adolescents do not have adequate life and family planning skills, as evidenced by the high number of adolescent pregnancies. Skills related to sexuality are typically only taught to individuals considered to be ready for marriage by elders (African Population & Health Research Centre, 2020:1).

Several researchers (Mpondo et al. 2018:1; The African Population and Health Centre, 2020:1) claim the school health curriculum fails to adequately equip adolescents with comprehensive information to make informed decisions and gain appropriate life skills.

Knowledge claims

Knowledge claims refer to individuals creating the means to justify their thoughts or beliefs. Therefore, this research study explored adolescents' claims of facts, values, policy concepts, and interpretations of SRH. An exploration of adolescents' knowledge of SRH and SRHRs identified gaps to be resolved with the aid of the multidisciplinary team.

2.4.2 The concept of perception

Perception is the process by which an individual can select, organise, and interpret sensations that may reflect an immediate response of sensory receptors (for instance, your eyes, ears, nose, fingers, and mouth) to basic stimuli such as light odour, colour, sound, and texture (Madichie & Ayasi, 2018:153). After defining the term 'perception', it was concluded that perception is how a person sees, hears or becomes aware of their environment through the senses. In this study, an exploration of school-age adolescents' perceptions of SRH issues were carried out.

2.5 SCHOOL-GOING ADOLESCENTS' KNOWLEDGE AND PERCEPTIONS OF SRH AND SRHRs

Knowledge and perception play an important role in facilitating people's access to health care. Therefore, school-going adolescents should be equipped with relevant, comprehensive information on SRH and SRHRs so they can make informed decisions.

2.5.1 Knowledge of SRH

SRH education is important because it informs adolescents about the dangers of premarital sex, helping them avoid dangers or play it safe. It also protects adolescent girls from pregnancy, unsafe abortion, morbidities, and mortalities.

A lack of knowledge on issues around sexuality can adversely affect adolescents' lives and the lives of their unborn children. However, school-going adolescents do not have adequate information to make informed decisions. This view was confirmed by

research conducted at eight health and demographic surveillance sites across sub-Saharan Africa. It was determined that knowledge of HIV appeared widespread, but knowledge of other dimensions of SRH seemed lacking, especially among early adolescents aged 10 to 14 years (Finlay, Assefa, Mwanyika-Sando, Dessie, Harling, Njau, Chukwa, Oduola, Shah, Adanu & Bukonya, 2019:5). The South African NDoH (2019:7) added that many people do not have adequate knowledge about fertility, which affects their choice of contraception. Furthermore, the NDoH (2019:3) elaborates that most South Africans have limited knowledge of the range of contraception methods available, which may result in unplanned pregnancies. Moreover, a study conducted in the United States and other high-income countries' high schools showed gaps in school-based comprehensive sexuality education implementation, in terms of the International Technical Guidance's recommendations (Myat, Pottanittum, Sothornwit, Ngamjarus, Rattanakanokchai, Show, Jampathong & Lumbiganon, 2023:1).

Despite the evident lack of knowledge about issues of sexuality, the Department of Basic Education (2019:1) explains that comprehensive sex education was introduced in schools in 2000 from grades 4 to 12. This is within the subject of Life Orientation (LO) and Life Skills (LS), so learners should not receive misleading information about sex, sexuality, relationships, and gender. The curriculum aims to provide scientifically accurate information and build positive values and attitudes to help school-going adolescents safely explore the transition to adulthood. The curriculum also seeks to address real-world challenges school-going adolescents face in their daily lives. Therefore, there was a need to explore the school-going adolescents' knowledge and perceptions of sexuality issues to address challenges and identify shortcomings.

2.5.1.1 Role of culture on sexual and reproductive health knowledge acquisition

Culture is referred to as the human-made environment, which includes material and nonmaterial objects that can be passed down from generation to generation (Kapur, 2020:1). In other words, culture consists of values, beliefs, communication systems, and practices commonly shared by people collectively.

A study conducted in the Karamoja sub-region of Uganda found that culture is thought to provide rules of sexual conduct between sexes, which shape knowledge, beliefs, and practices regarding SRH services among adolescent girls (Achen, Atekyereza & Rwabukwali, 2021:1). Some cultural beliefs are not SRH-friendly; for example, it is considered taboo for adolescents to seek sexual and reproductive services. However, Achen et al. (2021:1) state that there seems to be little empirical evidence of the role of culture in shaping sexuality. Therefore, this study tried to identify cultural aspects that hinder the dissemination of SRH information and refer these to the multidisciplinary team to help correct the identified challenge. Ultimately, promoting cultural integration between traditional norms and those of the Western world that encourage effective parent-child communication can also be helpful in disseminating SRH information.

2.5.2 Perception of SRH

According to Hornby (2018:4), perception is the way in which an individual notices things, especially with the use of their senses. Adolescents' perceptions of issues around SRH are usually affected by the community at large, which aligns with the traditional standards governing sexuality (Achen et al. 2021:2). Research shows that there are mixed perceptions around sexuality. Govender et al. (2019:8) conducted research in Ugu, KwaZulu-Natal, reflecting different perceptions on issues around SRH. These included that 24% of participants perceived that sex before marriage was acceptable, 26% perceived abstinence from sex was difficult during adolescence, and 16% perceived that using a condom during sexual intercourse reduced sexual pleasure. However, many adolescents also perceived that family planning services could protect them from unplanned pregnancies and STIs, and they believed women are responsible for taking protective measures during sexual intercourse.

These types of perceptions show a need to implement strategies that will help disseminate accurate information on issues around sexuality. Research conducted in a rural area in KwaZulu-Natal, South Africa, concurred that adolescents perceived individualised information on HIV and SRH would have an impact and prompt them to access and utilise available interventions (Zuma, Seeley, Chimbindi, McGrath, Floyd, Birdthistle, Harling, Sherr & Shahmanesh, 2020:1063). In addition, that study also

showed adolescents perceive that acquiring relevant information would help them make informed sexual health decisions and employ necessary precautions once they are sexually active.

Moreover, findings from a study conducted at 13 secondary schools in Khayelitsha, Tembisa, and Soweto, South Africa, revealed that although transactional sex was thought to be risky, some teenagers believed it to be advantageous and necessary for achieving material success (Pleaner et al. 2022:1). Adolescents should therefore receive sufficient information on sexuality-related topics in order for them to see SRH and SRHRs favourably.

2.6 FACTORS AFFECTING THE DISSEMINATION OF KNOWLEDGE AND PERCEPTIONS ON SRH AND SRHRs

Lack of access to adequate information and services on SRH and SRHRs means adolescents are exposed to unsafe practices that may lead to unplanned pregnancies, childhood marriages, unsafe abortions, STIs, and HIV. Therefore, the provision of adequate information on issues around sexuality to adolescents is critical. However, some factors affect the dissemination of knowledge worldwide, which may include the following:

2.6.1 Culture, community norms, and traditions

Culture provides rules on how individuals should behave between sexes, shaping the knowledge, beliefs, and practices regarding SRH issues among adolescent girls (Achen et al. 2021:1). Achen et al. (2021:2) mentioned Okechi (2018) said the African culture is not good at allowing issues about sexuality to be discussed openly. However, elders may discuss them indirectly with those ready for marriage.

Moreover, norms may also influence the way adolescents act towards SRH. Social norms are the shared standards of acceptable behaviour by groups. Some community norms discourage discussions about sexuality and reproduction, and other norms oppose the provision of sex education and SRH services (WHO, 2018:3). Such norms

should be identified, and measures to correct them can be implemented by the relevant stakeholders.

Additionally, there are traditional beliefs that affect SRH negatively; for example, some traditions regard sex-related discussions by parents with adolescents as taboo. Parents would therefore not communicate with their adolescent children about any issues around sexuality. This poses a challenge for adolescents in accessing the quality information required to improve their knowledge of SRH and SRHRs. Thus, communities with such cultural beliefs can highlight the importance of communication between parents and their adolescent children.

Parents, namely mothers, fathers, aunts, uncles, guardians and other close relatives are expected to inform adolescents about sex-related matters. However, according to Zuma et al. (2020:1065), adolescents received no comprehensive information about sexuality issues from their parents, leading to risky sexual behaviour. This includes a lack of guidance and care from parents and other close relatives. In most cultures, it is regarded as taboo for parents to discuss sexual issues with their adolescent children, as this would be interpreted as parents encouraging their children to start having sex.

2.6.2 Inadequate information provided by schools and Teachers lack adequate information

LO is one of the curriculums in South Africa offering a holistic study of the self and oneself in society. LO also includes topics on health care, lifestyle, healthy living, and physical fitness. According to Mturi and Bechuke (2019:136), LO is expected to enable learners to make informed, morally responsible decisions for which they are accountable. In the foundation phase, which is grade 3, learners are expected to be taught or gain awareness of aspects of HIV and AIDS and sexuality education.

However, it has been found that only HIV/AIDS topics are taught, and matters related to sexuality are not covered in class (Mturi & Bechuke, 2019:136). During this foundation phase, teachers are concerned with learners' social, intellectual, emotional, personal, and physical growth.

Further explanations by Mturi and Bechuke (2019:137) reflect that sexuality issues are only covered in grade 10. This may be regarded as too late for school-going adolescents to acquire this vital information as some are already sexually active. In addition, Mturi and Bechuke (2019:134) revealed their participants felt LO was not taken as seriously by learners and teachers as other subjects because the subject is not considered for admission into tertiary institutions.

Although teachers are regarded as sources of appropriate SRH information, Mturi and Bechuke (2019:137) identified a lack of training for LO teachers. In support, the WHO (2018:7) states that teachers often lack quality training on comprehensive sexual education, participatory sex education facilitation, and non-judgemental positive approaches.

In addition, according to a study conducted in the United Kingdom, Australia, and the United States of America, information for pre-service teachers on comprehensive sexual education was limited (O'Brien, Hendriks & Burns, 2020:1). The above study also revealed there was a variety in teaching content that did not appear to align with international and best practice guidelines. Zulu, Blystad, Haaland, Michelo, Haukanes and Moland (2019:1) state that individual teachers usually make their own decisions on what and when to teach sexuality education. This hinders learners from getting comprehensive education as teachers often focus on abstinence as the only way of preventing pregnancies. Therefore, if teachers do not take LO seriously, adolescents will not be able to acquire comprehensive knowledge from what is being taught at school. Teachers and adolescents ultimately need to be informed about the importance of LO as it will equip adolescents with the necessary knowledge and skills.

2.6.3 Assumptions

According to Grove and Gray (2023:491), assumptions are reports taken for approval or considered true even though it has not been scientifically tested. Mturi and Bechuke (2019:137) elaborate that there are many challenges in including sex education in the LO curriculum. For example, an assumption may be made that sex education contributes to promiscuous sexual behaviour. These assumptions have implications

for teaching sex education as some teachers skip sexual issues and tell learners to just abstain from sex. The WHO (2018:7) concurs there is a widespread misconception that providing adolescents with comprehensive sexuality education prompts their decision to start engaging in risky sexual behaviour. Moreover, some teachers find it difficult to openly discuss sexual matters with young learners, and there is also a belief among parents that their adolescent children are too young to understand issues around sexuality.

2.6.4 Sexual and reproductive health policy

According to Mturi and Bechuke (2019:137), the LO policy on sexuality education was formulated within the health framework, consequently concentrating on diseases like HIV and AIDS and not broader issues related to sex. However, there are guidelines for SRH and SRHRs for adolescents that include the:

- WHO guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries (WHO, 2018:11). These are specific to adolescents and provide recommendations for action and research to prevent early pregnancy and poor reproductive outcomes.
- Consolidated guidelines on SRH and SRHRs for women living with HIV (WHO, 2021:37). These guidelines uphold human rights, dignity, and respect, and involve community members as stakeholders.

Various other guidelines are being used for SRH/SRHRs directed toward adolescents despite the policy being formulated under the health framework.

2.6.5 Lack of access to healthcare facilities

Although healthcare services are available, adolescents expressed they did not get adequate information because of their inability to access healthcare facilities due to judgemental behaviour by healthcare providers and community members (Zuma et al. 2020:1065). The lack of youth-friendly services is another issue affecting information dissemination to adolescents. Therefore, measures should be implemented to make

health centres more youth-friendly.

In addition, the results of a survey conducted during the Covid-19 pandemic in 29 countries found 86% of these countries reported reduced access to contraceptive services, 62% reported reduced surgical abortions, and 46% reported reduced medical abortions due to Covid-19 restrictions (Endler, Al-Haidari, Benedetto, Chowdhury, Christilaw, El Kak, Galimberti, Garcia-Moreno, Gutierrez, Shaimaa, Kumari, McNicholas, Mostajo, Maganda, Ramirez-Negrin, Senanayake, Sohail, Temmerman & Gemzell-Danielsson, 2020:2). This shows that during the Covid-19 pandemic, access to SRH services was difficult due to restrictions that were put in place to prevent the spread of the infection.

2.6.6 Religious beliefs

Some religions guide parents and caregivers on what to discuss with adolescents. However, most religions focus on abstinence and believe sex is only meant for married people. Therefore, parents, pastors, and close relatives do not discuss sexual topics with their adolescent children (Regnerus, 2021:77). Such beliefs also prevent religious leaders from discussing sexuality issues with the youth in churches, leading to adolescents acquiring inaccurate information from peers. This study tried to identify if any information is given to adolescents by churches and furnish the multidisciplinary team with the information so they can help correct the situation.

2.7 STRATEGIES TO IMPROVE THE DISSEMINATION OF KNOWLEDGE AMONG ADOLESCENTS

The NDoH (2019:8) emphasises that there should be comprehensive sexuality education for adolescents, which is age-appropriate, culturally relevant, scientifically accurate, non-judgemental, and realistic. This knowledge provides an opportunity to explore one's values, attitudes, and build on good decision-making. States have an obligation to provide comprehensive information and education to adolescents as stipulated under human rights laws (WHO, 2018:1).

2.7.1 Community involvement

It is expected that communities should have community-based education programmes to change families' and communities' attitudes towards addressing the challenges of disseminating information on SRH and SRHRs to adolescents. The Joint United Nations Programme on HIV/AIDS UNAIDS (2019:2) mentioned some possible strategies, including community-organised interventions; for example, communities should empower each other with information about sexuality and their rights. These may also include peer-to-peer counselling, the involvement of community health workers, providing door-to-door services, having grassroots activities, and a network of people living with or affected by issues around SRH. A study was also conducted that showed home-based interventions and healthcare services provided more privacy and confidentiality, and this was preferred by adolescents (Zuma et al. 2020:1005).

2.7.2 Effective parent-adolescent communication

It was noted that parents conversing with their adolescents about SRH could have a beneficial impact on the adolescents (Finlay et al. 2019:45). This has an impact on their sexual behaviour. Platforms should be created where parents are educated on the importance of parent-adolescent communication. This is critical because parents would not offer misleading information to their adolescent children if they were appropriately educated on the topic themselves. The information they give would be accurate and sensitive to their acceptable culture.

2.7.3 Cultural strategies

Culture provides rules on sexual conduct between sexes, shaping individuals' knowledge, beliefs, and practices regarding SRH issues (Achen et al. 2021:1). Therefore, a culture that encourages good SRH practices should be promoted. The cultural ideology of sexuality impacts the way adolescents utilise SRH services and information (Achen et al. 2021:2).

2.7.4 Easy access to healthcare facilities

As identified by Zuma et al. (2020:1065), adolescents felt they could not access health facilities for information due to the unfriendly attitude of healthcare providers. The healthcare providers should be friendly and non-condemnatory, and they should provide youth-friendly services; that is, services should be provided on a 24-hour basis, and should be run by a knowledgeable and trustworthy counsellor. The NDoH (2019:2) states that numerous mechanisms and programmes were required to improve issues around SRH health, including the following:

- Adolescent and youth-friendly services to improve the quality of care for youth and adolescents.
- Integrated school programmes.
- Ideal clinics with good infrastructure, adequate staff, availability of medicines and supplies, and administrative processes.
- A youth-interactive cell phone health platform to empower adolescents to make the right choices based on accurate information.
- Campaigns like ‘She conquers’, a national campaign aimed at empowering adolescent girls and young women to address major issues that adolescent girls face in South Africa.

The implementation of the above mechanism may help with the dissemination of information on SRH and SRHRs to school-going adolescents.

2.7.5 Use of multimedia strategies

With advances in technology, most adolescents spend their time on computers. Therefore, Govender et al. (2019:1) suggested that a digital platform should be used to deliver adolescent SRH education. This may include social media, which is now popular among adolescents. According to Feroz, Ali, Khoja, Asad and Saleem (2021:10), the results of studies conducted in low and middle-income countries on the use of social media for SRH showed an improvement in SRH services. An automated text-based system also improved access to family planning information. Text

messaging programmes also helped adolescents learn more about SRH, how to prevent HIV, helped them adhere to antiretroviral therapy, and changed their attitudes toward risky sexual behaviour. This demonstrated that adolescents have freedom with the use of media and are able to learn a lot since healthcare professionals do not discriminate or pass judgement on them. Therefore, findings showing that the media helped people obtain information about sexuality should be shared with the multisector for collaboration.

2.7.6 Sexual and reproductive health policies

Policies that are accessible help to spread sexuality education among adolescents. These regulations stipulate that by offering high-quality, comprehensive sexuality education, the National Policy on the Prevention and Management of Learner Pregnancy in Schools seeks to lower the prevalence of learner pregnancy (NDoBE, 2021:24).

2.8 SUMMARY

SRH services entail timely, comprehensive sexual education that allows individuals to learn about their sexuality and related factors. The government of South Africa has put measures in place to improve adolescent knowledge of SRH by formulating policies and guidelines to address sexuality issues and promote youth-friendly services at health centres. However, adolescents are still facing challenges in accessing SRH services, leading to a lack of comprehensive information to make informed decisions. Increased morbidities and mortality rates ensue among this population, especially in low and middle-income countries in sub-Saharan Africa. Chapter 3 focuses on the research approach and design used during this study.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

The previous chapter presented literature review. However, this chapter describes the research methodology used to determine school-going adolescents' knowledge and beliefs on matters pertaining to SRH and SRHRs. The chapter examines the research techniques and study design that were employed. This chapter also discusses the study's rigour, ethical issues, and the gathering and processing of data.

3.2 RESEARCH DESIGN

A research design outlines the overall strategy for carrying out the study (Cohen et al. 2018:175). A research design is therefore the researcher's choice of the most effective strategy for solving a research problem. According to Brink et al. (2020:187), the research design should be precise and incorporate all activity sequences, their scope, and participant instructions.

Numerous factors need to be considered, such as the number of subject groups involved in data collection and the involvement of researchers. A research design is considered the general framework of a research study and can also be viewed as a strategy for addressing the research topic. The optimal research design, however, is always the one that is most suitable to the research problem and objective, according to Brink et al. (2020:112). The qualitative, exploratory, descriptive design was employed in this study.

3.2.1 Qualitative methodology

According to Grove and Gray (2023:62), qualitative research entails the investigation of an occurrence, used to define situations and experiences from the perspective of the people in the situation. The qualitative method is also typically regarded as in-depth and holistic, aiming to collect rich narrative material. When studying the human

experience, qualitative approaches typically focus on the qualitative facets of meaning, experience, and understanding (Brink et al. 2020:104). Qualitative methods are appropriate for research inquiries aimed at determining the what, who, and where of occurrences or experiences, gaining an understanding of poorly understood phenomena. The qualitative methodology was therefore feasible for this study because it helped the researcher gather and analyse non-numerical data, such as participants' experiences, conceptions, and opinions.

3.2.2 Descriptive design

The goal of the descriptive design is to logically and properly characterise a population, circumstance, or occurrence. It can respond to inquiries about what, where, when, and how, but not why (McCombes, 2019:1). According to Brink et al. (2020:96), descriptive designs are used when additional information is needed in a particular field regarding specific aspects or views of particular scenarios as they occur naturally. They may also be used to make decisions, explain practice, find flaws in the current method, or see what other professionals are doing in comparable circumstances. In this study, the researcher aimed to learn more about school-going adolescents' knowledge and perceptions of SRH and SRHRs. Therefore, this design was appropriate as it answered what, where, when, and how questions on issues about sexuality.

3.2.3 Exploratory design

An exploratory research design is defined by Swedburg (2018:2) as working through a topic with the aim of discovering. According to Grove and Gray (2023:79), in exploratory research, the researcher explores a topic or describes a situation. Therefore, this design is used to increase knowledge of a topic under inquiry and is not intended for generalisation.

In this study, this design was chosen to get information from school-going adolescents, as the exploration helped the researcher to identify what adolescents knew about SRH and SRHRs, and where and how they attained the information.

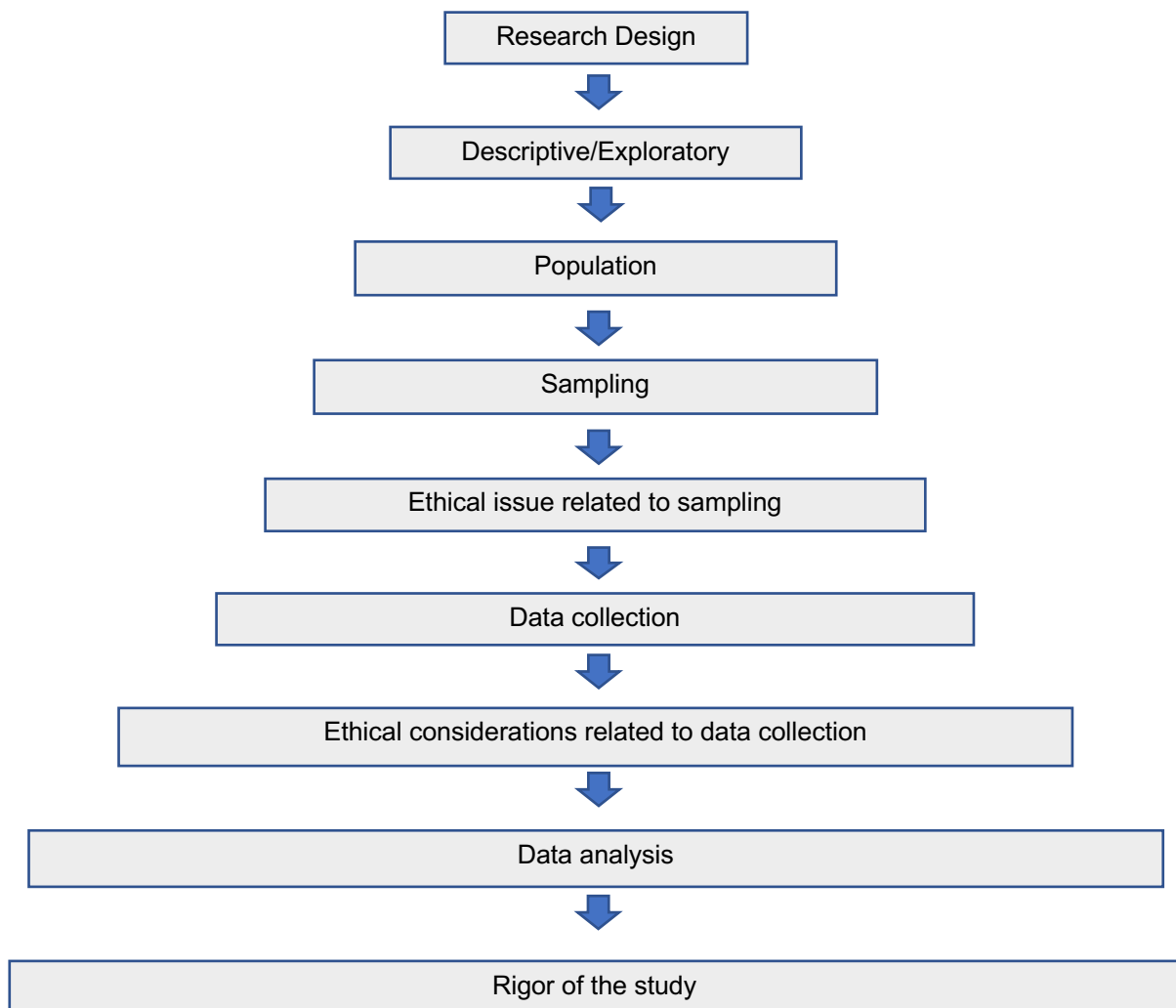


Figure 3.1: An outline of Chapter

3.2.4 Population

A population is defined by Brink et al. (2020:116) as the entire set of people or things that the researcher is interested in and can be included in the research study. Thus, a research population is a group of individuals chosen in accordance with the inclusion and exclusion criteria pertinent to the variable being studied. A population can also be thought of as a pool from which a useful, intentional, or random sample can be drawn. A population is chosen in qualitative research not for generalisability but rather to find suitable participants. Therefore, the population for this study comprised learners (boys and girls) between the ages of 14 and 19 who attended a high school in Richards Bay. The population included 182 boys and 220 girls.

3.2.5 Sampling

Sampling has received various definitions from different authors. According to Grove and Gray (2023:502), sampling is the process of selecting participants who are representative of the population being studied. Similarly, Brink et al. (2020:115) state that sampling refers to the process of selecting a sample from the available population so that it represents the population. Therefore, sampling entails selecting a small group of participants representing the larger population. The sampling method used in this study was non-probability quota sampling.

a) Quota sampling

Quota sampling is a non-random sampling technique in which 'quotas' are created for specific subgroups depending on sample characteristics to boost the sample's representation. The quota sampling method is similar to stratified sampling in that it selects a sample from a population that has been divided into subgroups (Iliyasu & Elikan, 2020:4). However, unlike stratified sampling, which depends on random selection from each subgroup, quota sampling uses a convenience method within each subgroup. To increase the sample's validity, criteria are used in selecting the sample after defining the population. The researcher also determines the population strata before estimating the number of participants required from each stratum.

Quota sampling's objective is to choose a sample that shares characteristics with the total population (Brink et al. 2020:125). In this study, learners in grades 10–12 (grade 10, grade 11, and grade 12) were divided into subgroups (strata) according to their grades, and some of the strata were made up of distinct racial groups, including Africans, and Coloureds. Participants were easily sampled within each stratum.

Quota sampling was used in this study because the researcher wanted to select learners of all ages, genders and races. Moreover, quota sampling assured the inclusion of adolescents who may be underrepresented by other sampling techniques.

b) Sample size

The number of specific participants in the study is referred to as the sample size (Grove & Gray, 2023:502). When data are collected for qualitative research, the sample size is considered adequate if no new information is forthcoming. The amount of information required and the saturation of data thus decide the sample size. When redundancy and no new data are added, this is referred to as data saturation. In this study, 20 participants were recruited. The set quota was four participants for grade 10, seven for grade 11 and nine for grade 12. The number of selected participants increased with an increase in the grade because participants in grades 11 and 12 were freer to discuss sexuality issues and had started using SRH services.

3.2.6 Ethical issues related to sampling

Ethical principles must be followed when conducting research. According to Brink et al. (2020:29), there are three key ethical concepts that serve as a guide for researchers. These principles, which are based on the need to uphold human rights, are respect for persons, beneficence, and justice. A participant's right to fair selection and treatment is a key component of the sampling-based justice principle.

In this study, in order to select participants fairly, inclusion and exclusion criteria were used to choose participants. Quota sampling was also used, and participants were selected from different strata according to their grades and race. Moreover, the participants were not forced to take part in the study. The researcher encouraged free participation, and participants were told that their withdrawal from the study would not affect their academics.

a) Inclusion criteria

According to Grove and Gray (2023:496), inclusion sampling criteria are the requirements that the participants or elements must have to be part of the target population. Inclusion criteria may also be considered the key features of the target population that the investigator will use to answer the research question. Some of these features may include demographics, clinical, racial, and geographic characteristics. Those who were eligible for this study had the following characteristics:

- Adolescents aged between 14 and 19 years.
- Both girls and boys.
- Adolescents attending the selected high school.
- Adolescents willing to participate.
- Africans, and Coloureds.
- Adolescents attending grade 10 to grade 12.
- Adolescents able to communicate in English.

b) Exclusion criteria

Exclusion sampling criteria are the descriptive reasons that exclude or eliminate some elements, subjects or potential participants from the target population for safety reasons or reasons that may alter responses. Therefore, based on this definition, the following were excluded from the study:

- Adolescents aged 10–13 years.
- Mentally ill/intellectually disabled individuals.
- Individuals unwilling to participate.
- Teachers or general workers.
- Adolescents who could not communicate in English.
- Adolescents from other high schools.
- Adolescents from grade 8 to grade 9.

3.2.7 Data collection

Grove and Gray (2023:492) define data collection as the process of acquiring crucial information from research subjects in order to achieve the research goal. Data collection is the precise, organised gathering of information that is pertinent to the researcher's goals, objectives, questions, or hypotheses. The procedure through which the researcher methodically gathers and measures information on variables in order to evaluate results and respond to research questions is known as data collection. In this study, individual, semi-structured, face-to-face interviews were conducted as part of the study's qualitative data collection strategy.

3.2.7.1 Data collection approach

The researcher sought permission from various departments before commencing data collection, and ethical principles were taken into consideration. The departments from whom permission was sought included the College of Human Sciences Research Ethics Review Committee of the University of South Africa (see Annexure A), the Department of Basic Education in the province (see Annexure H), and the high school (see Annexure G) where the study was conducted.

During an introductory session at the high school with the deputy principal, the researcher explained the purpose of the research and agreed on convenient times for data collection. Assent forms authorising participants younger than 18 years to take part were left with the deputy principal to be given to parents (see Annexure E); however, participants older than 18 personally signed consent (see Annexure F).

Recruitment process

The deputy principal of the high school helped with participant recruitment by using the inclusion and exclusion criteria from the different strata. However, at the boarding house, the boarding mother introduced the researcher to the learners. The researcher then selected participants according to the inclusion and exclusion criteria. Therefore, four learners were recruited from grade 10, seven learners from grade 11, and nine learners from grade 12. The total number of participants selected was 20, of which 9 were girls and 11 were boys. The pre-set quota for females and males was 1:1. However, it was noted that male participants from the higher grades gave more information and were attending SRH services, therefore, the researcher selected more male learners from the higher grades.

Participant observations:

This strategy involves observing participants and events or noting physical attributes as they occur in their natural habitat. Therefore, one of the strategies for gathering data was participant observations. In this study, the researcher watched for nonverbal cues during the semi-structured interviews since this gave the researcher an idea of

what the participant was attempting to communicate. For instance, if the participant nodded their head, this might be interpreted as agreement.

Field notes:

According to Polit and Beck (2021:786), field notes are notes taken by the researcher while in the field of unstructured observations and their interpretation. These are the notes the researcher wrote immediately after the semi-structured interviews were completed.

Field notes are commonly recommended in qualitative research as a way of documenting needed contextual information (Phillippi & Lauderdale, 2018:381). The use of field notes assists in data collection and analysis to ensure the validity of the study. Therefore, in this study, the researcher wrote information about any nonverbal gestures and activities that were relevant to the study immediately and made an interpretation thereof.

Semi-structured interviews:

Grove and Gray (2023:502) define semi-structured interviews as dialogues between the researcher and the participant facilitated by a predetermined set of questions. In addition, Polit and Beck (2021:803) note that the researcher has a list of themes to cover in semi-structured interviews rather than specific questions. Semi-structured interviews make it easier for the researcher to collect the necessary detailed information because participants are free to offer as many examples and justifications as they like. Open-ended questions were used in this study to give participants the chance to share detailed information about the subject matter. The overarching inquiry in this study was, “What is your general knowledge about SRH and SRHRs?” Individual, semi-structured, face-to-face interviews were conducted for about 15 to 30 minutes. A guide was used to direct the interviews, consisting of open and closed-ended questions on SRH (see Annexure D).

During the interviews, audio recordings were made, field notes were taken immediately after the interviews, and observations were made of non-verbal communication like nodding of the head, potentially showing that the participant was

agreeing. Shaking the head from side to side could indicate that the participant disagreed with what was being discussed. Any remarks like “aah” were a sign for further probing by the researcher.

3.2.8 Developing and testing the data-collecting instrument (Pilot study)

Researchers undertake pilot studies, which is a scaled-down version of proposed studies to improve the quality and efficiency of the main study. According to Polit and Beck (2021:797), a pilot study is a smaller-scale version of the planned study used to test its viability and support changes to the protocols, methods, and procedures applied during the larger-scale study.

A pilot study was conducted prior to gathering data for the primary study. The sample for the pilot study consisted of four school-aged adolescents (2 boys and 2 girls) who were not a part of the research project. Participants included two learners from grade 10 (a 15-year-old girl and a 16-year-old boy), one 17-year-old female learner from grade 11 and one 19-year-old male learner from grade 12. Individual, in-depth, semi-structured face-to-face interviews were conducted. The researcher used interview guides, audio recordings, and field notes to assess the main study’s viability since the purpose of the pilot study was to validate the efficacy of the methodology used for the investigation. Data analysis revealed that learners in grades 10 had insufficient knowledge of SRH and SRHRs because most of their responses indicated insufficient knowledge and had not covered these topics in the LO class. However, it was noted that the information participants shared increased with an increase in the grade they attended. It was also noted that boys were freer to talk about sexuality issues and had visited the clinic for SRH services. The researcher therefore decided to recruit more learners from grade 11 and grade 12, and more boys were recruited.

3.2.8.1 Characteristics of data collection instruments – semi-structured interviews

Semi-structured interviews mix organised and unstructured interviewing techniques and allow for two-way communication. According to Brink et al. (2020:144), the

researcher usually asks a pre-set number of questions during semi-structured interviews, both open-ended and closed-ended (see Annexure D).

According to Polit and Beck (2021:514), in semi-structured interviews, the researcher often develops a written topic guide with a list of themes to discuss with each participant. The researcher will urge participants to speak freely and share memories in their own words during the interview. This allows the researcher to collect a large amount of data and provides participants with the opportunity to offer justifications and examples. Furthermore, Polit and Beck (2021:514) say that queries should be posed logically or by moving from general to specific topics. The topic guide may also offer ideas for inquiries.

This data collection instrument also ensures that the researcher gets the detailed information required, as participants have the freedom to provide as many illustrations and explanations as they wish. Open-ended questions were asked so participants could provide rich information about the topic under study. In this study, questions like “What do you know about SRH and SRHRs?” were asked so that the participants could give detailed information on what they knew.

Although the researcher had a topic guide, the semi-structured interviews unfolded in a conversational manner, which allowed the participant to explain issues they felt were important. Therefore, in this study, the conversation in these interviews was directed by the information participants shared rather than the topic guide.

3.2.8.2 Data collection process

According to Brink et al. (2020:134), the five main questions for the data collection process are what, how, who, where, and when. The researcher therefore carefully decided what information was needed to answer the research question, what instrument would be used to collect it, who would collect it, and where. Data were gathered through individual, in-depth, face-to-face semi-structured interviews between the researcher and the participants of the respective high school. The following section illustrates the preparations that were made for the data collection process:

a) Preparation phase

Identification of a suitable venue

The researcher asked for assistance from the school's deputy principal, who offered a venue for the interviews that was quiet, and confidentiality was maintained to encourage participants to communicate freely. A notice was put on the door to prevent unnecessary interruption. Two chairs were placed directly opposite each other, with a table in between where the audio recorder and any other materials were placed.

Confidentiality was maintained, and ground rules were formulated and followed during the interview. These included:

- No cell phones.
- Keeping discussions confidential.
- No chewing bubble gum.
- To ask for clarity if the researcher's question was unclear.
- Participants were not forced to participate, and if they felt like stopping during the process, they were free to do so.

Introduction phase

The interviews started with a general conversation to break the ice and establish rapport between the researcher and the participant, as encouraged by DeJohekheere and Vaughn (2019:6). Before requesting the participant's permission to begin audio recording, the researcher had a dialogue with them to make them feel at ease. After extending a warm welcome to the participant, the purpose of the research study was briefly explained. The participants were informed that the interview would not exceed 30 minutes.

Working phase

The researcher began by posing open-ended questions like, "What are SRH and SRHRs according to your understanding?" to probe the adolescents' knowledge and viewpoints of sexuality. The interviews were audio recorded, and notes were taken immediately following each one. The use of nonverbal communication was also noted. Participants were encouraged to provide a lot of information by the researcher using

various communication strategies, including probing. Participants were encouraged to convey their feelings about how they felt about SRH and SRHRs by reflecting on their feelings.

Termination phase

The researcher indicated to the participants when the session was about to end and when the time allocated for the session was finished. The researcher evaluated how participants felt about participating in the study and thanked them for taking part in the study. The participants also had an opportunity to listen to what was recorded and confirm the actual recording.

3.2.8.3 Ethical considerations related to data collection

It is important to consider ethical issues prior to conducting a research study to prevent litigation and protect participants. Therefore, the researcher sought permission from various departments before commencing data collection. These included the College of Human Sciences Research Ethics Review Committee of the University of South Africa (see Annexure A), the Department of Education in the province (see Annexure H), and the high school where the study was conducted (see Annexure G).

Disclosure of the research

Assent forms (see Annexure F) were used for adolescents younger than 18 years; these contained all the important information about the study. The parents/guardians and participants were made aware of the study, and its benefits or harms, before they were asked to sign the forms. The consent form (see Annexure E) for adolescents older than 18 also contained all the important information. The researcher's contact details were included on the consent and assent forms in case parents/guardians/participants needed clarity before signing the forms. The researcher availed herself prior to interviews to answer any questions from the participants.

Ethical considerations were adhered to while conducting the study. Three fundamental ethical principles – respect for persons, beneficence, and justice – guide researchers

(Brink et al. 2020:29; Polit & Beck, 2021:133). Research must therefore be conducted while abiding by these rules, which are based on human rights.

Principle of respect for persons

This principle combines the right to self-determination and full transparency, according to Polit and Beck (2021:135). Therefore, according to the autonomy principle, people are autonomous beings. That is, a person is free to choose whether to engage in a study without facing any negative consequences or suffering unfavourable treatment (Brink et al. 2020:29). The respect for people principle was taken into account in this study by the researcher making sure participants and guardians were fully informed about the study before they decided whether to participate. The participants consented to participate rather than being required to do so. Furthermore, the participants' confidentiality and anonymity were observed in the study.

Anonymity: Anonymity in research means the researcher does not collect identifying information from participants. Anonymity usually improves the response rate. Therefore, in this research study, participants were not asked to share their names. Pseudonyms were used, varying in number from "Participant 1" to "Participant 20" to comply with the ethical criteria.

Confidentiality: Confidentiality is a state in which the researcher takes precautions to prevent participant identities from becoming known to third parties. Because only the researcher and the researcher's supervisor had access to the data after it was collected, anonymity was preserved in this study. The data collection tools (see Annexure I) will be kept for five years at the University of South Africa in a secure location.

Privacy: Privacy in research is the protection of the participant's rights to control access to their information. Therefore, in this study, participants' rights were protected.

The principle of beneficence

According to the beneficence principle, participants should be shielded from discomfort and injury (Brink et al. 2020:29). Additionally, Polit and Beck (2021:133)

state that beneficence places a responsibility on the researcher to maximise benefits and minimise harm to participants. The goal of human research should be to benefit the subjects. This idea encompasses:

The right to freedom from harm and discomfort: In this research study, the following strategies were implemented to prevent harm:

- Participants were not subjected to unnecessary risks of harm or discomfort, which may include injury, fatigue, stress, or fear.
- A clinical psychologist was available to offer counselling for stress-related issues before and after the semi-structured interviews.
- Participants' informed consent was obtained (see Annexures E and F).

The right to protection from exploitation: Polit and Beck (2021:133) state the right to protection entails that no involvement should place participants at a disadvantage or expose them to harm. In this research study, the following strategies were implemented to protect participants from exploitation:

- Ethical clearance was obtained from UNISA (see Annexure A).
- Permission to conduct the study was obtained from the KwaZulu-Natal Department of Basic Education and the respective high school (see Annexure H).
- Participants were assured that their participation in the study, or the information they provided, would not be used against them.
- Participants and the researcher entered a special relationship that was not exploited.

The principle of justice

According to Polit and Beck (2021:135) and Brink et al. (2020:29), the right to privacy and fair treatment are both elements of the justice concept. The researcher applied the following strategies to uphold the justice principle:

- Participants were selected based on the study's requirements. Specified inclusion and exclusion criteria were thus used to select participants.

- An arrangement was made with the deputy principal so that a schedule was made for the research participants to recover the work they missed. However, most of the interviews took place during free periods.

3.2.9 Data analysis

Data analysis includes the methodical organisation, synthesis, and disclosure of research data (Grove & Gray, 2023:493). The researcher must carefully and deliberately evaluate the collected data in order to analyse qualitative data.

The thematic method was applied in this investigation. Braun and Clarke's (2006) thematic six-step analysis approach are flexible and enables the researcher to focus on the data in a variety of ways (Caulifield, 2019:1). Thematic analysis is typically used with a collection of texts, like interview transcripts. The data were also coded by the researcher and an independent coder (see Annexure B and C).

The six steps of the thematic approach that were used when analysing the data for this study included:

1. *Data familiarisation*: The researcher thoroughly reviewed and became familiar with the collected data before analysing individual items.
2. *Coding*: The researcher highlighted sections of the collected data and came up with shorthand labels or 'codes' to describe the content. These codes were used to attach meaning to issues like knowledge, hindrance, acquiring knowledge, etc. An independent coder also came up with codes which were compared with the researcher's codes for similarity or contrasts.
3. *Generating themes*: The researcher looked at the codes, identified patterns among them and established themes; for example, knowledge of SRH/SRHRs, availability of SRH services, etc.
4. *Reviewing themes*: The researcher ensured the themes were useful and accurately represented the collected data.

5. *Defining and naming themes*: The researcher defined themes by formulating exactly what was meant by each theme and figuring out how it helped her understand the data.
6. *Write-up*: The researcher wrote up the analysis of the data. In this study, an analysis was made after completing the above-mentioned steps.

3.3 RIGOUR OF THE STUDY - TRUSTWORTHINESS

Trustworthiness was upheld in the research investigation to ensure rigour. According to Grove and Gray (2023:502), rigour is the pursuit of quality in research, which calls for precision, accuracy, and conformity to rules and regulations. In qualitative research, rigour is characterised as the veracity of the results. Lincoln and Guba (1985 cited in Polit & Beck, 2021:154) proposed four criteria – credibility, transferability, dependability, and confirmability – for determining if a qualitative investigation is trustworthy. These four standards stand for reliability, objectivity, internal validity, and external validity.

3.3.1 Credibility

Credibility, according to Polit and Beck (2021:569), is the trustworthiness of the data and the way they are interpreted. Credibility therefore establishes if the research findings represent data derived from participants' original data and are accurately evaluated. In this study, the following strategies were implemented to promote credibility:

- There was involvement from a reasonable number of participants (20). Even when data saturation was reached with the 17th participant, the researcher continued with three more interviews to get more responses to compare findings.
- Data were collected from all participants at the same time of the day (in the morning) because different times may yield different results. For example, participants would be tired late in the afternoon and not give accurate or detailed answers when being interviewed. Data were also collected from learners in different grades (grades 10–12), thus from different levels to promote data triangulation.

- Feedback on analytical categories, interpretations, and conclusions was sought from participants to correct any errors.
- The researcher's own biases, assumptions, preconceptions, and values were kept at bay.
- During data collection, data were confirmed with individual participants for accuracy.
- There was no unexplained inconsistency between the data and its interpretation.
- The researcher visited the boarding house and school of participants and spent more time in the field to build rapport with research participants so that quality data would be collected.
- The researcher described the steps taken from the start of the research project to the development and reporting of the findings transparently. Recordings of the research pathways were kept.

3.3.2 Transferability

According to Polit and Beck (2021:570), this is the extent to which the findings of qualitative research may be applied to other contexts or settings with different respondents. The following strategies were implemented to achieve transferability:

- Detailed descriptive information was provided. These details enable readers to judge the applicability of findings to their own settings.
- The researcher transparently described the steps taken from the start to the end of the project.
- Recordings of the research pathway were made.

3.3.3 Dependability

According to Polit and Beck (2021:569), dependability is the consistency or firmness of facts over time and circumstances. A question to determine dependability would be: would there be a chance that the results of an investigation would yield the same findings if the study was conducted again with the same subjects?

In this study, the following strategies were implemented to achieve dependability:

- Documentation was kept of the methods of data collection, analysis, and interpretation to make it repeatable and auditable for other researchers.
- The researcher transparently described the research steps from the start to the end of the project.
- Recordings of the research pathway were made.

3.3.2 Confirmability

The degree to which the results of a research study could be confirmed is known as confirmability. Additionally, Polit and Beck (2021:517) state that confirmability is the degree of agreement between two or more independent people regarding the accuracy of the data. It is important to ensure that neither the researcher nor their interpretations sway the research process or results. In this study, an accurate record of fieldwork was maintained, and an independent coder was involved in analysing the data to attain different themes and sub-themes.

In addition to credibility, dependability, transferability and confirmability, reflexivity was also observed in this study.

3.3.5 Reflexivity

The researcher's reflexivity refers to an awareness of one's own experiences and expectations relating to the study (Grove & Gray, 2023:501). It is the process of critical self-reflection about oneself as a researcher where one should consider their biases, likes, and the research relationship (relationship to the participants, and how the relationship affects participants' answers to questions) so that it does not affect the current study.

In this study, reflexivity was implemented by the researcher keeping her own views and values at bay.

3.4 SUMMARY

Chapter 3 presented an overview of the research design, methodology, and ethical considerations adhered to during the study. The chapter also reflected how rigour was maintained through trustworthiness. The qualitative method was used to collect data from the target population of school-going adolescents in Richards Bay. Data were collected through individual, semi-structured, face-to-face interviews, which were analysed using thematic processes. Chapter 4 presents the findings from the collected, thematic analysed and interpreted data.

CHAPTER 4

ANALYSIS, PRESENTATION AND DESCRIPTION OF THE RESEARCH FINDINGS

4.1 INTRODUCTION

The previous chapter largely presented and discussed the study's research design and methodology, which essentially provided the theoretical data collection parameters. In the current chapter, the researcher outlines the findings resulting from the collected and thematically analysed and interpreted data to determine its relevance to the study's intentions and goals. This study sought to examine adolescents' knowledge and perceptions about SRH and SRHRs, as well as the influences on information diffusion prevalent in Richards Bay. Data were gathered to achieve the aim of the study in accordance with the purpose. Twenty school-going adolescents from the respective high school in Richards Bay participated in the individual, semi-structured, face-to-face interviews. The interviews were also audio recorded. Participants' nonverbal communication was recorded using field notes.

The participants' profile and their knowledge and perceptions of issues related to SRH/SRHRs, as gleaned from the in-depth semi-structured interviews, make up the two primary portions of the current chapter. Pseudonyms varying from "Participant 1" to "Participant 20" were used to comply with the ethical criteria to ensure participants' anonymity and confidentiality.

The current chapter is demarcated into three main sections, namely: data management, participant's individual profile, and their input on SRH/SRHRs, which were discussed according to the themes that emerged during data analyses. The following themes were used:

- School-going adolescents' knowledge and perception of SRH and SRHRs
- Availability and use of SRH services
- Adolescents' preference regarding the way to receive information on sexuality
- Adolescents' perceptions of SRH/SRHRs information; whether taboo or acceptable

4.2 DATA MANAGEMENT

4.2.1 Rigour of data analysis

According to Gray, Grove and Sutherland (2017 cited in Brink et al. 2020:82), rigour is a term used to strive for excellence in research, which involves being disciplined, attending to details and being accurate. Therefore, in qualitative research, rigour is the use of different techniques or procedures to arrive at accurate findings. In this study, credibility was taken into consideration.

4.2.1.1 Credibility

Credibility refers to the researcher's confidence in the truth of their data and its interpretation. Therefore, credibility establishes whether the research findings represent information that originates from the participants' original data and are correctly interpreted. To ensure credibility in this study, the following strategies were followed:

- After the individual interviews, the researcher and participant together evaluated the emerging themes and determined if they were a true reflection of what was said.
- Triangulation was employed by collecting data from different races, and participants were selected from different grades.
- The researcher used the same interview guide for all participants to ensure accuracy and consistency.
- Field notes were taken immediately after the interview about events, conversations and behaviours that took place during the interviews when the information was fresh in the researcher's memory and were reflected upon.
- Audio-recorded interviews were listened to repeatedly and transcribed verbatim.
- To maintain accuracy and consistency, data were collected in the morning from all participants because different times may yield different results. For example, in the evening, participants would be tired and not participate fully by not giving detailed responses.
- Quality time was spent in the field to build rapport between the researcher and the participants. This strategy also allayed their anxiety.

- Data were coded by the researcher and an independent coder, and the findings were compared to prevent bias (see Annexure B, the confidential agreement certificate with the research third party and Annexure C, the confirmation certificate of the co-coder).
- Audio-recorded interviews and field notes are being kept in a safe place and will not be shared with anyone apart from the UNISA supervisor for the purpose of the research.

4.3 DATA ANALYSIS (PROCEDURE/METHOD)

To understand the innermost experience of the other, qualitative research typically employs a theme method for data interpretation (Braun & Clarke, 2006 in Fouché et al. 2021:402; Caulfield, 2019:1). Thematic analysis, which may be used for both inductive and deductive coding since it is flexible and versatile, is broadly defined as discovering themes and patterns of meaning across data (Fouché et al. 2021:402). The purpose of thematic analysis is to identify significant themes and use these topics to respond to the study. The researcher used the following six steps of the thematic approach in this study:

4.3.1 Familiarisation and immersion

The researcher read and reread the field notes and played and replayed the audio recordings during this step, after the data had been gathered, to become comfortable with the contents. This is also known as data immersion (Fouché et al. 2021:404). The purpose of this phase was to make observations of the collected data and get general ideas. The researcher also gained a deeper understanding and knowledge about adolescents and the SRH and SRHRs' topics under study.

4.3.2 Development of codes

A code is allocated based on one's understanding or acts as a descriptor representing a particular meaning as data are being read (Fouché et al. 2021:402). Generated codes should meaningfully display essential interpretations of the section of data in

relation to the research question. These codes are an early attempt to organise data into themes.

In this study, the researcher formulated codes for each question that was asked during the semi-structured interviews to capture her ideas. The researcher also used phrases to reflect on each question asked during the interview.

4.3.3 Development of themes – generating themes

This is the acute phase of pattern identification, and the codes were transformed into themes (Fouché et al. 2021:407). In this study, the researcher combined codes to formulate themes after listening to and reading the transcripts several times. An external coder was used to ensure credibility. The researcher analysed the codes, and those with the same meaning were linked. Themes were carefully formulated to represent the collected data.

4.3.4 Development of themes – reviewing themes

In the fourth step, which is a close examination of the data, the researcher looked for concepts, subjects, and patterns of meaning that recurred repeatedly.

4.3.5 Development of themes – naming themes

This step involves formulating the actual meaning of each theme and figuring out how it helps the researcher understand the data. Therefore, each theme was given an easily understandable name.

4.3.6 Data interpretation – write-up

The researcher revisited the data during this last phase to create opinions about what had been said. In this study, the researcher divided the text into smaller, more manageable chunks of data before analysing, interpreting, and providing a written account of the divided material. For a deeper understanding, data were evaluated, and

themes were connected to the analysed text. The data that were examined were validated against previously published reviews of the literature. Additionally, any overlaps and contrasts between the researcher’s emerging themes and the independent coder’s themes were compared. Where differences were observed, the researcher went through the collected data and thematic steps again to determine how to link the independent coder’s and researchers emerging themes.

4.4 SAMPLE CHARACTERISTICS

4.4.1 Demographic

A sample can be thought of as a subset of measurements taken from a population of interest and includes elements of the population that were considered for the study (Fouché et al. 2021:229). Age, educational attainment, mental health, participation readiness, and English language proficiency were all considered by the researcher when choosing the sample for this study. Since the researcher speaks English, it was decided to use that language in the semi-structured interviews with the participants for easy communication.

To obtain a variety of complementary information for this study, 20 participants were selected from different grades and races; data saturation was reached with the 17th participant. Data were collected from adolescents from three different grades (grade 10 to grade 12) because this is when most adolescents become sexually active. LO is an essential subject required for the National Senior Certificate and is compulsory for all learners in grades 10, 11, and 12 in the Republic of South Africa. Therefore, all learners in these grades should have covered topics on sexuality at school during LO classes. The participants’ demographic profile is illustrated as follows:

Table 4.1: Sample demographic profile (N=20)

Criterion	Characteristics	Frequency	Percentage
Gender	● Female	9	45%
	● Male	11	55%
Age	● 14 years	3	15%
	● 16 years	6	30%

Criterion	Characteristics	Frequency	Percentage
	<ul style="list-style-type: none"> ● 17 years ● 18 years ● 19 years 	2 4 5	10% 20% 25%
Race	<ul style="list-style-type: none"> ● Black ● Coloured (Black/Indian) ● Coloured (Black/White) 	14 4 2	70% 20% 10%
Educational status	<ul style="list-style-type: none"> ● Grade 10 ● Grade 11 ● Grade 12 	4 7 9	20% 35% 45%
Nationality	South African	20	100%
Number of adolescents per grade	<ul style="list-style-type: none"> ● Grade 10 ● Grade 11 ● Grade 12 	4 7 9	20% 35% 45%
Type of institution	High school	1	100%

4.5 THEMES AND SUB-THEMES

While analysing and interpreting the verbatim transcripts from the semi-structured individual interviews, four themes were developed and linked to nine sub-themes. The themes that emerged were:

- Theme 1 – School-going adolescents’ knowledge and perception of SRH and SRHRs
- Theme 2 – Availability and use of SRH services
- Theme 3 – Adolescents’ preference regarding the way to receive information on sexuality
- Theme 4 – Adolescents’ perceptions of SRH/SRHRs information; whether taboo or acceptable

A summary of the themes and sub-themes are outlined in Table 4.2.

Table 4.2: Themes and sub-themes

Themes	Sub-themes
Theme 1 School-going adolescents' knowledge and perceptions of SRH and SRHRs	1.1 Knowledge of SRH 1.2 Knowledge of SRHRs 1.3 Adolescents' perceptions of peer-related influence on sexual behaviour 1.4 Adolescents' perceptions of educator and class environment influence 1.5 Adolescents' perceptions of culture and parent-related influence 1.6 Adolescents' perceptions of religion-related influence
Theme 2 Availability and use of SRH services	3.1 SRH and SRHRs clinic services 3.2 Health personnel's attitude towards adolescents' use of SRH services 3.3 Challenges in receiving information on SRH and SRHRs
Theme 3 Adolescents' preference regarding the way to receive information on sexuality	
Theme 4 Adolescents' perceptions of SRH/SRHRs information; whether taboo or acceptable	

4.5.1 THEME 1: School-going adolescents' knowledge and perceptions of SRH and SRHRs

Participants shared their understanding of SRH/SRHRs. Six sub-themes emerged under the personal knowledge theme:

- Knowledge of SRH
- Knowledge of SRHRs
- Adolescents' perceptions of peer-related influence on sexual behaviour
- Adolescents' perceptions of educator and class environment influence
- Adolescents' perceptions of culture and parent-related influence

- Adolescents' perceptions of religion-related influence

4.5.1.1 Sub-theme 1.1: Knowledge of SRH

All the participants indicated they had scanty knowledge of sexuality issues. Participants shared:

"I think SRH is a stage when a learner or child turns into a teenager..." (P5, male, coloured, 16 years, grade 11)

"It is also a relationship between parents, when a parent can have an understanding of a teenage child and how to maybe guide her in the right path and not put pressure on the belief that you are not supposed to have a girlfriend..." (P7, female, black, 16 years, grade 11)

"We were also taught about two different types of sex, like dry sex when you do not remove clothes and natural sex, where hormones are involved. Dry sex is when you do not remove your clothes and you do the stuff which you do when doing sex, and wet sex is when you remove your clothes and you put your thing on the girls thing...okay...and fluids are secreted by the penis..." (P19, male, black 19 years, grade 12)

The quotes above show a majority of participants had scanty information on SRH. Therefore, the above quotes from different participants confirm the findings of research conducted at eight health and demographic surveillance sites across sub-Saharan Africa. It determined that knowledge of HIV seemed widespread, but knowledge of other dimensions of SRH appeared lacking, especially among early adolescents (Finlay et al. 2019:5).

The six participants from all grades who attempted to explain what SRH was said it is the act of sex and how one can prevent sexually transmitted infections. However, only one male participant in grade 12 mentioned aspects of family planning. This view was confirmed by the South African NDoH (2019:7), stating that people did not have

adequate knowledge about fertility, which affects their choice of contraception. **Participant 19**, a black male learner from grade 12, added that SRH referred to types of sexual acts, which were referred to as 'dry and wet sex', and he elaborated on the difference between them. The quotes above illustrate that the even grade 12 participants did not have adequate knowledge of SRH. Therefore, the above quotes from different participants confirm the findings of research conducted at eight health and demographic surveillance sites across sub-Saharan Africa. It determined that knowledge of HIV seemed widespread, but knowledge of other dimensions of SRH appeared lacking, especially among early adolescents (Finlay et al. 2019:5).

4.5.1.2 Sub-theme 1.2: Knowledge of SRHRs

A majority of participants only knew one right, which was to say 'no' to unconsented sex. One male grade 10 participant reported that he did not know what SRHRs were. Participants indicated:

"...like right to anything... You know... As this is a free country. How can I say I don't know." (P2, male, coloured 14 years, grade 10)

"To my understanding SRH, I think is like protecting yourself from getting sick from sexually transmitted diseases and stuff." (P9, female, black 14 years, grade 11)

"What I understand is that as a person you respect your body and know when uncomfortable, if someone is doing something to you, tell that person, and if he does not what to listen to you, report that person..." (P6, female, coloured, grade 11)

"I believe that everybody has the right to own their own sexuality or sex that they feel they belong to and I feel like everyone is free to know and learn about sexuality." (P9, male, black 17 years, grade 11)

"No, I don't know I have a right to know about sexual issues." (P20, male, black, 17 years, grade 12)

“What I understand is that as a person you respect your body and know when uncomfortable, if someone is doing something to you, tell that person, and if he does not what to listen to you, report that person...” (P6, male, coloured, 16 years, grade 11)

One 17-year-old male participant in grade 11 believed SRHRs were the right to belong to any sexual orientation and for gays to be respected. Most participants from all grades, both female and males, and aged between 14–19, thought SRHRs were the right to say no to sex, to be protected from getting pregnant and contracting infections like HIV. None of the participants stated that they had the right to health care and information. The participants’ quotes confirm what Juma et al. (2021:2) reported; they claimed adolescents in sub-Saharan Africa bear a significant and disproportionate burden (the highest globally) of poor SRH and SRHRs outcomes. Their views also explain the concern from a social and development member of the executive council in KwaZulu-Natal, Nonhlanhla Khoza, that around 21 000 girls between 19 and 24 years were pregnant in the 2021 financial year (Hlophe, 2021:1).

In addition, **Participant 12** who was an 11-year-old female participant in grade 11 stated that in LO, they only talked about sexual harassment and discrimination. The above accounts confirm the recommendations for research to be conducted on LO teachers’ experience teaching sexuality education in secondary schools in Vhembe and Mopani District, Limpopo Province, South Africa. That study found teachers need to be equipped with adequate knowledge and skills to appropriately teach various sexuality topics (Munyai, Makhado, Ramathuba & Lebese, 2023:47). Moreover, **Participant 20**, male, black 17 years old in grade 12 commented that he did not know he had the right to have information about sexual issues. This shows that the learners are not given comprehensive sexual education by their teacher because in grade 12, learners are expected to have been taught issues on SRHRs. This is not only happening in low-income areas like sub-Saharan Africa but also in high-income areas. Studies conducted in the United States and other high-income countries determined high schools had gaps in school-based comprehensive sexuality education implementation in terms of the completeness of concepts, providers, duration and outcomes, as recommended by the International Technical Guidance on Sexuality education (Myat,

Pattanittum, Sothornwit, Ngamjarus, Rattanakanokchai, Show, Jampathong & Lumbiganon, 2023:1).

4.5.1.3 Sub-theme 1.3: Adolescents' perceptions of peer-related influence on sexual behaviour

All 20 participants shared their perceptions of how their sexual behaviour was being influenced by peers. A majority of adolescents discussed sexual matters with peers, which influenced participants, especially those in grades 11 and 12, both females and males, and both blacks and coloureds to become sexually active. Two black females (one from grade 11 and one from grade 12 female), and four black males (two from grade 11 and two from grade 12) became sexually active. However, reports showed that male and female participants in grade 10 did not become sexually active despite their friends' influence.

The participants explained:

"Yes our peers do influence us, they would be like you should have fun like they do."

"Even like us as teenagers we do it to fit in...However it is usually up to you as an individual," (P1, female, coloured, 16 years, grade 12)

"Specifically when our peers tell us, they tell us in detail so that we should be encouraged to do it." (P1 female, coloured, 16 years, grade 12)

"Yes. They say they like to get a lot of girls and have sex. At about 18 you have babies...you know. Yeah, they influence me, but I don't listen to them because what I learn at home is different from what I learn from them." (P2, male, coloured, 14 years, grade 10)

"Yes they do influence me...Once a friend of mine told me that she went to visit her boyfriend and they did this and that...And I was like mmm...I wanna try that too... This did influence my sexual life." (P6, female, coloured, 16 years, grade 11)

“Yes peers do influence us on these things like, especially unprotected sex. They always recommend ukuthi, okay xxx we understand you as a teenager now. We have once been teenagers, so we know ukuthi (that) at this stage you are sexually active, so each time, and every time you are with a girl, use a condom. To prevent pregnancy, to prevent diseases.” (P17, male, black, 19 years, grade 12)

“Yeah they did, I just keep my principal and say that when the time is right. Yes they influence me because the ones who tell you are the ones who have done it, and will tell you how to about it.” (P18, male, black, 19 years, grade 12)

The above quotes show that adolescents discussed sexual matters with peers, which influenced participants especially those from grade 11 and 12, both females and males, and both blacks and coloureds, to become sexually active. In support, the African Population and Health Centre (2020:1) stated that in contemporary settings, people mostly learn about sexual and reproductive rights by associating with the opposite sex through peers and friends. The results may be interpreted as there being an increase in changes in sexual behaviour with an increase in school grade and age, which applies for both sexes and races.

Guy-Evan (2023:1) states that according to the Bronfenbrenner’s Ecological Theory, the relationships in a microsystem (which includes the family, school neighbourhood or childcare environment) are bi-directional, meaning the child can be influenced by other people in their environment and is also capable of changing the beliefs and actions of other people. According to this theory, it is evident that peer influence had an impact on adolescents’ knowledge and perceptions of sexuality issues, which made them to change their sexual behaviour. Therefore, adolescents with comprehensive information who have undergone training on sexuality issues may be used to equip their peers with SRH/SRHRs information.

4.5.1.4 Sub-theme 1.4: Adolescents’ perceptions of educator and class environment influence

About 55% of the learners reported that teachers did not explain sexuality issues in detail and that the classroom environment was not conducive for learning. However,

one participant could not comment because the topic was not yet being discussed in their classroom.

Participants shared:

“In the environment, the classroom the people laugh and make side jokes and you cannot hear or understand because people are making noise around us.” (P2, male, coloured, 14 years, grade 10)

“In Life Orientation, my Teacher would just read something for us without explanation and will tell us not to sleep around at a young age and wait for marriage and the stuff.” (P3, female, 14 years, coloured, grade 11)

“Aah I do not feel anything about the environment we are in, people are always laughing and make side jokes and you cannot hear and understand because people are making noise around us but I have no problem learning about it.as the Teacher tells us about sexual transmitted diseases and rape.” (P4, female, 14 years, coloured, grade 10)

“No we are not getting much because...To be quite honest with you, LO are usually a missed period, the teacher does not usually come and when she does come, she does not have that energy to teach and make you understand what is being discussed! After that you get work sheets...and the things we also do for LO is PE (physical exercises)...nothing is being taught at a higher degree.” (P6, female, 16 years, coloured, grade 11)

“The classroom environment is friendly; learners would be laughing and I learn a lot.” (P9, male, black, 17 years, grade 11)

“Yes, or everyone bunks class. Maybe there will be 6 learners in class or 4, sometimes. They don’t teach us a lot about sex.” (P13, female, black, 11 years)

“For me I’m not a person who understands Zulu perfectly well, the School I go to is an English School but most of the time Teachers teach in Zulu. They explain in Zulu and I lose focus on what they are saying. When I ask my friends they all tell me different things, maybe it is from their own point of view. When I go back to the Teacher, He/she will still be unable to explain in a way for me to understand.” (P15, male, coloured, 19 years, grade 12)

“It’s kind of weird, our teachers do not tell us about family planning but only tell us about using condoms. In class the students do not take what the teachers say seriously.” (P17, male, black, 19 years, grade 12)

From the quotes above, participants from all grades reported that teachers did not explain sexuality issues in detail; this accounted for 55% of the total participants.

Learners from grade 10 also complained that peers were usually destructive in class and made a lot of noise, making learning difficult. Learners said that they were mainly taught about sexually transmitted diseases, however the information given to them was not comprehensive. Literature also reflected that the existing LO school education programme still focuses on abstinence and risk-based approaches (Mturi & Bechuke, 2019:137). Therefore, there is a need for teachers to follow a prescribed curriculum to equip learners with adequate information to help them make informed decisions. This explains why the teenage pregnancies are high in sub-Saharan Africa.

However, learners from grade 11 reported that teachers mainly read textbooks on sexuality issues to learners and did not explain anything to clarify what was read. Instead, the learners received worksheets to do or were made to do physical exercises. This contributes to learners not having comprehensive knowledge on sexuality issues since no explanation is offered after reading textbooks. It is important that teachers should be supervised during LO sessions so that learners acquire the necessary skills and information on SRH/SRHRs. A comment was made by a female learner of being afraid to raise her hand in class for fear of being suspected of being sexually active.

Both learners and teachers reportedly bunked class; at times, there were only four to six learners in the classroom. This resulted in learners not taking teachers and the subject seriously.

Therefore, there is a need to closely supervise LO teachers so that they do not bunk classes and teach learners according to the school curriculum. The above accounts confirm recommendations for research to be conducted on LO teachers' experiences teaching sex education in secondary schools in Vhembe and Mopani District, Limpopo Province, South Africa. That study found teachers needed to be equipped with adequate knowledge and skills to appropriately teach various sexuality topics (Munyai, Makhado, Ramathuba & Lebese, 2023:47).

Finally, a grade 12 student who was coloured and English speaking reported that teachers sometimes explained topics in Zulu, making it difficult for English-speaking learners to understand and focus. Although they used a local language, it was observed that learners in this grade were more knowledgeable about sexuality issues than other grades. Teachers should ultimately teach in an official language that all learners understand.

4.5.1.5 Sub-theme 1.5: Adolescents' perceptions of culture and parent-related influence

Participants aged 14–19 years, from grade 10–12, blacks and coloured, all reported that topics on sexuality are rarely discussed by their parents or in the community, and inadequate information was given. Both male and female participants reported that parents mainly focused on girls maintaining their virginity. The participant reported:

“Also when parents discuss these issues, they don't go into details... Parents should be clearer and should not be scared to tell us the exact things. They should not tell the kids what they want to know but should tell them the whole truth.” (P1, female, coloured, 16 years, grade 12)

“What makes us not to have all this information sometimes is our parents, because when you start talking about sex, they think you are doing it, or you already sleeping with someone” (P10, female, 18 years, black, grade 12)

“Aah...In our culture, it is only the girls who go to the reed dance to check if they are still virgins. For boys, it is just to get circumcised to prevent getting diseases.” (P18, male, 19 years, black, grade 12)

Evidently, topics on sexuality are rarely discussed in today’s culture, and, if discussed, mainly focus on girls maintaining their virginity. This confirmed the report from the African Population and Health Research Centre (2020:1) that in most traditional African societies, SRH topics are seldom discussed in family settings, and only those considered ready for marriage are advised on how they are expected to conduct themselves in marriage. According to Okechi (2018 cited in Achen et al. 2021:2), the African culture prohibits open discussions about sexuality. In support, Ndugga, Kwagala, Wandera, Kisaakye, Mbonye and Ngabirano (2023:1) state that parent-adolescent communication on SRH is vital to reduce adolescents’ risky sexual behaviour; however, discussions are limited by cultural norms, lack of knowledge among parents, and parents’ busy work schedules. It is important for parents to communicate with their children about sexuality issues to prevent risky behaviours. Therefore, forums should be offered to make them aware of the importance of SRH/SRHRs.

Nowadays, parents are afraid to discuss sexuality issues with their adolescent children in fear of being misunderstood as encouraging them to start engaging in sexual activities. This is detrimental as it prevents parents from giving comprehensive information to their adolescent children, leading to the spread of sexually transmitted diseases and unplanned pregnancies.

This confirmed the findings from research in rural KwaZulu-Natal, South Africa, stating that rural parents face challenges in providing sex education to their adolescent children and, if given, the information is uncoordinated and haphazard (Azwihangwisi & Mhlongo, 2021:1). Overall, the majority of participants said that sexual issues are not

discussed in detail. A remark was also raised by participants that parents' judgemental behaviour prevented them from talking to their parents about sexuality issues.

On the other hand, according to Guy-Evans (2023:1), the macrosystem layer in Bronfenbrenner's Ecological Theory focuses on how cultural elements affect a child's development. This means that individuals' culture background may influence their belief and perceptions about events. Relating this to the study, topics on sexuality are rarely discussed in today's culture, and, if discussed, mainly focus on girls maintaining their virginity. Therefore, culture is being seen as one of the factors contributing to school-going adolescents' inadequate knowledge on sexuality issues.

4.5.1.6 Sub-theme 1.6: Adolescents' perceptions of religion-related influence

All participants said that superficial sexuality information was given in churches. Participants indicated:

"At church, they do talk, but not into details like what the teachers would." (P1, male, coloured, 16 years, grade 12)

"Yes we are taught but we do not discuss in depth. At church, they never discuss such issues." (P8, male, 16 years, black, grade 11)

"Yes at church but not deep, we are called in groups and they tell us about these things. I feel good because it is something I need to know..." (P19, male, black, 19 years, grade 12)

All 12 participants who attended church said that although SRH issues were discussed in church, the information was superficial. This finding supports those of a study conducted in Iganga, Uganda, stating that religious leaders perceived the promotion of SRHRs increase sexual immorality among adolescents (Nayebare, 2021:1). In addition, Mbarushimana, Conco and Goldstein (2022:12) claim the results of a study in Rwanda showed that some churches were unwilling to teach sexuality topics because it was regarded to be a sin as it promoted immorality and violated God's

commandment to abstain from sex until marriage. Therefore, the need to discuss sexual issues in detail was identified so that adolescents would gain comprehensive knowledge.

4.5.2 Theme 2: Availability and use of SRH service

Information was collected on the availability and adolescents' use of SRH services. The following sub-themes emerged:

- SRH and SRHRs clinic services
- Health personnel's attitude towards adolescents' use of SRH services
- Challenges in receiving information on SRH and SRHRs

4.5.2.1 Sub-theme 2.1: SRH and SRHRs clinic/services

Nineteen participants shared information on the availability of SRH and SRHRs clinic/services. Most participants said clinics were available, although some did not know if SRH services were offered. The participants indicated:

"...we do not have a clean where I live..." (P2, male, 14 years, coloured, grade 10)

"I don't know of any SRH services available in my area." (P10, female, black, 18 years, grade 12)

"I think there is a SRH services in our area but then I do not go to the clinic, so I wouldn't know if any knowledge on sexuality is given!" (P12, female, 16 years, black, grade 11)

"There are clinics but I'm not sure if they offer sexual reproductive health services." (P17, male, 19 years, black, grade 12)

“Yes, there are SRH services. We are also given pills to take to prevent ourselves from getting HIV. The pills are known as ‘PrEP.’” (P19, male, 19 years, black, grade 12)

Participants from grade 10 were unaware of the availability of clinics in their area. This also goes with the claim that learners, especially those from grade 10, reported they did not know what SRH/SRHRs were, because if they knew what SRH/SRHRs were, they would have known about the available services. Therefore, there is a need for teachers and the community to inform learners about sexuality issues and the availability of SRH services.

However, learners from grade 11 and 12 reported that they had clinics in their areas. Three male black learners, one from grade 11 and two from grade 12, said that clinics were available, but they did not make use of them for their own reasons. However, four black male learners from grade 12 said they were using the SRH services offered at clinics in their area. Two black female learners (one from grade 11 and one from grade 12) also said they were using SRH services.

The participants’ quotes support Ninsiima et al.’s (2021:2) view that sub-Saharan African adolescents face significant SRH challenges, including limited access to youth-friendly services, information on physical and mental development, unsafe abortions, gender-based violence, sexuality, and family planning.

4.5.2.2 Sub-theme 2.2: Health personnel’s attitude toward adolescents’ use of SRH and SRHRs services

Most participants (both blacks and coloured from grades 11 and 12, females and males) said that the health personnel were friendly and provided them with the information they needed. However, two female learners from grade 11 complained about the negative attitude they received when they attended the SRH services. They explained:

“I went to the clinic with my cousin...When she went in, she did a clinic card and when she went to the lady (Nurse) who was going to give her the Injection, the lady started asking her how old she was, and when she told the lady, the lady started asking her if she was a Christian and if she was not going to wait for marriage and she felt very bad.” (P3, female, 14 years, coloured, grade 11)

“They’re very good. Yes. I have attended the clinic. The Nurse gave us health education on preventing and Family Planning.” (P16, male, black, 18 years, grade 12)

“They are usually busy so they give you the condoms and you go and they do not give you any SRH-related education.” (P17, male, black, 19 years, grade 12)

“When we went to the clinic, we were given pills (PrEP) and condoms to protect ourselves from getting HIV and the nurses were friendly.” (P20, male, black, 17 years, grade 12)

Twelve participants attended SRH services. Eight were male learners from grades 11 and 12 who reported that healthcare personnel were friendly and provided them with information, condoms and PrEP. This finding was contrary to those found in Khayelitsha, Western Cape, which showed most health centres were not youth-friendly and healthcare practitioners in the health centres were judgemental (Pleanar et al. 2022:1).

In this study, only **Participant 3**, who was a female-coloured learner, said the healthcare personnel were unfriendly, and **Participant 17**, a 19-year-old black male, said the healthcare personnel were too busy to give him the required information. Participants from grade 10 could not comment because one said there were no clinics available in their area and one said that he had not attended SRH services before.

The exosystem in Bronfenbrenner’s Ecological Theory shows that it incorporates other formal and informal social structures, which do not themselves contain the child, but indirectly influence them. Therefore, if the healthcare personnel have a negative

attitude towards the school-going adolescents, it will affect the adolescents' intention to attending SRH services or they may be demotivated and not listen or take any advice offered by healthcare personnel. This will indirectly affect the adolescent in that they would not have adequate information on sexuality issues.

4.5.2.3 Sub-theme 2.3: Challenges in receiving information on SRH and SRHRs

Seventeen participants shared the perceived challenges that hindered them from receiving information on SRH and SRHRs. Different views were shared by participants, and most were school-related challenges. Participants described:

“Teachers just read books and do not explain in detail.” (P1, female, coloured, 16 years, grade 12)

“When it comes to digital...load-shedding...load-shedding...also physically I would say the areas where they provide the Services some do not have transport.” (P2, male, coloured, 14 years, grade 10)

“Some people do not feel comfortable because they do not trust the person giving them information.” (P2, male, coloured, 14 years, grade 10)

“It is not a 24-hour service clinic. They close the clinic at certain times, so we do not get the chance to go to the clinic.” (P3, female, coloured, 14 years, grade 10)

“No we are not getting much information from school because...To be quite honest with you, LO lessons are usually a missed period, the teacher does not usually come and when she does come, she does not have that energy to teach and make you understand what is being discussed. After that you get worksheets...And the things we do for LO is PE (physical exercises) and...nothing is being taught at a higher degree.” (P6, female, 16 years, coloured, grade 11)

“Issues on sexuality are not discussed in detail at school and parents tend to be busy and don’t have time to teach us such things.” (P8, male, 16 years, black, grade 11)

“Sometimes it’s our parents who are at fault, because when you start talking about sex, they think you are doing it, or you are already sleeping with someone...Hmmm...And sometimes it’s our friends, because they do judge us if you are having sex and they don’t. They don’t teach us more about sex, and sometimes at clinics, they don’t want to attend to us, they don’t wanna listen, and...Yeah that’s all...in LO the information they are giving you, is not detailed most of the time.” (P10, female, 18 years, black, grade 12)

“Sometimes it is our parents, because when you start talking about sex, they think you are doing it, or you are already sleeping with someone. At times it’s our friends, because they judge us...At school students bunk class and at times we would be 6 learners or 4 learners in class. Teachers don’t teach us more about sex, and sometimes at Clinics, they don’t attend to us.” (P13, female, 18 years, black, grade 11)

“For me I’m not a person who understands Zulu perfectly well, the school I go to is an English school but most of the time Teachers teach in Zulu. They explain in Zulu, and I lose focus on what they are saying. When I ask my friends, they all tell me different things, maybe it is from their own point of view. When I go back to the Teacher, He/she will still be unable to explain in a way for me to understand.” (P15, male, 19 years, coloured, grade 12)

“No...Only if we could be taught in either age or sex groups.” (P17, male, 19 years, black, grade 12)

“The topic on sexual issues was just summarised by our teacher, we were not give chance to express our views.” (P11, female, 19 years, black, grade 12)

“When taught in the classroom, learners are afraid to raise their hands up because other learners will say that they are practising sex. Also, in the classroom we did not have a chance to express ourselves as to share our views, there should be freedom of expression.” (P19, male, 19 years, black, grade 12)

Participants had different views of the challenges they faced and the factors that prevented them from receiving information on SRH and SRHRs. These were discussed according to their school grades:

Participants in grade 10 said that the clinics did not work 24 hours a day and did not have time to attend the clinic since they were closed once the school closed, and consequently did not receive information from the health personnel. The same findings were reported in a study conducted in Edmonton, Canada, where participants complained that clinic operating hours were a challenge, as the hours coincided with work and school hours (Vass, Bhanji, Adewale & Meherali, 2022:14). Furthermore, some participants said that healthcare personnel were usually very busy, so they did not provide any information on SRH/SRHRs. Another grade 10 female learner complained of load shedding affecting the learners, especially when using Google to gain information. A female participant said she felt uncomfortable asking questions when teachers were presenting topics on sexuality issues out of fear of being suspected of being sexually active.

Participants in grade 11 were concerned that teachers missed classes. This made them feel that the teachers were not serious, and they also started bunking classes. If learners perceive teachers as not being serious, they will also take issues lightly and no learning will occur. In addition, learners said their parents rarely discuss sexuality issues with them and the information they gave them is not detailed. It is important to provide adolescents with detailed information that will help them make informed decisions.

Participants from grade 12 also complained that parents rarely discussed sexuality issues with them, just like the complaint raised by learners in grade 11. One English-speaking learner complained that the teacher spoke Zulu in class, which he could not

understand. Even when he asked for an explanation, the teacher could not explain the information in a way the learner could understand. The participant reiterated that LO classes were not taken seriously, and the classroom environment was noisy. **Participant 1**, a coloured female learner, emphasised teachers just read books and did not explain the information. **Participant 18**, a black male learner said they had no opportunity to share their views or express their feelings as the teacher just presented a summary of SRH issues. On the contrary, one black male from grade 12 commented that it all depended on an individual's attitude, as those who wanted to learn would do so.

Moreover, judgement from fellow learners and parents made learners afraid to ask questions at home and in class, as stated by **Participant 11**. This participant reportedly feared asking questions in class because her friends would suspect her of having sex. **Participant 13** also remarked that parents were to blame for their inadequate understanding of sexuality issues because once adolescents discussed these topics with them, they started to judge their children for being sexually active. This view is confirmed by a study conducted in Oman by Zaabi, Heffernan, Holroyd and Jackson (2022:1), stating that parents rarely discussed sexuality issues, including HIV, with their children for fear that it could lead to early sexual debuts.

4.5.3 Theme 3: Adolescents' preference regarding the way to receive information on sexuality

Most participants preferred to get detailed information from their teachers and parents. They commented:

"I prefer the Social Worker more because they deal with these things...unlike teachers because they just go according to the books. Social Workers have more knowledge and have studied on how to make a child understand or how to review things on sexuality." (P1, female, 16 years, coloured, grade 12)

"Digital would be fine and teaching in front of me." (P4, female, 14 years, coloured, grade 10)

“You need to do your own research.” (P7, female, 16 years, black, grade 11)

“Classrooms should be more controlled so that students do not laugh a lot.” (P9, male, 17 years, black, grade 11)

“Go to the Clinic if you want information! You can also get it from school, LO. Yes, and sometimes parents because they have experience, and they know more. Yeah, maybe the boys should be disciplined in classrooms.” (P10, female, 18 years, black, grade 12)

“I think, he or she (Teacher) must come to me and confront everything, and I’m going to tell him or her how I feel, and not in front of other learners. Yeah I want the teacher to tell me alone because I feel uncomfortable. Hmmm...or just WhatsApp me, and I will tell him or her what I feel about it.” (P11, female, 19 years, black, grade 12)

“There should be pamphlets, there should be a Google site about these.” (P12, female, 16 years, black, grade 11)

“People, like maybe people from the clinic, Doctors and Volunteers as I would be seeing those people once and they are gone and they don’t know me, therefore, would feel free to discuss sexuality issues with them. Unlike my Teachers will be seeing me for five years before I leave school, therefore, I would not be free to discuss any sexual issues. Aah...” (P12, female, 16 years, black, grade 11)

“They should...Aah...Discipline the class more so that it can be a safe environment for everyone to speak about these things...Yeah that’s all, I think.” (P12, female, 16 years, black, grade 11)

“I think schools must be involved, teachers, LO teachers must teach learners more about sexual issues, and the community, yes...I think if the community can also give a hand, maybe it might also help us, teenagers. At schools, I think there must be, a session where girls are being taught alone and boys are being taught alone.

Because that can help the girls to know more, to know much without being afraid that the boys might hear, what they are being taught and also the boys because it is almost the same.” (P14, male, 18 years, black, grade 12)

“Yeah, I think so. Yes, I think it is acceptable to discuss Sexual and Reproductive Health issues in your family because I think, maybe the young brothers might also learn, they might get more information.” (P13, female, 18 years, black, grade 11)

“To have Medical personnel come and teach us because if you get information from Google, you may get false information. I prefer face-to-face teaching because you are able to see the facial expression of the one giving you information, then you would know how serious it is instead of just reading about it.” (P15, male, 19 years, coloured, grade 12)

“I can sit with my father and he can teach me the things I want to know.” (P20, male, grade 11)

All the learners felt that teachers and parents should give comprehensive information about issues related to sexuality. This confirms Othman, Abuidhail, Shaheen and Gausman’s (2022:1) view that adolescents need quality information about sexuality issues during their transition to adulthood and parents have a key role in providing it. It is important for parents to provide comprehensive information to adolescent children, which will help them make informed decisions about issues related to SRH. This will also prevent adolescents from making risky sexual decisions. The ecological perspective similarly emphasizes the interaction and interdependence between and across the social spectrum. Therefore, there should be comprehensive parent/child communication, a strong culture that promotes discussions about sexuality issues, and the environment should promote learning. The ecological perspective relates health behaviour to the environment to which adolescents are exposed.

Two learners from grade 12 preferred to receive comprehensive information from medical personnel like doctors and social workers. It would be good for medical personnel to give learners information because they are experienced and can give

practical examples and proper advice on SRH issues like sexually transmitted diseases or services available.

Two participants (one black male from grade 12 and one black female from grade 11) preferred being placed into smaller groups according to their sexes or ages because being taught collectively was disruptive. Since learners make noise in class, putting them into smaller groups would help the teacher control them more easily. Moreover, in smaller groups, learners will feel free to ask questions. When the teacher-learner ratio is reduced, it improves the relationship between the teacher and the learner. This approach will make the learners feel that the teacher cares about them, and they will, in turn, work hard and behave in class. This view is confirmed by Li, Bergin and Olsen (2022:2), stating that a good teacher-learner relationship helps learners become more active in classrooms, improving learning. Improved relationships with teachers will also encourage learners to attend LO sessions and not bunk classes.

Participant 3, a coloured female in grade 11, suggested digital learning. Learners should be encouraged to use recommended websites or educational programmes on media to get information.

Male participants in grades 11 and 12 preferred to receive information from clinics and they requested sexual awareness campaigns. These male learners reported that they had been using SRH services, where they gained a lot of information and received condoms and PrEP. Therefore, a multidisciplinary team effort is required to equip learners with comprehensive SRH information.

4.5.4 Theme 4: Adolescents' perceptions of SRH/SRHR; whether taboo or acceptable

All 20 participants from grade 10–14, both males and females and blacks and coloureds perceived that it was not taboo to discuss issues around SRH/SRHRs, and they were eager to know more. They also felt that it was acceptable to discuss the topic at school, at home and church.

The participants shared the following quotes:

“No, it is not a taboo because you need more information about it and... at times it is healthier to talk to someone who already knows and has experience on sexuality issues.” (P10, female, 18 years, black, grade 12)

“I think is okay because the more you talk about it, the more you would realise when you want to do something wrong you have the knowledge in your mind that I shouldn't be doing this.” (P1 female, 16 years, coloured, grade 12)

“Yes...it should be discussed because some people would be going through something and they would be trying things which they are not supposed to try and may end up being pregnant.” (P8, male, 16 years, black, grade 11)

“Yes, it is a good thing, because in this generation we believe in a way that whatever you do, you don't know what is gonna happen to us tomorrow and we should remain optimistic in what we are doing...seeing what we are doing will benefit us.” (P15, male, 19 years, coloured, grade 12)

Almost all the participants of both races did not perceive SRH/SRHR topics as being taboo. They expressed their eagerness to learn about issues related to their sexuality. This confirmed the findings of research conducted in a South African township, stating that despite discussions on sexuality issues being regarded as taboo, it was noticed that adolescents' access to SRH information and services was increasing (Gillespie, Balen, Allen, Pillay & Anumba, 2022:1). It was good that the adolescents did not perceive sexuality issues as taboo because this could increase their interest in the topic. Adolescents ultimately need to learn more about sexuality issues to make informed decisions about their sexual life.

4.6 PARTICIPANT OBSERVATIONS AND THE RESEARCHER'S USE OF FIELD NOTES

Most participants expressed a desire to take part in the interviews. They were pleasant, and when the researcher greeted them, they grinned back. The questions received a great response from the participants. After the participant interviews, nonverbal communication like nodding of the head, which meant “Yes”, and shaking of the head horizontally, which meant “No”, were recorded using field notes. The observations were supplemented with the help of this knowledge. During the semi-structured interviews, the participants asked the researcher to repeat the questions for clarity, when needed. No one withdrew from the interview, and no difficulties were encountered during the interviews. Participants from grades 10 and 11 did not have a lot of information on SRH/SRHRs compared to those in grade 12. Hence, the researcher interviewed more participants from grade 12.

4.7 OVERVIEW OF RESEARCH FINDINGS

The findings reflect adolescents' knowledge and perception of SRH/SRHRs issues in Richards Bay. The findings were discussed under four different themes, namely: school-going adolescents' knowledge and perceptions of SRH and SRHRs; availability and use of SRH services; adolescents' preference regarding the way to receive information on sexuality; and adolescents' perceptions of SRH/SRHRs information, whether taboo or acceptable. The findings reflected:

Theme 1: School-going adolescents' knowledge and perceptions of SRH and SRHRs

- Male and female school-going adolescents of all races and all age groups (between 14 to 19 years) and from grades 10 to 12, have scanty information on SRH and SRHRs.
- The six participants from all grades who attempted to explain what SRH was said it is the act of sex and how one can prevent sexually transmitted infections.
- Only one male participant in grade 12 mentioned aspects of family planning.

- One 17-year-old male participant in grade 11 believed SRHRs were the right to belong to any sexual orientation and for gays to be respected.
- Most participants thought SRHRs were the right to say no to sex, to be protected from getting pregnant, and contracting infections like HIV. This was the only right most participants knew about.
- None of the participants stated that they had the right to health care and information.
- A 16-year-old female participant in grade 11 stated that in LO they only talked about sexual harassment and discrimination.
- A 17-year-old black male in grade 12 commented that he did not know he had the right to have information about sexuality issues.

Peer-related influences on sexual behaviour

- Peer influence had an impact on six learners from grade 11 and 12, both females and males, and both blacks and coloureds who became sexually active.
- There was an increase in the chance of engaging in risky sexual behaviour with an increase in school grade and age, which applied for both sexes and races.

Adolescents' perceptions of educators and classroom environment influence

- Learners from grade 10 complained peers were usually disruptive in class and made a lot of noise.
- Learners from grade 11 reported that teachers mainly read textbooks on sexuality issues to learners and did not explain anything to clarify what was read. Instead, grade 11 learners received worksheets to do or were made to do physical exercises during LO periods.
- A comment was made by a grade 11 female learner, stating she was afraid to raise her hands in class for fear of being suspected of being sexually active.
- Both learners and teachers were reported to bunk classes; at times, there were only four to six learners in the classroom. This resulted in learners not taking teachers seriously.
- A grade 12 learner who is coloured and English-speaking reported that teachers sometimes explained topics in Zulu, which made it difficult for English-speaking learners to understand and focus.

Perceptions of culture and parent-related influence

- Participants aged 14–19 years, in grades 10–12, both blacks and coloureds all reported that topics on sexuality are rarely discussed at home or at church and, if discussed, inadequate information was given. Both male and female participants also concurred that parents mainly focus on girls maintaining their virginity.

Theme 2: Availability and use of SRH services

- Fourteen-year-old participants in grade 10 were not aware of the availability of SRH services in their area.
- Learners from grades 11 and 12 reported that they were aware SRH services were available in their areas.
- Three male black learners (one from grade 11 and two from grade 12) said SRH services were available, but they did not make use of them for their own reasons.
- Four black male learners from grade 12 said SRH services were available in their communities, and they were using the services offered there.
- Two black female learners, one from grade 11 and one from grade 12, said they were using SRH services.
- Most participants who attended the SRH services said that the health personnel were friendly and provided them with the information they needed.
- Only two female learners from grade 11 complained about the negative attitude they received when they attended the SRH services.

Theme 3: Adolescents' preference regarding the way to receive information on sexuality

- All the learners felt that teachers and parents should give comprehensive information about SRH issues.
- Two learners from grade 12 preferred to receive comprehensive information from medical personnel like doctors and social workers. It would be good for medical personnel to give learners information because they are experienced and can give appropriate explanations.
- Two participants (one black male from grade 12 and one black female from grade 11) preferred being placed into smaller groups according to their sexes or ages because being taught collectively was disruptive.

- Two black males from grades 11 and 12 preferred awareness campaigns.

Theme 4: Adolescents' perceptions of SRH/SRHRs information; whether taboo or acceptable

- Almost all the participants of both races did not perceive SRH/SRHR topics as being taboo.
- Participants expressed their eagerness to learn about issues related to their sexuality.

4.8 SUMMARY

In this chapter, the researcher discussed the themes and sub-themes that emerged from the semi-structured interviews. The findings indicated that adolescents do not have comprehensive knowledge of SRH/SRHRs because the information they receive from the school, their parents, churches, and other close relatives is not detailed enough to help them make informed decisions about their sexual conduct.

This study identified why school-doing adolescents do not have comprehensive information on SRH/SRHRs, and participants offered recommendations to improve the dissemination of information. Ultimately, multi-disciplinary involvement is required from relevant stakeholders to equip adolescents with adequate information.

In the next chapter, the researcher discussed conclusions, limitations and recommendations made to the multi-disciplinary team.

CHAPTER 5

CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

5.1 INTRODUCTION

This chapter presents the researcher's conclusions based on the research findings from the preceding chapter. This chapter also summarises the key research findings and proposed recommendations for the multidisciplinary team concerned with equipping school-aged adolescents with comprehensive knowledge of SRH and SRHRs and improving SRH services.

The study's aim was to determine school-going adolescents' knowledge and perceptions of issues around SRH and SRHRs. The qualitative exploratory-descriptive design was employed in the study. Individual, semi-structured, face-to-face interviews were used to gather data, which was then thematically analysed. The following four themes emerged from the analysis guided the researcher's mission to achieve the fundamental aim of the study:

- School-going adolescents' knowledge and perceptions of SRH and SRHRs
- Availability and use of SRH services
- Adolescents' preference regarding the way to receive information on sexuality
- Adolescents' perceptions of SRH/SRHRs information; whether taboo or acceptable

The main findings were developed based on these themes as evinced in the preceding chapters.

5.2 SUMMARY AND INTERPRETATION OF THE RESEARCH FINDINGS

A summary and presentation of the research findings follow, according to the themes that were identified:

- Theme 1 – School-going adolescents' knowledge and perceptions of SRH and SRHRs

- Theme 2 – Availability and use of SRH services
- Theme 3 – Adolescents’ preference regarding the way to receive information on sexuality
- Theme 4 – Adolescents’ perceptions of SRH/SRHRs information; whether taboo or acceptable

5.2.1 THEME 1: School-going adolescents’ knowledge and perception of SRH and SRHRs

Participants shared what they knew about SRH/SRHRs. Six sub-themes emerged under personal knowledge and perceptions, and are discussed in the sections that follow.

5.2.1.1 Sub-theme 1.1: Knowledge of SRH

A majority of participants (both females and males, coloureds and blacks, and all age groups between 14 to 19 years and from grade 10 to 12) had scanty information on SRH. This confirms the findings of research conducted at eight health and demographic surveillance sites across sub-Saharan Africa. It determined that knowledge of HIV seemed widespread, but knowledge of other dimensions of SRH appeared lacking, especially among early adolescents (Finlay et al. 2019:5).

The six participants from all grades who attempted to explain what SRH was, said it is the act of sex and how one can prevent sexually transmitted infections. However, only one male participant, who was in grade 12, mentioned aspects of family planning. This view was confirmed by the South African NDoH (2019:7), stating that people did not have adequate knowledge about fertility, which affects their choice of contraception.

One black male learner from grade 12 added that SRH referred to types of sexual acts, which were referred to as ‘dry and wet sex’, and he elaborated on the differences between them. The earlier quotes illustrate that even grade 12 participants did not have adequate knowledge of SRH. It is expected that a grade 12 learner should be well-equipped with comprehensive information on sexuality issues because they should

have covered them in LO at school. However, this is not the case. Therefore, teachers should empower learners with comprehensive information according to the school curriculum so that they can make informed decision about SRH issues. Parents, communities and churches should also all work together to equip adolescents with appropriate knowledge.

5.2.1.2 Sub-theme 2: Knowledge of SRHRs

Most participants only knew about one SRH right, which was to say no to unconsented sex. One male participant, a 17-year-old in grade 11, believed SRHRs were the right to belong to any sexual orientation and for gays to be respected. Most participants from all grades, both female and males, and aged 14–19, thought SRHRs were the right to say no to sex, to be protected from getting pregnant, and contracting infections like HIV. None of the participants stated that they had the right to health care and information.

In addition, **Participant 12** who was an 11 years old female participant in grade 11 stated that in LO, they only talked about sexual harassment and discrimination. The above accounts confirm the recommendations for research to be conducted on LO teachers' experience teaching sexuality education in secondary schools in Vhembe and Mopani District, Limpopo Province, South Africa. That study found teachers need to be equipped with adequate knowledge and skills to appropriately teach various sexuality topics (Munyai, Makhado, Ramathuba & Lebese, 2023:47). Moreover, **Participant 20**, male, black 17 years old in grade 12 commented that he did not know he had the right to have information about sexual issues. This shows that the learners are not given comprehensive sexual education by their teacher because in grade 12, learners are expected to have been taught issues on SRHRs. This is not only happening.

5.2.1.3 Sub-theme 3: Adolescents' perceptions of peer-related influence on sexual behaviour

Most adolescents discussed sexual matters with peers, which influenced participants (especially those in grades 11 and 12, both females and males, and both blacks and

coloureds) to become sexually active. Two black females (one from grade 11 and one from grade 12) and four black males (two from grade 11 and two from grade 12) became sexually active as a result of peer discussions. In support, the African Population and Health Centre (2020:1) stated that in contemporary settings, people mostly learn about sexual and reproductive rights by associating with the opposite sex through peers and friends.

A conclusion may be drawn that there is an increase in risky sexual behaviour related to an increase in school grade and age, which applies for both sexes. It was also noted that peer influence had an impact on adolescents' risky behaviour because six participants out of 20 became sexually active as a result of peer influence.

Table 5.1: Peer-related influence on sexual behaviour

Type of influence	Frequency	Percentage
Discussions on sexuality issues	20	100%
Became sexually active	6	30%
Did not become sexually active	13	70%

5.2.1.4 Sub-theme 4: Adolescents' perceptions of educator and class environment influence

Nineteen participants shared their perceptions of the LO educator and class environment. One participant could not comment because the topic was not yet being discussed in the classroom. Eleven participants (55%) reported teachers did not explain information but were vague on SRH topics. The results were compiled according to the different grades as follows:

Grade 10

Learners from grade 10 complained the classroom environment was not conducive to learning because there was a lot of noise, making learning difficult. Learners also said that they were being merely learning about sexually transmitted diseases. Literature also reflected that the existing LO school education programme still focuses on abstinence and risk-based approaches to SRH (Mturi & Bechuke, 2019:137).

Grade 11

Grade 11 learners reported that teachers mainly read textbooks on sexuality issues and did not explain anything to clarify what was read being read in class. Instead, the learners received worksheets to do or were made to do physical exercises. Another comment by a female learner was that she was afraid to raise her hand in class for fear of being suspected of being sexually active. Both learners and teachers were reported to bunk classes; at times, there were only four to six learners in the classroom. This resulted in learners not taking teachers seriously.

Grade 12

In addition, a grade 12 learner who is coloured and English-speaking reported that teachers sometimes explained topics in Zulu, making it difficult for English-speaking learners to understand and focus. Although teachers often used a local language, it was observed that learners in this grade were more knowledgeable about sexuality issues than other grades. However, being an English-speaking school, teachers should teach in a language all learners understand. The learners also complained that some of the teachers only read textbooks and did not explain sexuality issues in detail to them. They also complained about the classroom environment being too noisy and that teachers did not control it.

A conclusion can be drawn that both teachers and learners did not take LO subjects (which covers SRH/SRHRs) seriously because they bunked classes, and classrooms were uncontrollable and unsupervised. Therefore, there is a need to have these classes monitored and supervised in order for learning to take place.

5.2.1.5 Sub-theme 5: Adolescents' perceptions of culture and parent-related influence

Participants aged 14–19 years, from grades 10–12, both blacks and coloured, all reported that topics on SRH are rarely discussed, and if they are discussed, inadequate information was given. However, both male and female participants agreed that parents mainly focused on girls maintaining their virginity. In support, the African Population and Health Research Centre (2020:1) states that in most traditional

African societies, SRH topics are seldom discussed in family settings, and only those considered ready for marriage are advised on how they are expected to conduct themselves in marriage.

5.2.1.6 Sub-theme 6: Adolescents' perceptions of religion-related influence

All 12 participants who attended church said that although SRH issues were discussed in church, the information was superficial. This finding supports those of a study conducted in Iganga, Uganda, stating that religious leaders perceived the promotion of SRHRs increase sexual immorality among adolescents (Nayebare, 2021:1).

A multidisciplinary team effort is needed to equip adolescents with information related to SRH/SRHRs issues. Therefore, churches should also play an active role in empowering adolescents with comprehensive information.

5.2.2 THEME 2: Availability and use of SRH services

Information was also collected on the availability and adolescents' use of SRH and SRHRs services. The following sub-themes emerged:

- SRH and SRHRs clinic services
- Health personnel's attitudes towards adolescents' use of SRH services
- Challenges in receiving information on SRH and SRHRs

5.2.2.1 Sub-theme 1: SRH and SRHRs clinic services

Grade 10 participants (aged 14) were not aware of the availability of clinics in their area. Learners also claimed they did not know what SRH/SRHRs were because if they knew what SRH/SRHRs were, they would have known if services were available. Therefore, there is a need for teachers and the community to inform learners about sexuality issues and the availability of SRH services.

However, learners from grades 11 and 12 reported having clinics in their areas. Three male black learners, one from grade 11 and two from grade 12, said that clinics were available but they did not make use of them due to their own reasons. However, four black male learners from grade 12 said that they had clinics available and were using the SRH services offered there. Two black female learners, one from grade 11 and one from grade 12, also said they were using the SRH services.

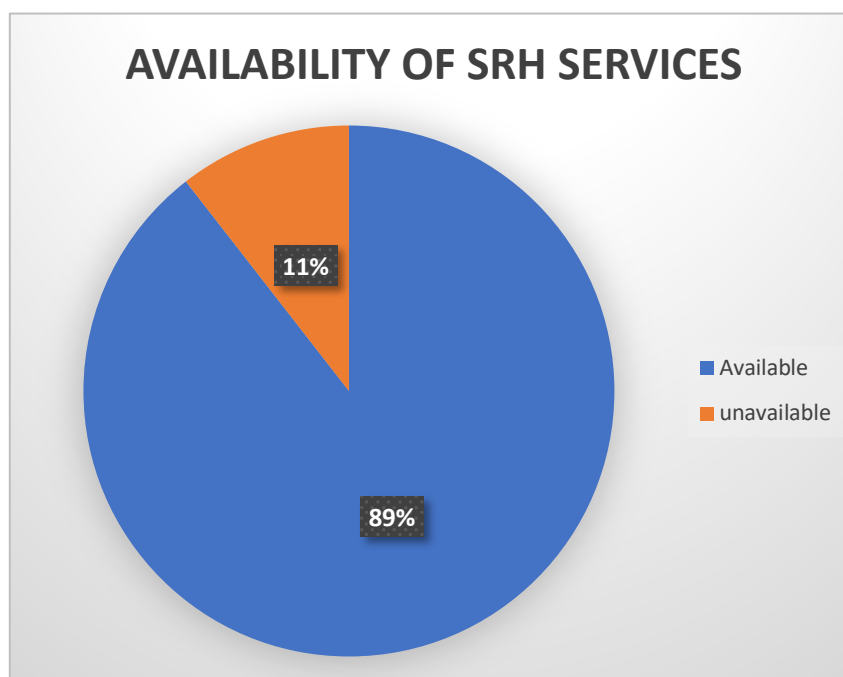


Figure 5.1: Availability of SRH and SRHRs services

5.2.2.2 Sub-theme 2: Health personnel's attitudes towards adolescents' use of SRH services

Twelve participants attended SRH services, and eight (mainly male learners from grades 11 and 12) reported that healthcare personnel were friendly and provided them with information, condoms and PrEP. This finding was contrary to those found in Khayelitsha, Western Cape, which showed most health centres were not youth-friendly and most healthcare practitioners in the health centres were judgemental (Pleanar et al. 2022:1). In this study, only **Participant 3**, who was a female-coloured learner, said the healthcare personnel were unfriendly, and **Participant 17**, who was a 19-year-old black male, said the healthcare personnel were too busy to give him sufficient information.

Participants from grade 10 could not comment because one said no clinics were available in their area, and one said that he had not attended an SRH clinic before.

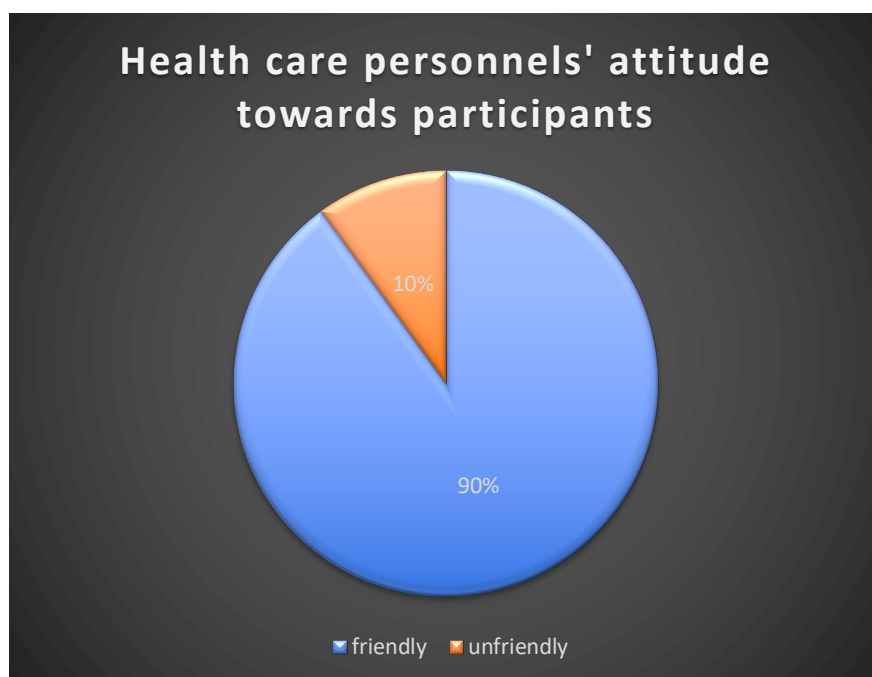


Figure 5.2: Health care personnel attitude towards participants

5.2.2.3 Sub-theme 3: Challenges in receiving information on SRH and SRHRs

Participants had different views of the challenges they faced and the factors that prevented them from receiving information on SRH and SRHRs. These were discussed according to their school grades:

Grade 10

Participants from grade 10 said the clinics did not work on a 24-hour basis, and they did not have time to attend the clinic since they were closed once school let out, and they consequently did not get information from health personnel. The same findings were reported in a study conducted in Edmonton, Canada, where participants complained that clinics' operating hours were a challenge as the hours coincided with work and school hours (Vass, Bhanji, Adewale & Meherali, 2022:14). Moreover, some participants said healthcare personnel were usually very busy, so they did not give any information on SRH/SRHRs.

Another female grade 10 learner complained load shedding affected learners, especially when they were using Google to access information. A female participant said she was uncomfortable asking questions when teachers were presenting topics on sexuality issues out of fear of being suspected of being sexually active.

Grade 11

Participants from grade 11 complained teachers missed school periods. This made them feel that the teachers were not serious, and they also started bunking classes. Learners also said that parents rarely discussed sexuality issues with them. When they discussed these matters, the information was often superficial. It is important to give adolescents detailed information to assist them in making informed decisions.

Grade 12

Participants from grade 12 concurred that parents rarely discussed sexuality issues with them. One English-speaking learner complained that the teacher spoke Zulu in class, which he could not understand. Even when he asked for an explanation, the teacher could not explain the information in a way the learner could understand. The participant reiterated that LO classes were not taken seriously, and the classroom environment was noisy. **Participant 1**, a female-coloured learner, emphasised teachers just read books and did not explain the information, and **Participant 18**, a male **black** learner, said they had no opportunity to share their views or express their feelings as the teacher just presented a summary of SRH issues.

On the contrary, one grade 12 black male participant commented that it all depended on the individual learner's attitude, as those who wanted to learn would do so. Upon analysing the information, it is noteworthy that both grade 11 and grade 12 had similar challenges with teachers and parents not giving comprehensive SRH information.

This shows that adolescents' main challenges were school and parent-related. Therefore, both teachers and parents should work together to empower adolescents with appropriate SRH knowledge.

5.2.3 Theme 3: Adolescents' preference regarding the way to receive information on sexuality

All the learners felt that both their teachers and parents should provide comprehensive information on sexuality issues. This confirms Othman, Abuidhail, Shaheen and Gausman (2022:1) claim that adolescents need sufficient information about SRH issues during their transition to adulthood, and parents play a key role in providing it. Parents need to provide comprehensive information to their adolescent children, which will help them to make informed decisions about sexual matters. This will also prevent adolescents from making risky sexual decisions.

Two learners from grade 12 preferred to receive comprehensive information from medical personnel like doctors and social workers. It would be good for medical personnel to give learners information because they are experienced and can give learners practical examples and proper advice on SRH issues like sexually transmitted diseases or services available.

Two participants, one black male from grade 12 and one black female from grade 11, preferred being placed into smaller groups according to their sexes or ages because being taught collectively was disruptive. Since learners are noisy in class, placing them in smaller groups could allow the teacher to control them more easily. Moreover, in smaller groups, learners might feel free to ask questions.

Participant 3, a coloured female in grade 11, suggested digital learning strategies. Learners should be encouraged to use recommended websites or educational programmes on media to get information.

Male participants from grade 11 and grade 12 preferred to get information from the clinics and they preferred that sexual awareness campaigns should be held. These male learners reported that they had been using SRH services and that they gained a lot of information and were given condoms and pills.

5.2.4 THEME 4: Adolescents' perceptions of SRH/SRHRs information; whether taboo or acceptable

Almost all the participants of both races did not perceive SRH/SRHRs topics as being taboo. They expressed their eagerness to learn about issues related to their sexuality. This confirmed the findings of research conducted in a South African township, stating that despite discussions on sexuality issues being regarded as taboo, it was noticed that adolescents' access to SRH information and services was increasing (Gillespie, Balen, Allen, Pillay & Anumba, 2022:1).

5.3 RECOMMENDATIONS

Recommendations were made for different departments according to the findings as follows:

5.3.1 Recommendations for the National Department of Basic Education

- The Department of Basic Education should revise the LO curriculum and topics on sexuality issues in order to give learners detailed information.
- Teachers need adequate training to equip them with the knowledge and skills to teach various sensitive topics.
- Teachers need training to equip them with skills to control the classroom environment to promote learning.
- The Department should consider grouping adolescents according to their sex or age to promote active learner participation in class and maintain order.

5.3.2 Recommendations for the Department of Basic Education in KwaZulu-Natal

- Monitor teaching sessions and ensure accepted official languages are used while teaching.
- Monitor LO teachers to ensure LO topics on sexuality are appropriately addressed.
- Monitor and manage the absenteeism profile of LO teachers.

5.3.3 Recommendations for the Department of Health

- Adolescent and youth-friendly services at community-level clinics should include after-school services for adolescents.
- Pursue a youth-interactive cell phone health platform to empower adolescents to make the right decision based on accurate information.
- Implement campaigns like the “*She Conquers*” campaign, a national campaign aimed at empowering adolescent girls and young women to address major issues that adolescent girls face in South Africa.

5.3.4 Recommendations for the Department of Arts and Culture

- The Department should incorporate SRH and SRHRs issues when guiding adolescents, and information given to both adolescent boys and girls should be detailed.
- The cultural integration of traditional norms with those of the Western world could encourage effective parent-child communications to help disseminate SRH information.

5.3.5 Recommendation for the Department of Religious Affairs

- Churches should include comprehensive adolescent teachings on sexuality issues in their programmes.

5.3.6 Recommendations for future research

- It is recommended that future researchers interested in finding more information on adolescents’ knowledge and perceptions of sexuality issues in Richards Bay focus on the cultural norms and myths that prevent adolescents from getting comprehensive information.
- In addition, future studies may interview different races, such as Whites, Indians, Coloured and Blacks, in order to obtain additional perspectives.
- Future research could use the mixed method to yield in-depth insight.

5.3.7 Recommendations for policymakers

- Policymakers should integrate educational and health aspects of sexuality into one policy for easy implementation. For example, the National Integrated Sexual and Reproductive Health Rights Policy 2020 is more health-oriented; however, if educational aspects were included, it would yield good results.
- Policymakers should consider formulating a youth-friendly sexuality policy; if one is already formulated, it should be implemented effectively.

5.3.8 Recommendations for communication and digital technology

- There should be more youth-friendly programmes on mass media covering all aspects of SRH/SRHRs issues.

5.4 STRATEGIES TO IMPROVE ADOLESCENTS' KNOWLEDGE ON SRH AND SRHRs RECOMMENDED BY THIS STUDY

The following strategies should be implemented to improve adolescents' knowledge about SRH/SRHRs issues:

- Parents, teachers and churches should work together and empower learners with comprehensive information on sexuality issues.
- Being in a world of technology, various educational programmes should be available on different media to empower adolescents.
- The community should host sexual awareness campaigns to educate adolescents.
- Adolescents should form social clubs in order to support each other. For example, the learners in grades 11 and 12 were more knowledgeable than those in grade 10, therefore, they can assist the grade 10's with information on SRH/SRHRs.

5.5 CONTRIBUTIONS OF THE STUDY

The findings of this study assisted in identifying school-going adolescents' knowledge and perceptions, challenges, and preferred ways of getting information on SRH and

SRHRs. The study also contributed information to different multidisciplinary teams as follows:

Teaching:

The study was able to identify that LO teachers were not adequately trained, did not give comprehensive information to learners, did not attend all allocated sessions, and were not able to control the noisy environment in class. Therefore, recommendations were suggested for the Department of Basic Education to implement measures to improve the situation.

Clinical practice:

The study showed that some adolescents were unable to attend the clinics because they were closed by the time they left school. Therefore, recommendations were made for clinic hours to be extended and adolescent-friendly, in that they should be open after hours.

Policymakers:

The study showed that there is a need for synergy and partnership between the health and education sectors in policy-making and programme implementation.

Research:

The study contributed to research in that it gave information on SRH and SRHRs issues among adolescents in Richards Bay, KwaZulu-Natal.

5.6 LIMITATIONS OF THE STUDY

A limitation of this study was that only one high school was sampled, and only Black and Coloured learners participated because no White learners attended the school at the time of data collection.

5.7 CONCLUDING REMARKS

This chapter outlined major conclusions and recommendations based on the study's findings, which aimed to explore adolescents' knowledge and perceptions of SRH/SRHRs in Richards Bay, KwaZulu-Natal. A conclusion was made that adolescents did not have comprehensive sexuality information to make informed decisions which led to risky sexual behaviour. Different stakeholders who were responsible for not giving comprehensive sexuality information included teachers, parents, and churches. Therefore, the multidisciplinary involvement is required from relevant stakeholders, which include the Departments of Basic Educational, Health, Religion, and Culture, to equip adolescents with comprehensive information to assist them in making informed discussion about their sexual behaviour.

REFERENCE LIST

- Abdurahman, C, Oljira, L, Hailu, S & Mengesha, MM. 2022. Sexual and reproductive health services utilization and associated factors among adolescents attending secondary schools. *Reproductive health*, 19(1):161.
- Achen, S, Atekyereza, P & Rwabukwali, CB. 2021. The role of culture in influencing sexual and reproductive health of pastoral adolescent girls in Karamoja sub-region in Uganda. *Pastoralism*, 11(25):1-11.
- Adom, D, Hussein, E & Agyem JA. 2018. Theoretical and conceptual framework: Mandatory ingredients of a Research. *Education international journal of scientific research*.
- African Population and Health Research Center. 2020 AF. We need to have more dialogue between parents and caregivers, and adolescents on sexual and reproductive health, Nairobi: *African Population Health Research Centre APHRC*.
- African Population and Health Research Center. 2020. The gender socialization of very young adolescents in schools and sexual and reproductive health in urban settlements in Nairobi County: Baseline study Report. *The baseline study 7-9*.
- Agbemenu, K, Hannan, M, Kitutu, J, Terry, M & Doswell, W. 2018. Sex Will Make Your Fingers Grow Thin and Then You Die: The Interplay of Culture, Myths, and Taboos on African Immigrant Mothers' Perceptions of Reproductive Health Education with Their Daughters aged 10-14 years. *Journal of Immigrant and Minority Health*, 20(1):1-10.
- Ara, I, Maqbool, M & Gani, I. 2022. Reproductive Health of women: implications and attributes. *International Journal of current Research in Physiology and pharmacology*, 8-18
- Azwihangwisi, H, Mavhandu-Mudzusi, AH & Mhlongo, BG. 2021. Adolescents' sexual education: Parental involvement in a rural area in Kwazulu-Natal, South Africa. *Africa Journal of Nursing and Midwifery*, 23(1).
- Bolisani, E & Bratianu, C. 2018. The elusive definition of knowledge. *Emergent knowledge strategies: Strategic thinking in knowledge management*, 1-22.
- Braun, V & Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in psychology*, 3(2):77-101.

- Brink, H, van der Walt, C & van Rensburg, G. 2020. *Fundamentals of research methodology for health care professionals*. 4th edition. Cape Town: Juta.
- Caulfield, J. 2019. How to do thematic analysis. *Scientific Research publishing*. <https://www.scribbr.com/methodology/thematic-analysis>.
- Chimatiro, CS, Mpachika-mfipa, F, Tshoteshi, L & Hajison, PL. 2022. School-going girls' preferences and views of family planning services in Phalombe district, Malawi: A descriptive, cross-sectional, Malawi: A descriptive, cross-sectional study. *Plos one*.
- Cohen, L, Manion, L & Morrison, K. 2018. *Research methods in education*. 8th edition. New York: Routledge.
- Creswell, JW & Poth, CN. 2018. *Qualitative inquiry and research design – choosing Among Five Approaches*. 4th edition. Los Angeles: SAGE.
- DeJonckheere, LM & Vaughn, LM. 2019. Semi-structured in-depth interviewing in primary care research: a balance of relationships and rigour. *Family Medicine and community Health*, (2)7.
- Department of Basic Education, 2019. The core aim of Comprehensive Sexuality Education and the new structures lessons plans is to help learners build an understanding of concepts, contents, values and attitudes. Department of Basic Education. [Online] Available at: https://www.gov.za/sites/default/files/gcis_document/201806/41722gon615.pdf [Accessed 08 May 2022].
- Department of Health 2020. *National integrated Sexual and Reproductive Health and Rights Policy Ed. 1* 2019. South Africa. National Department of Health.
- Department of Health, 2019. National contraception clinical guidelines. South Africa. *National Department of Health Library Cataloguing-in-Publication Data*, 1-111.
- Endler, M, Al-Haidari, T, Benedetto, C, Chowdhury, S, Christilaw, J, El Kak, F, Galimberti, D, Garcia-Moreno, C, Gutierrez, M, Shaimaa, I, Kumari, S, McNicholas, C, Mostajo, F, Maganda, J, Ramirez-Negrin, A, Senanayake, H, Sohail, R, Temmerman, M & Gemzell-Danielsson, K. 2020. How the coronavirus diseases 2019 pandemic is impacting sexual and reproductive health and rights response: Results from a global survey of providers, researchers, and policy-makers. *Obstetrics and Gynaecology*, 100(4):571-578.

- Engel, DMC, Paul, M, Chalasani, S, Gonaslaves, L, Ross, DA, Chandra-Mouli, V, Cole, CB, Eriksson, C, Hayes, B, Philipose, A, Beadle, B & Ferguson, BJ. 2019. A package of sexual and reproductive health and rights interventions-what does it mean for adolescents. *Journal of Adolescents Health*, 65(6), S41-S50.
- Guy-Evan, O. 2023. Bronfenbrenner's Ecological systems Theory. Simple psychology.
- Feroz, AS, Ali, NA, Khoja, A, Asad, A & Saleem, S. 2021. Using mobile phones to improve young people sexual and reproductive health in low and middle-income countries: a systematic review to identify barriers, facilitators, and range of Health solutions. *Reproductive Health*, 18(9):1-13.
- Fieser, J. 2021. *University of Tennessee*. [Online] Available at: <https://www.utm.edu/staff/jfieser/class/120/6-knowledge.ht> [Accessed 11 May 2022].
- Finlay, JE, Assefa, N, Mwanyika-Sando, M, Dessie, Y, Harling, G, Njau, T, Chukwu, A, Oduola, A, Shah, I, Adanu, R & Bukenya, J. 2019. Sexual and Reproductive Health Knowledge among Adolescent in sub-Saharan Africa. *First online Tropical Medicine and Intern*, 1-50.
- Fouché, CB, Strydom, H & Roestenburg, WJ. 2021. *Research at grass roots*. 5th edition ed. Pretoria: Van Schaik publishers.
- Galappaththi-Arachchige, HN, Zulu, SG, Kleppa, E, Lillebo, K, Qvigstad E, Ndhlovu, P, Vennervald, BJ, Gundersen, SG, Kjetland, EF & Taylor, M. 2018. Reproductive health problems in rural South African young women: risk behaviour and risk factors. *Reproductive Health*, 15(1):1-4.
- Gillespie, B, Balen, J, Allen, H, Pillay, PS & Anumba, D. 2022. Shifting social norms and adolescents girls access to sexual and reproductive health services. *SAGE Journals*, 32(6):1014-1026.
- Govender, D, Naidoo, S & Taylor, M. 2019. Knowledge, attitudes, and peer influences related to pregnancy, sexual and reproductive health among adolescents using maternal health services in Ugu, KwaZulu-Natal, South Africa. *BMC Public Health*, 19(928):1-16.
- Grove, SK & Gray, JR. 2023. *Understanding Nursing Research Building an evidence-based practice*. 8th edition ed. Riverport Lane st. Louis, Missouri: Elsevier.
- Hlophe, N. 2021. An estimated 21 000 young girls in KZN fell pregnant in the current financial year: *SABC News*, 21 November 2021.

- Hornby, AS. 2018. *Oxford Advanced Learners Dictionary of Current English*. 9th edition. England: Oxford University Press.
- Iliyasu, A & Elikan, I. 2020. Comparison of quota sampling and stratified random sampling. *Biometrics Biostat Int. J.* 19(1).
- Islam, S & Samsudin, S. 2020. Characteristics, Importance, and Objectives of Research: An Overview of the Indispensable of Ethical Research. *International Journal of Scientific and Research Publications*, 10(5):331-335.
- James, S, Pisa, PT, Imrie, J, Beery, MP, Martin, C, Skosana, C & Delany-Moretlwe, S. 2018. Assessment of adolescent and youth friendly services in primary healthcare facilities in two provinces in South Africa. *BMC Health Services Research*, 18(809):1-10.
- Juma, K, Ouedraogo, R, Mwoka, M, Ajayi, AI, Kageha, E, Otukpa, E & Ushie, BA. 2021. Protocol for a scoping review of research on abortion in sub-Saharan Africa. *PLoS ONE*, 16(7):1-8.
- Kanem, N. 2018. Sexual and Reproductive Health Rights: The cornerstone to sustainable development. *UN Chronical*, 55(2):1-35.
- Kapur, R. 2020. *Meaning and Significance of Culture*. [Online] Available at: https://www.researchgate.net/publication/344664806_Meaning_and_Significance_of_Culture#:~:text=Cultures%20are%20defined%20as%20the,individuals%20as%20members%20of%20society. [Accessed 27 July 2022].
- Kgashane, JM. 2021. Married men's perceptions of their wives sexual and reproductive health rights: A study conducted in rural area of Waterberg district, Limpopo province, South Africa. *Woman's Reproductive Health*, 1-18.
- Leedy, PD & Ormrod, JE. 2021. *Practical Research planning and design*. 12th edition. United Kingdom: Pearson Education Limited.
- Li, P. 2018. Knowledge and Meta-knowledge: From the Generating of Knowledge to the Management of Knowledge. *Advances in Social Science, Education and Humanities Research*, 189:73-79.
- Li, X, Bergin, C & Olsen, AA. 2022. Positive teacher-student relationship may lead to better teaching. *Learning and instruction* 80:101581.
- Lincoln, VS & Guba, EG. 1985. *Naturalistic inquiry*. Newbury Park CA Sage publication.

- MacLeod, S. 2019. *Simple Psychology*. [Online] Available at: <https://www.simplypsychology.org/constructivism.html> [Accessed 7 January 2022].
- Madichie, N & Ayasi, K. 2018. Entrepreneurial opportunities and challenges for retired senior military officers in Nigeria. *Springer*, 131-151.
- Majid, U. 2018. Research Fundamentals: study design, population and sample size. *URNCSST Journal. Urcnst* 16.
- Maskew, M, Technau, K, Davies, A, Vreeman, R & Fox, MP. 2022. Adolescent retention in HIV care within differentiated service-delivery models in sub-Saharan Africa. *The lancet*.
- Mazur, A, Brindis, CD & Decker, MJ. 2018. Assessing youth-friendly sexual and reproductive health services: a systematic review. *BMC Health Services Research*, 216(18).
- Mbarushimana, V, Conco, DN & Goldstein, S. 2022. "Such conversations are not had in the families" a qualitative study of the determinants of young adolescents' access to sexual and reproductive health and rights information in Rwanda. *BMC Public Health*, 1867.
- McCombes, S. 2019. Descriptive research. Stances of Pragmatism: *International Business Research*, 12(9):1-12.
- Mpondo, F, Ruiters, RAC, Schaafsma, D, Van den Borne, B & Reddy PS. 2018. Understanding the role played by parents, culture and the school curriculum in socializing young woman on sexual health issues in rural South African communities. *SAHARA-J: Journal of Social Aspects and HIV/AIDS*, 15(1):42-49.
- Mturi, AJ & Bechuke, AL. 2019. Challenges of Including Sex Education in the Life Orientation Programme Offered by Schools: The Case of Mahikeng, North West Province, South Africa. *African Journal of Reproductive Health* September 23(3):134-148.
- Munyai, HS, Makhado, I, Ramathuba, DU & Lebeso, RT. 2023. Experiences of life orientation among teachers teaching sexuality education in secondary schools in Vhembe and Mopani District Limpopo Province, South Africa. *African journal of Reproductive Health*, 27(3):47-55.
- Myat, SM, Pattanittum, P, Sothornwit, J, Ngamjarus, C, Rattanakanokchai, S, Show KL, Jampathong, N & Lumbiganon, P. 2023. School based comprehensive

- sexuality education for prevention of Adolescent pregnancy: A Scoping Review. *BMC Women's health*.
- Nasution, MK & Aulia, I. 2019. Design of the research problem statement. *Journal of Physics: Conference Series*, 1566(1):1-7.
- National Academies of Sciences, Engineering, and Medicine, 2019. *The Promise of Adolescence: Realizing Opportunity for All Youth*. Washington DC: The National Academies Press.
- National Department of Basic Education 2021. National Policy of the prevention and management of Learner Pregnancy in Schools. Department of Basic education.
- Nayebare, BB. 2021. Qualitative study of roles of religious leaders in promoting adolescents sexual reproductive health and rights in Iganga municipality, Uganda. *Science Publishing Corporation*.
- NDP, 2019. *National Development Plan*. [Online] Available at: <https://www.knowledgehub.org.za/>[Accessed 7 January 2022].
- Ndugga, P, Kwagala, E, Wandera, SO, Kisaakye, P, Mbonye, KM & Ngabirano, F. 2023. "If you mother does not teach you, the world will" A qualitative study of parent adolescent communication on sexual and reproductive health issues ub border districts of eastern Uganda. *BMC Public Health*, 23(11):1-20.
- Ninsiima, LS, Chiumia, IK & Ndejjo, R. 2021. Factors influencing access to and utilisation of youth-friendly sexual and reproductive health services in sub-Saharan Africa: a systematic review. *Reproductive health*, 18(135):1-17.
- O'Brien, H, Hendriks, J & Burns, S. 2020. Teacher training organisations and their preparation of the pre-service teacher to deliver comprehensive sexuality education in the school setting: a systematic literature review. *International*, 284-303.
- Othman, A, Abuidhail, J, Shaheen, A & Gausman J. 2022. Parent's perspectives towards sexual and reproductive health and rights education among adolescents in Jordan: content, timing and preferred sources of information. *Sex Education* 22(5):628-639.
- Philippi, J. & Lauderdale, J.A. 2018. A guide to Field notes for Qualitative Research: Context and conversation. *Qualitative Health Research*, 28(3).
- Pleaner, M, Kutwayo, A, Beksinsk, M, Mabetha, K, Naidoo, N & Mullick, S. 2022. Knowledge, uptake and patterns of contraception use among in-school

- adolescents in three South African townships: Baseline findings from the Girls Achieve Power (GAP Year). *Gates Open Research*, 6(67):1-19.
- Polit, DF & Beck, C. 2021. *Nursing research: generating and assessing evidence for nursing practice*. 11th edition. Philadelphia: JB Lippincott.
- Regnerus, M. 2021. Talking about sex: Religion and patterns of parent child communication about sex and contraception. *The sociological quarterly mid-west sociological society*, 46:79-105.
- Relief Web, 2021. Teen pregnancies in South Africa jump 60% during COVID-19 pandemic. Relief web [Online] Available at: <https://reliefweb.int/report/south-africa/teen-pregnancies-south-africa-jump-60-during-covid-19-pandemic#:~:text=Pretoria%2C%20South%20Africa%2C%2024%20August,of%20both%20mothers%20and%20babies.>[Accessed 24 April 2021].
- Renn, KA & Arnold KD. 2019. What is Bronfenbrenner's Ecological system Theory? *The journal of Higher Education*, 74(3):261 -293.
- Starrs, AM, Ezeh, AC, Barker, G, Basu, A, Bertrand, J, Blum, R, Coll-Seck, AM, Grover, A, Laski, L, Roa, M, Sathar, ZA, Say, L, Serour, GI, Singh, S, Stenberg, K, Temmerman, M, Biddlecom, A, Popinchalk, A, Summers, C & Ashford, L. 2018. Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher. *Lancet Commission*, 391(10140):2642-2692.
- Swedburg, R. 2018. The uses of exploratory research and exploratory studies in social science. *Producing knowledge*, 1-36.
- Terry, M, Doswell, W, Kitutu, J, Agbemenu, K & Hannan, M. 2018. Sex Will Make Your Fingers Grow Thin and Then You Die”: The Interplay of Culture, Myths, and Taboos on African Immigrant Mothers' Perceptions of Reproductive Health Education with Their Daughters aged 10-14 years. *Journal of Immigrant and Minority Health*, 20(1):1-10.
- The Joint United Nations Programs on HIV/AIDS, 2019. *UNAIDS*: 1-476.
- United Nations AIDS, 2019. *Strategy for sexual and reproductive health and rights in SADC regions*. United Nations Geneva, Switzerland. [Online] Available at: <https://hivpreventioncoalition.unaids.org/wp-content/uploads/2020/07/SADC-SRHR-Strategy-2019-2030-for-public.pdf>.

- Vass, E, Bhanji, Z, Adewale, B & Meherali, S. 2022. Sexual and Reproductive Health Service provision to adolescents in Edmonton: A Qualitative descriptive study of adolescents' and service providers' experiences. *Sexes*, 3(1).
- World Health Organization. 2018. Recommendations on adolescent sexual and reproductive health and rights: 1-64.
- World Health Organisation, 2020. Adolescent pregnancy- *World Health Organization*. [Online] Available at: <https://www.who.int/news-room/fact-sheet/detail/adolescent-pregnancy>.
- World Health Organisation, 2020. *Actions for improved clinical and prevention services and choices*. [Online] Available at: https://www.unaids.org/sites/default/files/media_asset/preventing-hiv-sti-among-women-girls-using-contraceptive-services_en.pdf [Accessed 17 July 2022].
- World Health Organisation. 2021. *Consolidated guidelines on Sexual and Reproductive Health and Sexual and Reproductive Health Rights*. WHO pp 594
- Zaabi, A, Heffernan, ME, Holroyd, E & Jackson M. 2022. Parent-adolescent communication about sexual and reproductive health including HIV and STI's in Oman, *Sex Education*, 22(5).
- Zanoni, BC, Sibaya, T, Cairns, C & Haberer, JE. 2019. Barriers to Retention in Care are overcome by Adolescent-Friendly Services for Adolescents Living with HIV in South Africa: A Qualitative Analysis. *AIDS Behave. National Centre for Biotechnology Information*, 23(4):957-965.
- Zulu, JM, Blystad, A, Haaland, M, Michelo, C, Haukane, H & Moland KM. 2019. Why teach sexuality education in school? Teacher discretion in implementing comprehensive sexuality education in rural Zambia. *International for equity in health journal*.
- Zuma, T, Seeley, J, Chimbindi, N, Mcgrath, N, Floyd, S, Birdthistle, I, Harling, G, Sherr, L & Shahmanesh, M. 2020. Young people's experiences of sexual and reproductive health interventions in rural KwaZulu-Natal, South Africa. *International Journal of Adolescent and Youth*, 25(1):1058-1075.

ANNEXURE A: ETHICAL CLEARANCE



COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

18 January 2022

Dear Ms Betty Lubuta

NHREC Registration # :

Rec-240816-052

CREC Reference # :

48460273_CREC_CHS_2021

Decision:

Ethics Approval from 18 January 2022 to 18 January 2025

Researcher(s): Name: Ms Betty Lubuta
Contact details: 48460273@mylife.unisa.ac.za
Name: Dr RG Malapela
Contact details: [012 429 4506](tel:012 429 4506)

Title: Knowledge and Perceptions of adolescents on Sexual Reproductive Health and Rights in Kwa-Zulu Natal Province

Purpose: MPH

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for three years.

The *low risk application* was reviewed by College of Human Sciences Research Ethics Committee, in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the



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confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.

5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
7. No fieldwork activities may continue after the expiry date (**18 January 2025**). Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

*The reference number **48460273_CREC_CHS_2021** should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Yours sincerely,

Signature:



Prof. KB Khan
CHS Research Ethics Committee Chairperson
Email: khankb@unisa.ac.za
Tel: (012) 429 8210

Signature: PP



Prof K. Masemola
Exécutive Dean: CHS
E-mail: masemk@unisa.ac.za
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ANNEXURE B: CONFIDENTIALITY AGREEMENT WITH RESEARCH THIRD PARTIES



CONFIDENTIALITY AGREEMENT WITH RESEARCH THIRD PARTIES

Hereby, I, Botshelo Rachel Sebola, ID number: 5404020202080, in my personal capacity as a coder, collaborating with Betty Lubuta on a research titled "Knowledge and Perceptions of Adolescents on Sexual and Reproductive Health and Rights in KwaZulu-Natal, South Africa", acknowledge that I am aware of and familiar with the stipulations and contents of the conditions of ethical clearance specific to this study. I shall conform to and abide by these conditions. Furthermore, I am aware of the sensitivity of the information collected and the need for strict controls to ensure confidentiality obligations associated with the study.

I agree to the privacy and confidentiality of the information that I am granted access to in my duties as a coder. I will not disclose nor sell the information that I have been granted permission to gain access to in good faith, to anyone.

I also confirm that I have been briefed by the research team on the protocols and expectations of my behaviour and involvement in the research as a coder.

SIGNED: 
Dr BR Sebola

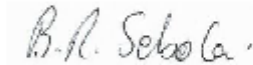
DATE: 24 May 2023.

ANNEXURE C: CONFIRMATION CERTIFICATE OF CO-CODING

CONFIRMATION CERTIFICATE OF CO-CODING

DECLARATION BY THE CO-CODER

I, Dr. Botshelo Rachel Sebola, hereby declare that I analysed and co-coded the individual interviews of the study conducted by Betty Lubuta. The focus of the study was on "Knowledge and Perceptions of Adolescents on Sexual and Reproductive Health and Rights in KwaZulu-Natal, South Africa". I further declare that I held a telephonic meeting with Ms B. Lubuta on the 24th May, 2023, to discuss the themes and to reach consensus on data analysis relating to the study.



Dr. BR Sebola

24/05/2023

Date

ANNEXURE D: QUESTIONNAIRE

INTERVIEW QUESTIONS

TOPIC: KNOWLEDGE AND PERCEPTIONS OF ADOLESCENTS ON SEXUAL REPRODUCTIVE HEALTH AND RIGHTS IN KWA-ZULU NATAL, SOUTH AFRICA.



UNIVERSITY OF SOUTH AFRICA

Section A: DEMOGRAPHICS

Age

14-15	
15-16	
16-17	
17-18	
18-19	

Gender

Female	
Male	

Ethnicity

African	
White	
Coloured	
Asian	
Other	

Education Level

Grade 10	
Grade 11	
Grade 12	

INTERVIEW QUESTIONS

TOPIC: THE SCHOOL GOING ADOLESCENTS' KNOWLEDGE PERCEPTION ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN KWAZULU-NATAL, SOUTH AFRICA



UNIVERSITY OF SOUTH AFRICA

Section A

What is your perception of Adolescents on Sexual and Reproductive Health (SRH) and Sexual and Reproductive Health Rights (SRHR) in South Africa?

1. What is SRH and SRHR according to your understanding?
2. How do you feel when the topic is being taught to you by your teachers?
3. In your culture or religion, are issues around SRH and SRHR discussed?
4. How does your culture or religion discuss this information and how do you feel about it?
5. Do your peers have any influence on what you perceive about SRH and SRHR?

Section B

What do you know about SRH and SRHR in South Africa?

6. Does your family or school give you any information on SRH and SRHR?
7. How would you prefer to receive information on SRH and SRHR?
8. Are there any SRH services available in your area?
9. Do you make use of SRH services available at your local clinic?

Section C

How is knowledge on SRH and SRHR disseminated?

10. Is it acceptable to discuss sexual and reproductive issues with your family and why?
11. Is there anything that you would perceive as a problem for you to receive information SRH and SRHR?
12. Do you think it is a taboo to have these sorts of discussions on SRH and SRHR?

THANK YOU!

ANNEXURE E: CONSENT TO PARTICIPATE IN THE STUDY



Appendix 6 CONSENT TO PARTICIPATE IN THE STUDY

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the semi structured interviews.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname..... (please print)

Participant Signature.....Date.....

Researcher's Name & Surname BETTY LUBUTA (please print)

Researcher's signature.....Date 08/11/2021.



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ANNEXURE F: ASSENT FORM

ASSENT FORM

I (Betty Lubuta) am a researcher from the University of South Africa. I am conducting the research to explore 'The school going adolescent knowledge on Sexual and reproductive Health rights in KwaZulu Natal Province'. I am asking you to take part in the research study because you are being invited to participate in this study because you belong to a group of students who are within my study population.

For this research, I will conduct a recorded interview which will take 15-20 minutes of your time. There will be no wrong or right answer as these will be your views (perceptions), based purely on your experience of winning the competition. You will be given adequate time to type or write your knowledge on sexual and reproductive health and rights. Responses will then be submitted back to the researchers. I will keep all your answers private and will not show them to your teachers or parents/guardians. Only people from University of South Africa working on the study will see them.

We do not think that any big problems will happen to you as part of this study. You must know that the other learners will not listen to your recorded interviews.

By participating in this study, you will be a contributor to the body of scientific knowledge that seeks to explore by means of different methodologies, 'The school going adolescent knowledge on Sexual and reproductive Health rights in KwaZulu Natal Province'.

Your participation will also assist me with an overview of the long-term impact of the programme on those learners who participated in the Programme.

You should know that:

- You do not have to be in this study if you do not want to. You won't get into any trouble with University of South Africa, your teachers or school if you say no.
- You may stop being in the study at any time. If there is a question you do not want to answer, you may say so (but you are encouraged to answer all questions)
- You can ask any questions you have, now or later. If you think of a question later, you or your parents can contact principal researcher Betty Lubuta (0732190297)

Sign this form only if you:

- have understood what you will be doing for this study,
- have had all your questions answered,
- have talked to your parent(s)/legal guardian about this project, and
- agree to take part in this research

Your Signature

Printed Name

Date

Researcher explaining study

Signature

Printed Name

Date

ANNEXURE G: PERMISSION FROM RESPECTIVE HIGH SCHOOL



AQUADENE SECONDARY SCHOOL
PO BOX 1192 6 VIA AMANNIA
RICHARDS BAY EMAIL: aquadenesec@gmail.com
TEL: 0357981906

Mrs Betty Lubuta

P.O. Box 12952

EMPANGENI

3880

08 October 2022

Dear Mrs Lubuta

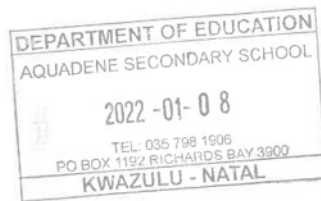
PERMISSION TO CONDUCT RESEARCH AT AQUADENE SECONDARY SCHOOL.

The conditions of the approval are as follows:

1. The researcher will make all the arrangements concerning the research and interviews.
2. The researcher must ensure that educators and learning programmes are not interrupted.
3. Learners, educators, and school are not identifiable in any way from the results of the research.
4. Upon completion of the research, a summary of the findings and recommendations must be submitted to the principal of the school.

Miss FN Mbatha

Deputy principal



ANNEXURE H: PERMISSION FROM KZN DEPARTMENT OF EDUCATION



KWAZULU-NATAL PROVINCE

EDUCATION
REPUBLIC OF SOUTH AFRICA

OFFICE OF THE HEAD OF DEPARTMENT

Private Bag X9137, PIETERMARITZBURG, 3200
Anton Lembede Building, 247 Burger Street, Pietermaritzburg, 3201
Tel: 033 392 1051

Email: Phindile.duma@kzndoe.gov.za

Enquiries: Mrs B.T. Ntuli

Ref.:2/4/8/7320

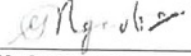
Mrs Betty Lubuta
P.O. Box 12852
EMPANGENI
3880

Dear Mrs Lubuta

PERMISSION TO CONDUCT RESEARCH IN THE KZN DoE INSTITUTIONS

Your application to conduct research entitled: "**KNOWLEDGE AND PERCEPTIONS OF ADOLESCENTS ON SEXUAL REPRODUCTIVE HEALTH AND RIGHTS IN KWAZULU-NATAL, SOUTH AFRICA:**", in the KwaZulu-Natal Department of Education institutions has been approved. The conditions of the approval are as follows:

1. The researcher will make all the arrangements concerning the research and interviews.
2. The researcher must ensure that Educator and learning programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Learners, Educators, Schools and Institutions are not identifiable in any way from the results of the research.
5. A copy of this letter is submitted to District Managers, Principals and Heads of Institutions where the Intended research and interviews are to be conducted.
6. The period of investigation is limited to the period from **26 July 2022 to 31 March 2025**.
7. Your research and interviews will be limited to the schools you have proposed and approved by the Head of Department. Please note that Principals, Educators, Departmental Officials and Learners are under no obligation to participate or assist you in your investigation.
8. Should you wish to extend the period of your survey at the school(s), please contact Miss Phindile Duma at the contact numbers above.
9. Upon completion of the research, a brief summary of the findings, recommendations or a full report/dissertation/thesis must be submitted to the research office of the Department. Please address it to The Office of the HOD, Private Bag X9137, Pietermaritzburg, 3200.
10. Please note that your research and interviews will be limited to schools and institutions in KwaZulu-Natal Department of Education.


Mr GN Ngcobo
Head of Department: Education
Date: 26 July 2022

GROWING KWAZULU-NATAL TOGETHER

ANNEXURE I: INTERVIEW TRANSCRIPTS

INTERVIEW TRANSCRIPT

For the sake of confidentiality and anonymity pseudonyms were used. Interviews were digitally recorded, and permission was obtained for the recording. Interviews were conducted in English.

The Title of the interview was “knowledge and perceptions of adolescents on Sexual Reproductive Health and Rights in Kwa-Zulu Natal, South Africa.

Participant: 01

PARTICIPANT	QUESTION ASKED	RESPONSE
<p>Participant Number 01.</p> <ul style="list-style-type: none"> • Female • 16 years • Coloured • Grade 12 <p>The interview was conducted on 17.10.22 at 09h30.</p> <p>Duration 16 Minutes.</p> <p>Face-to-face interview.</p>	<p>Introduction</p>	<p>Interviewer: Good morning. How are you? Participant: I am fine and you.</p> <p>Interviewer: My name is Lubuta. I am a student at the University of South Africa. I am conducting research and the topic is school-going adolescent knowledge and perceptions of SRH and SRHRs in South Africa.</p> <p>The purpose of the study is to find out how much you know and identify gaps which will be liaised with different departments to find ways and help adolescents have information on SRH/SRHRs.</p> <p>Would you like to participate in the interview and allow me to record the interview? Participant: Yes I do.</p> <p>The duration of the interview is about 30 minutes.</p>
	<p>SRH/SRHRs</p>	<p>Interviewer: What is SRH and SRHRs according to your understanding?</p>

		<p>Participants:.... “As a person, you should respect your body and you must know that when you are uncomfortable if somebody is doing something to you, you must tell that person and if he does not listen you must report to someone whom you trust.</p> <p>Also if you are not comfortable with that person, you should tell him that you are not free to do that which that person is forcing you to do.”</p>
	<p>Perceptions and knowledge around sexuality</p>	<p>Interviewer: How do you feel when the topic is being taught by your teacher?</p> <p>Interviewer: Do your teachers teach you about issues around SRH?</p> <p>Participant: “Yeah.....Yes they do. Our Life Orientation and Life Science teachers teach us and I am comfortable with the topic because it makes us realise the rights and the opinions we have and it helps us gain more knowledge.”</p> <p>Interviewer: in your culture or at home are issues around SRH/SRHRs discussed?</p> <p>Participants: “Yes they do, but they are not specifically into details because at home they do not tell you exactly the way things are but here at school teachers will tell you the exact ways.”</p> <p>Interviewer: In your religion are issues around SRH and SRHRs discussed?</p> <p>Participant: “They do talk but not into details like what the teachers would.”</p> <p>Interviewer: How about at church?</p>

		Participant:” At church, the youth yes, but they do not directly into it as they are scared of exposing other things which kids would like to try.”
	Peer influence	<p>Interviewer: Do your peers have any influence on how you perceive issues around SRH/SRHRs?</p> <p>Participants: “Yes they do, they would be like you should have fun like they do. Even like us as teenagers we do it to fit in..... However it is usually up to you as an individual, specifically. When our peers tell us, they tell us in details so that we should be encourage to do it.”</p>
	Availability and usage of services	<p>Interviewer: Are they any SRH services available in your area?</p> <p>Participant: “Yes there is Thokozani clinic and they is a psychologist there who is more directed to teenagers.”</p> <p>Interviewer: Have you ever attended these services?</p> <p>Participants: “Yes since I am a model. I also go to the place where they keep orphans and supply pads, food and clothes... and we donate monies from the modelling company. When we reach there, we listen to what children say because some of them do not have homes because they are poor or homeless so we tell them about sexual things.”</p> <p>Interviewer: At the local clinic, did you attend it for your own personal gain?</p>

		Participant: “No, not my own gain but we accompanied a friend of ours who was abused..... but when we went there we also gained knowledge on sexual issues.”
	Challenges	<p>Interviewer: Is there anything you perceive as being a problem for you to receive information on SRH/SRHRs?</p> <p>Participant: “No, there is nothing. There is information every way. Even on social media. Even psychologists leave their numbers on social media in case you need help.</p> <p>However, teachers do not explain in detail, but they just read the book.”</p> <p>Also when parents discuss these issues, they don’t go into details..... Parents should be clearer and should not be scared to tell us the exact things. They should not tell the kids what they want kids to know but should tell them the whole truth.</p>
	Preference/ Recommendation.	<p>Interviewer: How would you prefer to acquire this information on sexuality?</p> <p>Participant: “I prefer the Social Workers more because they deal with these things.....unlike teachers because they just go according to the books’ .Social workers have more knowledge and have studied on how to make a child understand or how to review things on sexuality.”</p>
	Taboo	Interviewer: Do you think it is Taboo to have such SRH/SRHRs discussions?

		Participant: "I think it is okay because the more you talk about it the more you would realise when you want to do something wrong. You have the knowledge in your mind that I shouldn't be doing this!"
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Participant: 02

PARTICIPANT	QUESTION ASKED	RESPONSE
<p>Participant number 02.</p> <ul style="list-style-type: none"> • Male • 14 years • Grade 10 • Coloured <p>Interview conducted on the 20.10.22</p> <p>Duration 15 minutes.</p> <p>Face-to-face interviewer.</p>	<p>Introduction</p>	<p>Interviewer: Good morning. How are you?</p> <p>Participant: "I am fine and you."</p> <p>Interviewer: My name is Lubuta. I am a student at the University of South Africa. I am conducting research and the topic is school-going adolescent knowledge and perceptions SRH and SRHRs in South Africa.</p> <p>The purpose of the study is to find out how much you know and identified gaps will be liaised with different departments to find ways and help adolescents get information on SRH/SRHRs.</p> <p>Would you want to participate in the interview and allow me to record the interview?</p> <p>Participant: "Yes I do."</p> <p>The duration of the interview is about 30 minutes</p>
	<p>SRH/SRHRs</p>	<p>Interviewer: what is SRH/SRHRs in your own understanding?</p> <p>... Do you know what SRH is?</p> <p>Participant: "Actually No... I am not sure."</p> <p>Interviewer: SRH is the health about your sexuality.... How you are expected to behave and your expectations when you have girlfriends....</p> <p>Participant: No I am not sure.</p>

		<p>Interviewer: have your teachers ever told you that if you have girlfriends you have rights?</p> <p>Participant: yes.</p> <p>Interviewer: which ones?</p> <p>Participant: “like right to anything..... You know..... As this is a free country. How can I say I don’t know.”</p>
	<p>Perceptions and knowledge around sexuality</p>	<p>Interviewer: In your culture or religion are issues around SRH discussed with you?</p> <p>Participant: “Yes... when you have sex as a boy, you must use protection because if the girl has HIV or so... you know... or maybe she gets pregnant... all those things.”</p> <p>Participant: “At church, yes they do, Open Day Assembly, they discuss these issues with you as adolescents as a youth in church.”</p> <p>Interviewer: when these issues are being discussed how do you feel about it?</p> <p>Participant: “I feel like it is fine because they try like protect me ...you know....., they say that girls are dangerous so I find it fine with me.”</p> <p>Interviewer: How do you feel when your teachers teach you about SRH? Do your teacher teach you on SRH either in Life Science or Life Orientation?</p> <p>Participant: “At the moment No!”</p>

	Peer influence	<p>Interviewer: Do your friends influence you on how you perceive issues on sexuality?</p> <p>Participant: "Yes."</p> <p>Interviewer: How do they influence you?</p> <p>Participant: "They say like get a lot of girls and have sex. At about 18 you have babes.... you know, yeah, influences me, but I don't listen to them because what I learn at home is different from what I learn from them."</p>
	Availability and usage of services	<p>Interviewer: Is there a clinic where they render SRH services in your area?</p> <p>Participant: "No, where I live No."</p> <p>Interviewer: Where do you live?</p> <p>Participant: "In Aquadane."</p>
	Challenges	<p>Interviewer: Are there any things you perceive as a problem for you to get information about sexuality?</p> <p>Participant: "I won't be sure..... Actually No... cause even at school they haven't spoken about it."</p>
	Preferences/ recommendations	<p>Interviewer: How would you prefer to get information on sexuality?</p> <p>Participant: "I find it interesting and I would agree to learn about it actually from school."</p>
	Taboo	<p>Interviewer: Do you think it is Taboo to have such discussions in the community, at school, or at home?</p> <p>Participant: "No I think it is acceptable."</p>

Participant: 03

PARTICIPANT	QUESTION ASKED	RESPONSE
<p>Participant number 03</p> <ul style="list-style-type: none"> • Female • 14 years • Coloured • Grade 11 <p>Interviewer conducted on the 20.10.22</p> <p>Duration was 15 minutes.</p> <p>Face-to-face interview.</p>	<p>Introduction</p>	<p>Interviewer: Good morning.</p> <p>Participant: Good morning mom.</p> <p>Interviewer: My name is Lubuta, a student at UNISA doing research on school-going adolescents' knowledge and perceptions of SRH/R in KZN.</p> <p>The purpose of the study is to try and identify issues around SRH which hinder adolescents from having adequate information on issues around sexuality. Information collected will only be shared with my supervisor at the university so feel free to express yourself.</p> <p>Are you willing to take part in the interview?</p> <p>Participant: "yes I'm."</p> <p>Interviewer: Do you allow me to record what we will be discussing?</p> <p>Participant: "Yes."</p> <p>Interviewer: Interviews will be semi-structured interviews conducted in English for a maximum of 30 minutes.</p>
	<p>SRH/SRHRs</p>	<p>Interviewer: what is SRH /SRHRs in your own understanding?</p> <p>Participant: "To my understanding SRH, I think is like protecting yourself from getting sick from sexually transmitted diseases and stuff."</p> <p>Interviewer: Yes you are on the right truck, what else would you say?</p>

		<p>Participant: “And that you should use protection and contraceptives and the stuff....yeah.”</p> <p>Interviewer: Do you know of any rights which go together what you have said on SRH?</p> <p>Participant: “Yes I see in Life Science, we have rights for contraceptives and protection so that one does not fall pregnant..... yeah... so that you do not fall pregnant as a young age.”</p>
	<p>Perceptions and knowledge around sexuality</p>	<p>Interviewer: How do you feel when the topic is being taught by your teachers?</p> <p>Participant: “I feel okay because I am a teenager and one day I may run down, so I do not feel bad or ashamed.”</p> <p>Interviewer: Do your teachers teach you about SRH?</p> <p>Participant: “Yes they do. In Life Orientation. My teacher would read something for us and will tell us not to sleep at a young age and wait for marriage... and the stuff....”</p> <p>Interviewer: In your culture, do they discuss issues around SRH?</p> <p>Participant: “Yes they do teach us.”</p> <p>Interviewer: What do they teach you?</p> <p>Participant: “That we should not sleep with boys at a young age and that you would get sick..... and that we should use protection.”</p>

		<p>Interviewer: In your religion are issues around sexually discussed? And how are the issues discussed?</p> <p>Participant: “Yes they are discussed, the youth leader would tell us stories about the past and stuff or the community would call teenagers at the hall or the tennis court and tell us about this... protection and stuff.”</p> <p>Interviewer: Do you think it is a good idea?</p> <p>Participant: “Yes I think it is a good idea because for some teenagers their parents do not teach them so they get pregnant at a young age.”</p>
	Peer influence	<p>Interviewer: Do your peers influence you on how you feel about sexual issues?</p> <p>Participant: “No they don’t.”</p> <p>Interviewer: Don’t they tell you that it is good to have sex?</p> <p>Participant: “Yeah, they are girls in our class, I hear them talking, they say that in order to keep him you must sleep with him.”</p> <p>Interviewer: Does this influence you?</p> <p>Participant: No, it does not.</p>
	Availability and usage of services	<p>Interviewer: Are there any clinics available in your area specifically for adolescents which provide services like prevention of pregnancy, giving information on sexuality.. like that?</p> <p>Participant: “Yes there is a clinic in Aquadane.”</p>

		<p>Interviewer: Have you ever attended the clinic before?</p> <p>Participant: “I went there with my cousin.... When she went in, she did a clinic card and when she went to the lady who was going to give her the Injection, the lady started asking her how old she was, and when she told the lady, the lady started asking her if she was a Christian and if she was not going to wait for marriage and she felt very bad.”</p>
	Challenges	<p>Interviewer: Is there anything you perceive as being a problem which would hinder you from receiving information on SRH?</p> <p>Participant: “No.”</p>
	Preference/ Recommendations	<p>Interviewer: How do you feel that this topic should be communicated?</p> <p>Participant: “I prefer that our teachers should give us the information.”</p>
	Taboo	<p>Interviewer: Do you think it is taboo to discuss such issues?</p> <p>Participant: “No because some teenage girls and boys do need information because they see things on TV and they wanna try.”</p>

Participant: 04

PARTICIPANT	QUESTION ASKED	RESPONSE
<p>Participant no 04</p> <ul style="list-style-type: none"> • Female • 14 years • Coloured • Grade 10 	Introduction	<p>Interviewer: Good morning.</p> <p>Participant: Good morning.</p> <p>Interviewer: My name is Lubuta, a student at UNISA doing research on school-going adolescents' knowledge and perceptions</p>

<p>Interviews were conducted on 20.10.22.</p> <p>Duration 13 minutes</p> <p>Face-to-face interviews.</p>		<p>of SRH/R in KZN. Therefore I am expected to collect data from school-going adolescents by conducting interviews.</p> <p>The purpose of the study is to try and identify issues around SRH which hinder adolescents from having adequate information on issues around sexuality. Information collected will only be shared with my supervisor at the university so feel free to express yourself.</p> <p>Are you willing to take part in the interview?</p> <p>Participant: “yes I’m willing to take part in the interview.’</p> <p>Interviewer: Is it okay with you if I can record what we will be discussing?</p> <p>Participant: “Yes I am willing to do so.”</p> <p>Interviewer: Interviews will be semi-structured interviews conducted in English for a maximum of 20-30 minutes.</p>
	<p>SRH/SRHRs</p>	<p>Interviewer: What is SRH according to your understanding?</p> <p>Participant: “In my understanding, I think it is when a person does not know that they have any infection on their private parts and they go on and spread the infection to other people.”</p> <p>Interviewer: What are SRHRS?</p> <p>Participant: “Yes we have rights, for example, if he wants to have sex and if I do not want, I have the right to say No, he also should respect my wishes.”</p>

		<p>Interviewer: Are they any other right you know?</p> <p>Participant: “No those are the only right I know.”</p>
	Perceptions and knowledge around sexuality	<p>Interviewer: How do you feel when the topic is taught to you by your teachers?</p> <p>Participant: “Aah I do not feel anything but the environment we are in, people are always laughing and make side jokes and you cannot hear and understand because people are making noise around us but I have no problem learning about it.”</p> <p>Interviewer: What do your teacher teach you in Life Orientation?</p> <p>Participant: “They teach us that we should use protection, make sure that you do not have diseases like HIV and about rape... They teach a lot.”</p> <p>Interviewer: In your culture, are issues around SRH discussed?</p> <p>Participant: “I’m a coloured so I don’t have a culture.... But in my family we do not speak about it. The first and last time we hear about it is at school.”</p> <p>Interviewer: How about at church do you discuss SRH issues?</p> <p>Participant: “At church we have all teenagers come together and the youth leader talks about it.”</p>
	Peer influence	<p>Interviewer: Do your peers have an influence on what your perceive about SRH?</p>

		<p>Participant: “Yes they do, you know some of my friends are sexually active and when they come to tell me I say why? What?... they say do it is nice but I say that I didn’t grow learning that, I was taught that I can only do it when I get married.”</p>
	<p>Availability and usage of services</p>	<p>Interviewer: Are they any SRH Services available in your area?</p> <p>Participant: “Yes there’s a clinic available in my street.”</p> <p>Interviewer: Do they provide you with sexuality services?</p> <p>Participant: “Yes.”</p> <p>Interviewer: Have you ever attended these services?</p> <p>Participant: “No.. They do ask me to attend but I am usually busy.”</p> <p>Interviewer: Is it a 24 hour service clinic?</p> <p>Participant: “No they close at certain times.”</p>
	<p>Challenges</p>	<p>Interviewer: Is there anything you would perceive as a problem which would hinder you from getting information on Sexually?</p> <p>Participant: “When it comes to digital... load-shedding... load-shedding... and</p> <ul style="list-style-type: none"> • Physically I would say the areas where they provide the services some cannot have transport. • Some people do not feel comfortable because they do not trust the person giving them information.

		<ul style="list-style-type: none"> In the environment – the classroom I’m in people laugh and make side jokes and you cannot hear or understand because people are making noise around us.”
	Preference/ Recommendation	<p>Interviewer: How would you prefer to receive information on SRH/SRHRs?</p> <p>Participant: “Digital would be fine and teaching in front of me.”</p>
	Taboo	<p>Interviewer: Do think it is Taboo to have this sort of discussion on sexuality?</p> <p>Participant: “No It should be discussed because some people would be going through something and they would be trying things which they are not supposed to try and may end up being pregnant.”</p>

Participant: 05

PARTICIPANT	QUESTION ASKED	RESPONSE
<p>Participant number 05</p> <ul style="list-style-type: none"> Male 16 years Coloured Grade 11 <p>Interviews conducted on the 20.10.22</p> <p>Duration was 13 minutes</p>	Introduction	<p>Interviewer: Good morning.</p> <p>Participant: Good morning.</p> <p>Interviewer: My name is Lubuta, a student at UNISA doing research on school-going adolescents’ knowledge and perceptions of SRH/R in KZN. Therefore I am expected to collect data from school-going adolescents by conducting interviews.</p> <p>The purpose of the study is to try and identify issues around SRH which hinder</p>

<p>Face-to-face interviews</p>		<p>adolescents from having adequate information on issues around sexuality. Information collected will only be shared with my supervisor at the university so feel free to express yourself.</p> <p>Are you willing to take part in the research?</p> <p>Participant: “yes I’m.”</p> <p>Interviewer: Is it okay with you if I can record what we will be discussing?</p> <p>Participant: “Yes.”</p> <p>Interviewer: Interviews will be semi-structured interviews conducted in English for a maximum of 20-30 minutes.</p>
	<p>SRH/SRHRs</p>	<p>Interviewer: What is SRH and SRHRs according to your understanding?</p> <p>Participant: “To me SRH is having healthy sex without STDs...Aah I think that is all I can say.”</p> <p>Interviewer: Do you think that they are any rights which go with SRH? Have you heard of SRHRs?</p> <p>Participant: “No... Not that I have heard of.”</p> <p>Interviewer: At school, have they taught you about any sexual rights?</p> <p>Participant: “No.”</p>
	<p>Perception around sexuality</p>	<p>Interviewer: Do you feel that this topic on SRH/SRHRs should be taught by your teacher?</p> <p>Participant: “Yes.”</p> <p>Interviewer: Why?</p>

	<p>Participant: “Because I feel that it would be very important that we should be educated on that topic because most of us nowadays are 16 years old to 18 years old and always have sex all the time. So it may be informative if our teachers were to educate us on this stuff.”</p> <p>Interviewer: In your culture or religion are issues on sexuality discussed with you?</p> <p>Participant: “Not really....aah behaviour wise.....”</p> <p>Interviewer: In your culture are issues about SRH/SRHRs discussed?</p> <p>Participant: “No.”</p> <p>Interviewer: How about in your religion, how are issues around sexuality discussed?</p> <p>Participant: “Yes they do ...aah they explain about the bad things about sex and how people get pregnancies and the stuff.”</p> <p>Interviewer: At church do they also tell you about sexual rights?</p> <p>Participant: “No... Not really.”</p> <p>Interviewer: At home do they give you any information on SRH/SRHRs?</p> <p>Participant: “No.”</p> <p>Interviewer? Do you feel that it is important to discuss these issue at home?</p> <p>Participant: “I feel it is important to discuss it because if we find comfort to</p>
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		<p>discuss it at home, we would be more open to talk about it with our parents.”</p> <p>Interviewer: How about at school, do they give you any information?</p> <p>Participant: “Yes.”</p> <p>Interviewer: What type of information?</p> <p>Participant: “We learn about it in class under Life Orientation and Life Sciences about pregnancies and safe sex.... all of that.”</p>
	Peer influence	<p>Interviewer: Do your peers influence you on how you perceive issues around SRH/SRHRs?</p> <p>Participant: “No they do not influence me.”</p>
	Availability and usage of services	<p>Interviewer: Are there any SRH services available in your area?</p> <p>Are there any clinics which give you information on SRH issues like protection etc?</p> <p>Participant: “Yes.”</p> <p>Interviewer: Have you ever attended the clinic?</p> <p>Participant: “No... I haven't had the need to go there.”</p>
	Challenges	<p>Interviewer: Is there anything which you feel as being a problem which hinders you to receive information on sexuality?</p> <p>Participant: “Aah actually yes, I think the schools should promote this, to be quite frankly, in classrooms we do not discuss the rights and most of this, and in our community, we don't have these people</p>

		who spread the word on sexual awareness and all that stuff."
	Preferences/ Recommendations	Interviewer: How do you feel that this information should be communicated to you? Participant: "In classrooms by teachers if it could be given to us in details and through awareness's."
	Taboo	Interviewer: Do you think it is Taboo to discuss such topics? Participant: "No not really."

Participant: 06

PARTICIPANT	QUESTION ASKED	RESPONSE
<p>Participant Number 06,</p> <ul style="list-style-type: none"> • Female • 16 years • Coloured • Grade 11 <p>Interview conducted on 20.10.22 The duration was 20 minutes. Face-to-face interviews.</p>	Introduction	<p>Interviewer: Good morning. Participant: Good morning.</p> <p>Interviewer: my name is Lubuta, a student at UNISA doing research on school-going adolescents' knowledge and perceptions of SRH/R in KZN.</p> <p>The purpose of the study is to try and identify issues around SRH which hinder adolescents from having adequate information on issues around sexuality.</p> <p>Information collected will only be shared with my supervisor at the university so feel free to express yourself.</p> <p>Are you willing to take part in the interview? Participant: "Yes I'm willing to take part in the interview.'</p>

		<p>Interviewer: Is it okay with you if I can record what we will be discussing?</p> <p>Participant: With all my permission I do agree.</p> <p>Interviewer: Interviews will be semi-structured interviews conducted in English for a maximum of 30 minutes.</p>
	SRHH/SRHRs	<p>Interviewer: What are SRH and SRHRs according to your understanding?</p> <p>Participant: "I think SRH is where a learner or a child turns into a teenager."</p> <p>Interviewer: Also look at it from a different perspective... look at the sexual life...what else would you say..... About having boyfriends, about family planning, about discrimination, about equal rights between boys and girls...what else would you add?</p> <p>Participant: "The thing of protecting girls because girls are being raped, they are not protected enough as girls."</p> <p>Participant: "It is also the relationship between parents, when parents can have an understanding of a teenage child and how to guide him/her into the right path...maybe not putting pressure on the belief that you are not supposed to have a boyfriend, maybe it is some type of religious belief."</p>

	<p>Perceptions and knowledge around sexuality</p>	<p>Interview: In your culture and religion are topics around sexuality discussed?</p> <p>Participants: "No!"</p> <p>Interviewer: At church do they talk about SRH/SRHRs?</p> <p>Participants: "No they only talk about the rules of the bible that as a girl child you must carry out yourself like this, like this, but they are not really specific and look into the reality that things have changed from ancient times to this time that they are few adjustments that have to be made about maybe being specific about having boyfriends and what, what!"</p> <p>Interviewer: Does your culture discuss these topics on sexuality?</p> <p>Participant: "They don't really discuss, they don't really dwell much on the topic."</p> <p>Interviewer: Does your family give you any information on SRH?</p> <p>Participant: "No, I just want to relate a story... once I asked my elder sister and she said that you are too young to ask me that. Instead of explaining to me she just shouted at me."</p>
	<p>Peer influence.</p>	<p>Interviewer: Do your peers influence you on issues around SRH?</p> <p>Participant: "Yes they do.....once a friend of mine told me that she went to visit her boyfriend and they did this and that..... and I was like mmm I wanna try that too.... This did influence my SRH."</p>

	Availability and usage of services	<p>Interviewer: Are there any SRH services available in your area... like a clinic?</p> <p>Participant: "Yes there's one."</p> <p>Interviewer: "Have you ever made use of the clinic?"</p> <p>Participant: "No."</p> <p>Interviewer: Did you ever attend any clinic and was given Sexual information/education?</p> <p>Participant: "Yes I have used this one-time service from the clinic...,aah I did not have any sexual education, I just saw posters on diseases like TB and HIV on the noticeboard."</p>
	Challenges	<p>Interviewer: Are there any things you perceive as a problem which hinder you from getting adequate knowledge on SRH?</p> <p>Participants: "No I wouldn't say they is a problem, we now have quick access to the internet..... I do teach myself."</p> <p>Interviewer: From the school curriculum are you getting enough information?</p> <p>Participant: "No we are not getting much because..... To be quite honest with you, life orientation lessons are usually a missed period, the teacher does not usually come and when she does come, she does not have that energy to teach and make you understand what is being discussed."</p> <p>"After that you get worksheets..... And the things we do for life Orientation is PE (physical exercises) and do exercises and come back..... nothing is being taught at a higher degree."</p>

	Preferences/ recommendations	<p>Interviewer: How do you feel that information should be communicated to you?</p> <p>Participant: "I feel that every question I ask should not be ignored, for example, they was a TV show and people were about to have sex and the TV was just switched off instead of them telling us that we were too young to do this, they just pretended like it did not happen."</p> <p>Interviewer: Whom do you prefer to give you information?</p> <p>Participant: "My Dad and Mom."</p>
	Taboo	<p>Interviewer: Do you think it is taboo to discuss these issues?</p> <p>Participant: "Yes I feel that it is the right thing to do as we are growing, we are the next generation and I think through this information can lead the world into a better generation."</p>

Participant: 07

PARTICIPANT	QUESTION ASKED	RESPONSE
<p>Participant number 07</p> <ul style="list-style-type: none"> • Female • 16 years • Black • Grade 11 <p>Interview conducted on 20.10.22.</p> <p>Duration 15 minutes.</p>	<p>Introduction</p>	<p>Interviewer: Good morning.</p> <p>Participant: "Good morning."</p> <p>Interviewer: My name is Lubuta, a student at UNISA doing research on school-going adolescents' knowledge and perceptions of SRH/R in KZN.</p> <p>The purpose of the study is to try and identify issues around SRH which hinder adolescents from having adequate knowledge on issues around sexuality.</p>

<p>Face-to-face interview.</p>		<p>Information collected will only be shared with my supervisor at the university so feel free to express yourself.</p> <p>Are you willing to take part in the interview?</p> <p>Participant: “yes I’m willing to take part in the interview.”</p> <p>Interviewer: is it okay with you if I can record what we will be discussing?</p> <p>Participant: “with all my permission I do agree.”</p> <p>Interviewer: Interviews will be semi-structured interviews conducted in English for a maximum of 20- 30 minutes.</p>
	<p>SRH/SRHRs</p>	<p>Interviewer: What is SRH in your own understanding?</p> <p>Participant: “I think SRH is where adolescents think that they are able to now engage in sex.”</p> <p>Interviewer: Do you know any rights that fall in line with SRH?</p> <p>Participant: “The right to say no, the right to know your partner’s status, such as HIV status and other diseases they might have.”</p>
	<p>Perceptions and knowledge around sexuality</p>	<p>Interviewer: How do you feel when your teachers discuss these topics on SRH?</p> <p>Participant: “It is something normal as we are starting to experience some of the things that are being talked about, and they are helping us as we learn new things and we will know what to do when we encounter problems in the future.”</p>

		<p>Interviewer: In your culture are issues around SRH/SRHRs discussed and do they tell you about your rights?</p> <p>Participants: “No, we only talk about it at school.”</p> <p>Interviewer: In your religion, are issues on SRH/SRHRs discussed?</p> <p>Participant: “No we only talk about it at school.”</p> <p>Interviewer: Not even in youth forums or meetings at church?</p> <p>Participant: “No.”</p> <p>Interviewer: Do your family members give you information about SRH/SRHRs?</p> <p>Participant: “Yes, my mother.”</p> <p>Interviewer: What type of information does she give you?</p> <p>Participant: “She says that having sex at a young age is not good and its outcome of it is having your future disturbed and I might fall pregnant and it has negative outcomes.”</p> <p>Interviewer: Does your mother say anything on family planning?</p> <p>Participant: “No.”</p> <p>Interviewer: Does your school give you any information on SRH/SRHRs?</p> <p>Participant: “Yes, they do.”</p> <p>Interviewer: What type of information does your school give you?</p> <p>Participant: “Basically they tell us that we need to use contraceptives and protection.”</p>
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		<p>Interviewer: What type of family planning does your school teach you about, if they teach you about it in depth?</p> <p>Participant: "No they don't."</p>
	Peer influence	<p>Interviewer: Do your peers have an influence on how you perceive SRH/SRHRs?</p> <p>Participant: "Yes, some of my friends have different perspectives, some say it is good and some say it is bad, there are different opinions and they influence me in terms of knowing what is wrong and what is right."</p>
	Availability and usage of services	<p>Interviewer: Are there any SRH services available in your area?</p> <p>Participant: "Yes."</p> <p>Interviewer: What kind of services do they offer... have you ever used the services?</p> <p>Participant: "When I have flu."</p>
	Challenges	<p>Interviewer: Is there anything that you perceive as a problem that can hinder you from receiving information on SRH?</p> <p>Participant: "No."</p> <p>Interviewer: If it is not being discussed in your family or church, don't you think that it is a hindrance?</p> <p>Participant: "Yes, because mostly I talk to my family and if we don't talk about these issues my health Will not be on the right path."</p>
	Preferences/ Recommendations	<p>Interviewer: How do you feel that the information should be communicated to you?</p>

		Participant: "Through our teachers in class which should be detailed."
	Taboo	Interviewer: Do you think it is taboo to have conversations on SRH? Participant: "No it is not, because I can understand the concept of SRH."

Participant: 08

PARTICIPANT	QUESTION ASKED	RESPONSE
<p>Participant number 08</p> <ul style="list-style-type: none"> • Male. • 16 year • Black • Grade 11 <p>Interviewer held on 20.10.22</p> <p>Duration 15 minutes</p> <p>Face-to-face interviewer.</p>	Introduction	<p>Interviewer: Good morning.</p> <p>Participant: "Good morning."</p> <p>Interviewer: How are you?</p> <p>Participant: "I'm fine and you?"</p> <p>Interviewer: My name is Lubuta, a student at UNISA doing research on school-going adolescents' knowledge and perceptions of SRH/R in KZN.</p> <p>The purpose of the study is to try and identify issues around SRH which hinder adolescents from having adequate information on issues around sexuality. Information collected will only be shared with my supervisor at the university so feel free to express yourself.</p> <p>Participant: "My name is xxx and I am currently doing grade 11 at Aquadane high school."</p> <p>Interviewer: Are you willing to take part in the interview?</p>

		<p>Participant: “yes I’m willing to take part in the interview.”</p> <p>Interviewer: Is it okay with you if I can record what we will be discussing?</p> <p>Participant: “With all my permission I do agree.”</p> <p>Interviewer: Interviews will be semi-structured interviews conducted in English for a maximum of 30 minutes.</p>
	SRH/SRHRs	<p>Interviewer: What is SRH/SRHRs according to your understanding?</p> <p>Participant: “SRH to my understanding it refers to one’s sexuality, there are certain developments that happen to your body and those are things you take care of.”</p> <p>Interviewer: Which rights do you know which go hand in hand with your answer?</p> <p>Participant: “I do not know any rights.”</p> <p>Interviewer: For example free from discrimination, the right to know your partner’s status anything along those lines.</p> <p>Participant: “Those are the ones I know.”</p>
	Perceptions and knowledge around sexuality	<p>Interviewer: How do you feel when conversations on SRH/SRHRs are being spoken about by your teachers?</p> <p>Participant: “I feel okay as the information is needed.”</p> <p>Interviewer: In your culture and religion are issues around SRH/SRHRs discussed?</p> <p>Participant:” Yes we are taught but we do not discuss in depth.”</p> <p>Interviewer: At church do they discuss these issues on SRH?</p>

		<p>Participant: "At church, they never discuss such issues."</p> <p>Interviewer: Does your family or school give you information on SRH/SRHRs?</p> <p>Participant: "At home, I do get information, at school we mostly ignore what we are taught."</p> <p>Interviewer: At home who gives you the information?</p> <p>Participant: "My mom, only when I ask and she explains".</p> <p>Interviewer: What type of information is being given at school?</p> <p>Participant: "Through Life Orientation, they teach us that under age sex is not good, only once you are fully matured."</p> <p>Interviewer: Have your teacher spoken to you about protection and family planning?</p> <p>Participant: "Yes they have spoken about condoms."</p>
	Peer influence	<p>Interviewer: Do your peers have an influence on how you see or perceive SRH?</p> <p>Participant: "No we hardly have discussions, but when we do we usually just talk about girls."</p> <p>Interviewer: And when you have those conversations, does it influence you to act on anything you have spoken about with your friends?</p> <p>Participant: "No, I usually like to make decisions on my own and I don't think about how such things can influence my life."</p>

	Availability and usage of services	Interviewer: Are there any SRH services in your area? Participant: "No we do not have any clinics around where I stay."
	Challenges	Interviewer: Do you think anything could be a hindrance to getting information on SRH/SRHRs? Participant: "Issues on sexuality are not discussed in details at school."
	Preferences/ Recommendations	Interviewer: how do you feel that the information should be communicated to you? Participant: "You need to do your own research."
	Taboo	Interviewer: Do you think it is Taboo to discuss these issues? Participant: "No it is not Taboo."

Participant: 09

PARTICIPANT	QUESTION ASKED	RESPONSE
Participant number 09 <ul style="list-style-type: none"> • Male • Black • 17 years • Grade 11 The duration was 17 minutes and were face-to-face interviews.	Introduction	Interviewer: Good morning. Participant: "Good morning." Interviewer: How are you? Participant: "I am good and yourself?" Interviewer: My name is Lubuta, a student at UNISA doing research on school-going adolescents' knowledge and perception of SRH/R in KZN. The purpose of the study is to try and identify issues around SRH which hinder adolescents from having adequate information on issues around sexuality.

		<p>Information collected will only be shared with my supervisor at the university so feel free to express yourself.</p> <p>Interviewer: Are you willing to take part in the interview?</p> <p>Participant: "Yes I'm willing to take part in the interview."</p> <p>Interviewer: Is it okay with you if I record what we will be discussing?</p> <p>Participant: "Yes."</p> <p>Interviewer: Interviews will be semi-structured interviews conducted in English for a maximum of 30 minutes.</p>
	SRH/SRHRs	<p>Interviewer: In your own understanding what is SRH?</p> <p>Participant: "Sexual reproductive health, I would love to believe that it's the health pertaining to us as individuals as we go through our sexualities and being free with our sexualities and understanding our sexualities, and the health part is knowing how to take care of ourselves, especially at the adolescent stage."</p> <p>Interviewer: What are SRHRs?</p> <p>Participant: "I believe that everybody has the right to own their own sexuality or sex that they feel they belong to and I feel like everybody is free to know and learn about their sexuality"</p> <p>Interviewer: Which other right do you know?</p> <p>Participant: "Uhhh that is all I know."</p>
	Perceptions on sexuality issues	

		<p>Interviewer: How do you feel when topic on SRH/Rs is being spoken about by your teachers?</p> <p>Participant: “Yes I am comfortable, it’s different nowadays as people are more open and we are starting to be more open about our sexuality and we are starting to know more and learn more about our sexuality so it is not as scary or uncomfortable.”</p> <p>Interviewer: In your culture or religion do they tell you issues around SRH/SRHRs?</p> <p>Participant: “No they don’t.”</p> <p>Interviewer: Not even at church?</p> <p>Participant: “No especially at church they do not talk about it.”</p> <p>Interviewer: Does your family give you information about sexual reproductive health?</p> <p>Participant: “A bit, my parents are of the old generation so the sexual reproductive health topic is rarely talked about but we’ve had conversations about productivity. At school, it’s more open because of the curriculum and we know more through school.”</p> <p>Interviewer: What exactly are you taught in school?</p> <p>Participant: “Most importantly we are taught to feel free, we are taught to understand our sexuality, explore sexuality and believe in ourselves.”</p> <p>Interviewer: Explore in which way?</p> <p>Participant: “Like for us not to be afraid, if you feel a certain way, you shouldn’t shy away</p>
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		<p>from your feelings and you are allowed to explore different sexes.”</p> <p>Interviewer: In Life Orientation what are you being taught that is in line with sexual reproductive health?</p> <p>Participant: “Exploring different sexes.”</p> <p>Interviewer: When you are having LO sessions what is the environment like?</p> <p>Participant: “Compared to other classes it’s my favorite class because you learn about your body and how it functions and you get to know yourself better, the environment is always friendly and we are always laughing.”</p> <p>Interviewer: Do the students take the LO sessions seriously?”</p> <p>Participant: “Yes they do take it seriously because we learn about things we go through daily, and we are trying to find ourselves as teenagers.”</p>
	Peer influence	<p>Interviewer: Do your friends here at school or at home influence on how you perceive SRH?</p> <p>Participant: “Me being me, not really because I would like to believe it once I have seen it or experienced it.”</p>
	Availability and usage of services	<p>Interviewer: Are there any SRH services available in your area?</p> <p>Participant: “Yes there are, I once went to the clinic and a nurse there told me about sex and if I was active, she informed me on what to do and she gave me a packet of condoms.”</p>
	Challenges	<p>Interviewer: Do you think anything could be a hindrance to getting information on SRH/SRHRs?</p>

		<p>Participant: "Issues on sexuality are not discussed in detail at school."</p> <p>Participant: "we are always laughing in class therefore classes need to be controlled so that the noise can be reduced so that we can understand what the teacher is saying."</p>
	Preferences/ recommendation	<p>Interviewer: How would you prefer to receive information on SRH?... Is it through friends, school or the media?</p> <p>Participant: "I think it's much better here at school, on the media it's easier to scroll away and focus on other things, and parents tend to be busy and don't have time to teach us such things."</p> <p>"Class rooms should be more controlled so that students do not laugh a lot."</p>
	Taboo	<p>Interviewer: Do you think it is Taboo to have this kind of discussion about SRH and SRHRs?</p> <p>Participant: "NO, not nowadays."</p>

Participant: 10

PARTICIPANT	QUESTION ASKED	RESPONSE
<p>Participant number 10</p> <ul style="list-style-type: none"> • Female • 18 years • Black 	Introduction	<p>Interviewer: Good morning.</p> <p>Participant: "Good morning."</p> <p>Interviewer: How are you?</p> <p>Participant: "I am good and yourself?"</p>

<ul style="list-style-type: none"> • Grade 11 <p>The duration was 20 minutes and were face-to-face interviews.</p>		<p>Interviewer: My name is Lubuta, a student at UNISA doing research on school-going adolescents' knowledge and perception of SRH/R in KZN.</p> <p>The purpose of the study is to try and identify issues around SRH which hinder adolescents from having adequate information on issues around sexuality.</p> <p>Information collected will only be shared with my supervisor at the university so feel free to express yourself.</p> <p>Interviewer: Are you willing to take part in the interview?</p> <p>Participant: "Yes I'm willing to take part in the interview."</p> <p>Interviewer: You are not forced to take part in the interview therefore you are free to withdraw from the interview at any time.</p> <p>Interviewer: Is it okay with you if I record what we will be discussing?</p> <p>Participant: "Yes."</p> <p>Interviewer: Interviews will be semi-structured interviews conducted in English for a maximum of 30 minutes.</p>
	SRH/SRHRs	<p>Interviewer: The first question is...what is sexual reproductive health? And sexual reproductive health right? Here there are two questions, so let us deal with it one by one. What is sexual reproductive health? The health around your sexuality. The health which enables you to have a safe and satisfying sexual relationship. So, what is sexual reproductive health?</p>

		<p>Participant: "Aah aah..... Ey I don't know Interviewer: You don't know?" Participant: "Yes" Interviewer: In L.O or Life Science, haven't you done anything about sexual reproductive health? Participant: "No we don't talk about it" Interviewer: Hmm... Participant: "Most of the time we do exercising and other things..." Interviewer: Okay speak up...so you don't know what sexual reproductive health is? Participant: "No... I don't know." Interviewer: In L.O, you are not doing any sexuality issues? Participant: "NO." Interviewer: No? You're in grade 11? Participant: "Yes..... We only talk about goals and we do exercises." Interviewer: Okay, goals and do exercises? Participant: "Yes." Interviewer: What type of goals? Participant: "Like.... What you wanna be when you grow up" Interviewer: Okay, okay.... And exercises? Participant: "Yes, we go outside and play." Interviewer: Okay, so your teachers haven't done any sexuality issues? About sex? About protection? About family planning? About discrimination? Participant: "No...." Interviewer: They haven't? Participant: "No."</p>
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		<p>Interviewer: Okay, so do you know any sexual reproductive health rights? Your rights?</p> <p>Participant: "Yes."</p> <p>Interviewer: Your sexual rights?</p> <p>Participant: "Yes."</p> <p>Interviewer: What are they?</p> <p>Participant: "Ah, you shouldn't sleep with someone by force..."</p> <p>Interviewer: Yes, Good</p> <p>Participant: "I should also use a condom."</p> <p>Interviewer: Yes,</p> <p>Participant: "Okay I don't know the others.."</p> <p>Interviewer: Okay, you're doing very fine, that's what I'm expecting you to say, yeah your coming up, you're on the right track....</p> <p>Which other rights do you know?</p> <p>Participant: "Uhm..... maybe I should prevent because I'm still young."</p> <p>Interviewer: Okay, good, good</p> <p>Participant: "That's all I know."</p> <p>Interviewer: That's all you know?</p> <p>Participant: "For now."</p> <p>Interviewer: Since you have answered very well on the rights, lets go back to the first question, on sexual reproductive health. What do you think the health would be? You know something which would enable you to have a, a, a safe and satisfying ah sexual relationship? By reducing discrimination? Equality to access to health services? So, what do you think is sexual reproductive health is? For you to have safe sex?</p>
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		<p>Participant: "Okay, I think uhm... its about who wants to learn more about sex, and other sexual stuff..."</p> <p>Interviewer: Okay</p> <p>Participant: "Uhm.... Okay..... That's all I know for now...."</p> <p>Interviewer: Okay, you say that these topics are not even being discussed by your teachers?</p> <p>Participant: "Yeah."</p> <p>Interviewer: In L.O? Life Science?</p> <p>Participant: "We only have L.O once a week."</p> <p>Interviewer: You have L.O once per week?</p> <p>Participant: "Yes."</p> <p>Interviewer: And then you would go to do P.E?</p> <p>Participant: "Yes."</p> <p>Interviewer: Exercises?</p> <p>Participant: "Yes."</p> <p>Interviewer: Your teacher doesn't even say anything about sex?</p> <p>Participant: "She once tried talking about the topic, but no one was interested."</p> <p>Interviewer: No one was interested?</p> <p>Participant: "Yes."</p> <p>Interviewer: What happened? What do mean when you say nobody was interested?</p> <p>Participant: "Uhm.... Most of the time we'll just ignore the question and... and you know teenagers don't like to be told what to do and things."</p> <p>Interviewer: Okay..... So, the students were not answering? What were they doing if you</p>
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		<p>say they were not interested? What exactly made you say that they were not interested?</p> <p>Participant: "Because when Mam was explaining, everyone was doing their business, no one was even listening to her."</p> <p>Interviewer: Doing their business? What business?</p> <p>Participant: "Uhm, talking, putting on their earphones, uhm... group chats, everyone was busy...no one was minding Mam..."</p> <p>Interviewer: And then she stopped teaching you?</p> <p>Participant: "Yes..... then she moved on to another topic...."</p> <p>Interviewer: uhm</p> <p>Participant: "Yeah....."</p> <p>Interviewer: Okay..... so, she did not teach you because the students were not willing to listen?</p> <p>Participant: "Yeah, they were not interested."</p> <p>Interviewer: The students were just making noise?</p> <p>Participant: "Yes."</p> <p>Interviewer: The girls and boys collectively, or is it a certain type of.....</p> <p>Participant: "Most of the times it is the boys."</p> <p>Interviewer: The boys?</p> <p>Participant: "Yes."</p> <p>Interviewer: So otherwise, besides that, ok the environment was not conducive.... You yourself, how did you feel when your teacher was teaching you?</p>
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		<p>Participant: "I wanted to know more, cause I'm 18, and maybe I will start having sex soon, I don't know."</p> <p>Interviewer: Okay, okay, so you wanted to know more, it's only that the environment was not conducive?</p> <p>Participant: "Yes."</p>
	<p>Perceptions and knowledge around sexuality</p>	<p>Interviewer: Okay, in your culture and religion, are issues around sexual reproductive health discussed?</p> <p>Participant: "Not most of the time. As young people we are not allowed to talk about sex to our parents and..... yeah.....ok..... some parents do talk to us, but some don't."</p> <p>Interviewer: Okay, you in particular, do your parents talk to you?</p> <p>Participant: "Not yet she still thinks I'm young for such things."</p> <p>Interviewer: Okay, so she doesn't talk about it?</p> <p>Participant: "She said maybe when I'm 20 or 21 she'll start talking to me about it."</p> <p>Interviewer: Okay.... Err... and in your religion? At church? Do they talk about it?</p> <p>Participant: "I don't go to church."</p> <p>Interviewer: When you're here you don't go to church? At home?</p> <p>Participant: "Mom goes to church, but not me. I do sometimes but I don't think they talk about sex and stuff."</p> <p>Interviewer: Okay so you don't go to church?</p>

		<p>Participant: "Yes."</p> <p>Interviewer: Okay. Do your friends, your peers, your friends, do they influence you on what you perceive on sexual health and rights?</p> <p>Participant: "Sometimes we do talk about sex and.... Okay there is this one friend, she... okay she's already sleeping with someone, and she always tells us what to use.... Ah where to go the doctor if we kinda have infections and stuff.... Yeah."</p> <p>Interviewer: Okay. Does this influence you? Does it influence you? Because some of them say that the friends say that 'ohhhh it's nice, you go and try it as well'. Does this influence you?</p> <p>Participant: "No ah.... I'm not ready for sex!"</p> <p>Interviewer: Oh, you not ready for sex?</p> <p>Participant: "Yeah."</p> <p>Interviewer: So, it does not influence you?</p> <p>Participant: "Yes."</p> <p>Interviewer: Okay.....Does your school give you any information on family planning?</p> <p>Participant: "No!"</p> <p>Interviewer: No?</p> <p>Participant: "No, they don't!"</p> <p>Interviewer: The school doesn't? What are you learning so far in L.O?</p> <p>Participant: "We do what?..... Goals, perseverance, persistence, that's all. Because I have only written six pages in my L.O book"</p> <p>Interviewer: Only six pages?!?....</p>
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		<p>Participant: "Yeah, we don't do that much in L.O"</p> <p>Interviewer: Okay..... okay, six pages in grade 11?</p> <p>Participant: "Yes."</p> <p>Interviewer: The whole lot of grade 11?</p> <p>Participant: "Yes, most of the time, we outside and Mam will always explain, and we do less of writing."</p> <p>Interviewer: Oh..... okay.....So mainly its P.E, P.E, P.E and that time when she tries to explain, the boys start making noise, then she stops?</p> <p>Participant: "Yes, or everyone bunks class, maybe there will be six learners in class or four, sometimes."</p> <p>Interviewer: For L.O?</p> <p>Participant: "Yes."</p> <p>Interviewer: So, it means students do not take the Life Orientation class serious?</p> <p>Participant: "Yes, I will say that, because sometimes its just general work, you come up with the answer, maybe like HIV, everyone knows HIV and stuff."</p> <p>Interviewer: Okay.... And then uhm, the next question is... errrr.... Is it acceptable to discuss sexual and reproductive issues in your family? In your family?</p> <p>Participant: "Yes."</p> <p>Interviewer: Ah why?</p> <p>Participant: "Errrh..... yoh..."</p>
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		<p>Interviewer: Why do you think you should know about these sex issues? How are they going to help you with? Why?</p> <p>Participant: “Uhm, sometimes, because there is HIV, and other diseases, STI’s, so we need to know more and how to prevent them and.....yeah that’s all I have.”</p> <p>Interviewer: That’s all you have?</p> <p>Participant: “Yeah.”</p>
	Peer influence	<p>Interviewer: Do your peers have an influence on how you see or perceive SRH</p> <p>Participant: “No.”</p>
	Availability and usage of services	<p>Interviewer: Are there any SRH services available in your area?</p> <p>Participant: “I don’t know.”</p>
	Challenges	<p>Interviewer: Is there anything you perceive as a hindrance to acquire information on SRH/SRHRs?</p> <p>Interviewer: Is there anything you would perceive as a problem? Is there anything which prevents you from getting adequate information? You see, the sexual reproductive health, eh you don’t really know what it is... right.... You don’t even know what they are..... So do you feel.... What is making you not to have all this information? What do you perceive is the problem?</p> <p>Participant: “Sometimes its our parents, because when you start talking about sex, they think you are doing it, or you already sleeping with someone....”</p> <p>Interviewer: Uhm.... Good.... What else?</p>

		<p>Participant: "Hmmm.... And sometimes it's our friends, because they do judge us if your having sex and they don't."</p> <p>Interviewer: Okay</p> <p>Participant: "Yeah....."</p> <p>Interviewer: What else, what else would be the problem? Why don't you have the information? At school, what is the problem at school?</p> <p>Participant: "They don't teach us more about sex, and sometimes at clinics, they don't attend us, they don't wanna listen, and.... Yeah that's all."</p> <p>Interviewer: Okay, talk more about the school, L.O, the, the information they are giving you, is it detailed?</p> <p>Participant: "Not most of the time."</p> <p>Interviewer: Are you doing Life Science?</p> <p>Participant: "No."</p> <p>Interviewer: Oh, so you not doing Life Science?</p> <p>Participant: "No."</p>
	<p>Preferences/ recommendation</p>	<p>Interviewer: Okay, okay thank you very much. So how would you prefer to receive information on sexual reproductive health, because you parents don't tell you about it, you don't go to church. And then at school, when the teacher wants to teach you, the boys would be making noise, so how do you feel? You really need this information, you know as teenagers, you need the information so now, how do you feel we should help you?</p>

		<p>What should be done in order for you to receive this information?</p> <p>Participant: “Uhm.....the other time I went to the clinic.”</p> <p>Interviewer: uhmmm....</p> <p>Participant: “Because one of my friends wanted to prevent, and they told us about HIV, we tested, and.... They told us errr about sex and how..... oh, and people we should sleep with, because I’m 18, I should not sleep with someone who is 4 years or 3 years older than me.....”</p> <p>Interviewer: uhmmm....</p> <p>Participant: “And that’s all they were telling us..... and they gave us uhm, the HIV pills, uhm.... PRE.....PREP?”</p> <p>Interviewer: Yes, PREP, okay</p> <p>Participant: “They gave us those pills yeah that’s all..... You go to the clinic if you want information.”</p> <p>Interviewer: Okay, so now in the schools? Because not everybody would go to the clinic to get information, so how do you feel other adolescents would benefit, which way do you feel, you would prefer to get this information?</p> <p>Participant: From school, L.O</p> <p>Interviewer: L.O?</p> <p>Participant: “Yes, and sometimes parents because they have experience, and they know more.”</p> <p>Interviewer: So, since at school, the pupils are always making noise? So how do you feel it should be....? It would help?</p>
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		<p>Participant: "Uhm..... I don't know how to answer this one...."</p> <p>Interviewer: Maybe the boys should be disciplined? Even you, the others should be told the importance of L.O</p> <p>Participant: "Yeah."</p> <p>Interviewer: Because if they are bunking classes, you see, people are not coming for lessons, maybe the people should be encouraged to be coming for lessons. Isn't it?</p> <p>Participant: "Yes."</p>
	<p>Taboo</p>	<p>Interviewer: Okay, okay the last question is, do you think it is a taboo to have this sorts of discussions?</p> <p>Participant: "Ah, what is taboo?."</p> <p>Interviewer: Something which is wrong (Ihlazo). Do you think it is taboo to have, to discuss eh, sexual reproductive health issues?</p> <p>Participant: "No!"</p> <p>Interviewer: No? Why?</p> <p>Participant: "Because you need more information about it and.....and sometimes its more healthier to talk to someone who already knows and has experience about sexual things, and someone you trust, that's more important. You can't talk to someone you don't trust."</p> <p>Interviewer: Okay, okay thank you very much we have come to the end of the interview</p>

Participant: 11

PARTICIPANT	QUESTION ASKED	RESPONSE
<p>Participant number 11</p> <ul style="list-style-type: none"> • Female • 19 Years • Black • Grade 12 <p>The duration was 17 minutes and were face-to-face interviews.</p>	<p>Introduction</p>	<p>Interviewer: Good morning. Participant: "Good morning." Interviewer: How are you? Participant: "I am good and yourself?" Interviewer: My name is Lubuta, a student at UNISA doing research on school-going adolescents' knowledge and perception of SRH/R in KZN. The purpose of the study is to try and identify issues around SRH which hinder adolescents from having adequate information on issues around sexuality. Information collected will only be shared with my supervisor at the university so feel free to express yourself. Interviewer: Are you willing to take part in the interview? Interviewer: You are not forced to take part in the interview therefore you are free to withdraw from the interview at any time. Participant: "Yes I'm willing." Interviewer: Is it okay with you if I record what we will be discussing? Participant: "Yes." Interviewer: Interviews will be semi-structured interviews conducted in English for a maximum of 30 minutes.</p>
	<p>SRH/SRHRs</p>	<p>Interviewer: What is SRH? Participant: "I think it is based on sex ... when you do sex..... if you love it....I don't have much words, I don't know...."</p>

		<p>Interviewer: Okay what grade are you doing?</p> <p>Participant: "Grade 12."</p> <p>Interviewer: What is SRHRs?</p> <p>Participant: "I think it is never to sleep with a boy without a condom and You must first check symptoms."</p> <p>Interviewer: Have you ever heard anything like you have equal rights between a female and female to get access to health facilities?</p> <p>Participant: "Aah ... I have never heard that."</p> <p>Interviewer: Under SRHRs what would you say about discrimination?</p> <p>Participant: "Eh um ... I don't know."</p> <p>Interviewer: Okay... so this is all you know about SRHRs?</p> <p>Participant: "Yeah, Yeah."</p>
	<p>Perceptions and knowledge around sexuality</p>	<p>Interviewer: How do you feel when SRH topics are being talked about by your teachers?</p> <p>Participant: "I just imagine if I am doing it but I do not like the topic in class, I hate it!"</p> <p>Interviewer: Why don't you like the topic in class?</p> <p>Participant: "Uhm I feel uncomfortable!"</p> <p>Interviewer: Why?</p> <p>Participant: "You see ... I tell my mother, that I would like to talk about this topic when I am older and not now when I am young."</p> <p>Interviewer: Do your teachers teach in details?</p> <p>Participant: "No ... they do not, they just explain few lines... one and one... yeah."</p>

		<p>Interviewer: Do they teach you about Family Planning?</p> <p>Participant: "They do not, they always tell us that you can get diseases and those stuff."</p> <p>Interviewer: how about in Life Orientation subject?"</p> <p>Participant: "They do not."</p> <p>Interviewer: How about in Life Science?</p> <p>Participant: "I do not do Life Science."</p> <p>Interviewer: Okay, but in LO they don't explain a lot?</p> <p>Participant: "They don't explain a lot."</p> <p>Interviewer: In your culture or religion are issues around SRH and SRHRs discussed?</p> <p>...</p> <p>In your culture?</p> <p>Participant: "Yeah eish."</p> <p>Interviewer: What do they say?</p> <p>Participant: "They say.... We must, we must get married first before we do the sexual."</p> <p>Interviewer: "Uhm."</p> <p>Participant: "Yeah, never sleep with a boy."</p> <p>Interviewer: "Uhm"</p> <p>Participant: "In this age, you must wait until the time comes."</p> <p>Interviewer: Yes good.</p> <p>Participant: "And that is it."</p> <p>Interviewer: In your religion?</p> <p>Participant: "In my religion?"</p> <p>Interviewer: At church?</p> <p>Participant: "At church ... it is the same thing?"</p>
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		<p>Interviewer: They tell you the same things that you should not sleep with boys?</p> <p>Participant: "Yeah."</p> <p>Interviewer: At school, does your school give you any information on SRH... in LO?</p> <p>Participant: "Most of the time."</p> <p>Interviewer: In detail?</p> <p>Participant: "Not in details, but... half details."</p> <p>Interviewer: And then how would the environment be like when your teacher is busy teaching you in LO?</p> <p>Participant: "They make noise... they just say.... We can't do that, awu this is or life ... and do whatever we want."</p> <p>Interviewer; Do they listen to the teacher?</p> <p>Participant: "Yeah."</p> <p>Interviewer: "They make a lot of noise and the teacher ends up laughing or giving up."</p> <p>Interviewer: Uhm, yeah okay, do your teachers teach you about family planning?</p> <p>Participant: "No."</p> <p>Interviewer: They don't?</p> <p>Participant: "They don't."</p> <p>Interviewer: They don't teach you in detail?</p> <p>Participant: "They don't."</p> <p>Interviewer: Okay, thank you very much. The next question is uhm... is it acceptable to discuss sexual issues with your family?</p> <p>Participant; "No."</p> <p>Interviewer: why?</p> <p>Participant: "Uh ... um ... I think they will judge me if I tell them."</p>
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		<p>Interviewer: So your mother does not tell you about these issues?</p> <p>Participant: “She does, she always tell me, if I have done something wrong... or I’m angry of her , she ends up telling me of it.”</p>
	Peer influence	<p>Interviewer: Do your friends or peers have an influence on how you see or perceive SRH? Do your friends encourage you that oh yeah sex is nice, I had sex, and that you should also try it?</p> <p>Participant: “Not all of them, cause if one talks about it, I just go away, I don’t like the topic.”</p> <p>Interviewer: So they do not influence you?</p> <p>Participant: “Yeah.”</p> <p>Interviewer: So you just walk away?</p> <p>Participant: “Or I just chase them away.”</p>
	Availability and usage of services	<p>Interviewer: Are there any clinics available in your area where they give you information on SRH? Where they give Family Planning to adolescents, where they teach you about protection?</p> <p>Participant: “Yeah there is.”</p> <p>Interviewer: Okay. Have you been there before?</p> <p>Participant: “Yeah... it was last of last year.”</p>

		<p>Interviewer: did they teach you about Family Planning? Did they teach you about protection when you went there? What did the nurse do there?</p> <p>Participant: “They were telling us that never sleep with boys... you must not like boys because they will end up giving you babies.”</p> <p>Interviewer: Uhm</p> <p>Participant: “And... and they check us aaah, HIV positive test.”</p> <p>Interviewer: Okay</p> <p>Participant: “And it was negative! And then they taught us that we must also uhm, we must focus on school and not on boys.”</p> <p>Interviewer: Okay</p> <p>Participant: “Because boys give us diseases.”</p>
	<p>challenges</p>	<p>Interviewer: Is they anything you perceive as a hindrance to acquire information on SRH/SRHRs?</p> <p>Participant: “Yes, there is a problem because if I ask anyone, they will gossip about me.”</p> <p>Interviewer: Okay.</p> <p>Participant: “Yeah, so I don’t like asking people about these things.”</p> <p>Interviewer: what else apart from gossiping you, what else would be a problem?</p> <p>Participant: “I don’t know.”</p> <p>Interviewer: And then the boys don’t they make noise in class?</p> <p>Participant: “Yeah... sometimes... sometimes, they make noise and sometimes they always quiet.”</p>

		<p>Interviewer: when they make noise what so they say?</p> <p>Participant: “They just screaming, hitting the desk, yooh, yeah!”</p> <p>Interviewer: so you don’t even understand?</p> <p>Participant: “Yeah I don’t understand what would be going on.”</p> <p>Interviewer: why do they hit the desk? Is it because they do not want the teacher to talk or because they are happy that the teacher is talking about sex?</p> <p>Participant: “They don’t... kahle, kahle they don’t follow the question or they don’t like them, or chase the teacher away, cause the topics are very bad.”</p> <p>Interviewer: oh so they chase the teacher away? They will start banging the desks so the teacher does not even discuss anything about sex issues?</p> <p>Participant: “Yes and the teacher will change the topic.”</p>
	<p>Preferences/ recommendation</p>	<p>Interviewer: Okay...How would you Because you said that in class, you do not feel comfortable getting this information, How would you prefer to receive information on SRH?</p> <p>Participant: “I think, he or she must come to me and confront everything, and I’m going to tell him or her how I feel, and not in front of learners.”</p> <p>Interviewer: But you are also a learner</p>

		<p>Participant: "Yeah, but if the teacher is talking about it, I always keep quiet in class."</p> <p>Interviewer: So you want the teacher to tell you alone because you feel uncomfortable?</p> <p>Participant: "Yeah."</p> <p>Interviewer: Okay, what else?</p> <p>Participant: "Hmmm ... or just WhatsApp me, I will tell him or her what I feel about it."</p>
	Taboo	<p>Interviewer: Do you think it is Taboo to have these type of discussions at school, or in your family, or with friends?</p> <p>Participant: "I think it is okay ... because it can help other children, and I think for me Maybe it can help me in other times and at home it can help my brothers and sisters."</p>

Participant: 12

PARTICIPANT	QUESTION ASKED	RESPONSE
<p>Participant number 12</p> <ul style="list-style-type: none"> • Female • 16 Years • Black • Grade 11 <p>The duration was 20 minutes and were face-to-face interviews.</p>	Introduction	<p>Interviewer: Good morning.</p> <p>Participant: "Good morning."</p> <p>Interviewer: How are you?</p> <p>Participant: "I am good and yourself?"</p> <p>Interviewer: My name is Lubuta, a student at UNISA doing research on school-going adolescents' knowledge and perception of SRH/Rs in KZN.</p> <p>The purpose of the study is to try and identify issues around SRH which hinder</p>

		<p>adolescents from having adequate information on issues around sexuality.</p> <p>Information collected will only be shared with my supervisor at the university so feel free to express yourself.</p> <p>Interviewer: You are not forced to take part in the interview therefore you are free to withdraw from the interview at any time.</p> <p>Interviewer: Are you willing to take part in the interview?</p> <p>Participant: "Yes I'm willing to take part in the interview."</p> <p>Interviewer: Is it okay with you if I record what we will be discussing?</p> <p>Participant: "Yes."</p> <p>Interviewer: Interviews will be semi-structured interviews conducted in English for a maximum of 30 minutes.</p>
	SRH/SRHRs	<p>Interviewer: So the first question is what is Sexual Reproductive Health and Sexual Reproductive Health Rights, according to your understanding? So you've seen that this question two questions in it. So now we start with the first one. What is Sexual Reproductive Health?</p> <p>Participant: "Eish, I'm still blank."</p> <p>Interviewer: You're still blank?</p> <p>Participant: "Hmmm."</p> <p>Interviewer: From L.O.... haven't you done any Sexual Reproductive Health issues in life orientation?</p> <p>Participant: "No!"</p>

		<p>Interviewer: In life science do you have any lessons on Reproductive System?</p> <p>Participant: "I think we did....."</p> <p>Interviewer: You did?</p> <p>Participant: "Yeah I think we did, but then I don't remember."</p> <p>Interviewer: You don't remember?</p> <p>Participant: "No."</p> <p>Interviewer: You have not done it at all?</p> <p>Participant: "Yeah....."</p> <p>Interviewer: Which topics are you doing in L.O?</p> <p>Participant: "Hmmm...sexual harassment."</p> <p>Interviewer: Yes....</p> <p>Participant: "Via..... aah what else?.... I'm done writing L.O so like I don't remember....."</p> <p>Interviewer: You done writing your L.O, so now you don't remember this?</p> <p>Participant: "Yes."</p> <p>Interviewer: "Okay.....What is Sexual Reproductive Health rights? You talked about sexual harassment....."</p> <p>Participant: "Mmm."</p> <p>Interviewer: So what are the Rights? Your Sexual Reproductive Health Rights?</p> <p>Participant: "I think I should be willing to do whatever.....ah ah I do not know."</p> <p>Interviewer: You do not know? Speak up. You know you said you've done sexual harassment, What were teachers telling you about sexual harassment?</p>
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		<p>Participant: "Aah.... They were telling us what sexual harassment is and...yeah.... that's all... the difference between sexual harassment and.... What else..... sexual assault or what....."</p> <p>Interviewer: Okay....</p> <p>Participant: "Yes....."</p> <p>Interviewer: Aah, so one of your rights, is that you know, you shouldn't be sexually harassed. Isn't it?</p> <p>Participant: "Yes....."</p> <p>Interviewer: Because if you're sexually harassed, it means that you are not having a safe sexual, a safe and satisfying sexual relationship, isn't it?</p> <p>Participant: "Yes."</p> <p>Interviewer: Yes, so just look at it from that line.... that you know, one of the rights is that you should not be sexually harassed, right! So what else were you taught by teachers that are your Rights where sexual relationships are concerned?</p> <p>Participant: "Maybe I have the right to say no!"</p> <p>Interviewer: Good, yes.</p> <p>Participant: "Hmmm.....ahhh.....I should be willing to do something, if I'm not, he should stop, I should report it."</p> <p>Interviewer: Yes.... Good... Yes, yes you are actually doing fine because the answers I'm looking for yes. Okay, what else?</p>
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		<p>Participant: “Hmmm.....If a person touches me inappropriately, I should report that too. Hmm.. that’s all I remember.”</p> <p>Interviewer: Okay... have you ever heard of anything like discrimination?</p> <p>Participant: “Yes!”</p> <p>Interviewer: Yes, what did the teachers tell you about discrimination?</p> <p>Participant: “That it's wrong.”</p> <p>Interviewer: Yes.....</p> <p>Participant: “And it’s bad....”</p> <p>Interviewer: So in sexual relationships, sexual relationship... Sexual Reproductive Health Rights... How? What did the teacher say about discrimination? Under the sexually reproductive health rights?</p> <p>Participant: “Discrimination?..... I wasn’t listening, but then I think..... uhm.... discrimination. Discrimination is like saying someone, uhm....”</p> <p>Interviewer: You, you like you, you discriminate girls from boys.....</p> <p>Participant: “Oh oh..... Is that stereotyping? Oh no.... I do not know...”</p> <p>Interviewer: You do not know?</p> <p>Participant: “I do not know.....”</p>
	<p>Perceptions and knowledge around sexuality</p>	<p>Interviewer: Okay, how do ... Come closer because we're recording.... How do you feel when the topic is being taught to you by teachers?</p> <p>Participant: “Uncomfortable.”</p> <p>Interviewer: Why?</p>

		<p>Participant: "Awu.....nah..... its just not okey. It's better if I'm talking to my friends about it."</p> <p>Interviewer: Now if your teachers are teaching you, do feel uncomfortable?</p> <p>Participant:" Yep....."</p> <p>Interviewer: Okay...so you, you would rather your teachers don't teach you anything about Sexual Reproductive Health?</p> <p>Participant: "Yes"</p> <p>Interviewer: What makes you feel uncomfortable?</p> <p>Participant: "The topic itself."</p> <p>Interviewer: Mmmm....</p> <p>Participant: "Yes."</p> <p>Interviewer: It makes you uncomfortable?</p> <p>Participant: "Yes."</p> <p>Interviewer: When your teachers are explaining, do they tell you in details?</p> <p>Participant: "No... they cut corners."</p> <p>Interviewer: They cut corners?</p> <p>Participant: "Yeah, they just talk about it briefly and then out of the topic because kids do not behave like... Boys in my class will be saying other things. While we talking about something else."</p> <p>Interviewer: Mmmm.....So, the teacher will stop and then just change the topic?</p> <p>Participant: "No, we will talk about something that's relevant to the topic."</p> <p>Interviewer: Do they teach you about family planning?</p>
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		<p>Participant: "Yes.....NO..... My Doctor is the one who told me about family planning not my teacher."</p> <p>Interviewer: Okey, are you doing any, any Life Science?</p> <p>Participant: "Yes I am."</p> <p>Interviewer: What do they teach in Life Science about these sexual issues?</p> <p>Participant: "We not there yet, I don't think you've talked about this topic."</p> <p>Interviewer: Okay, okay, in your culture and religion, are issues, around Sexual Reproductive Health discussed?</p> <p>Participant: "No."</p> <p>Interviewer: In culture no?</p> <p>Participant: "Oh in my house, cause like I'm not into culture that much, like I don't even know which tribe I belong to, so.... No."</p> <p>Interviewer: OK. In your region?</p> <p>Participant: "No....."</p> <p>Interviewer: You don't go to church?</p> <p>Participant: "No I don't!"</p> <p>Interviewer: So you don't have religion?</p> <p>Participant: "Yes."</p> <p>Interviewer: Okay, so if, if, if, if it is not discussed in your culture and the religion so the next question will not be apply. Ok, let's go to the next one.</p> <p>Okay. Aah The next question says that does your family or school give you any information on Sexual Reproductive Health. The family you said no, that you're not giving</p>
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		<p>you any information, how about your mother does not give you information?</p> <p>Participant: "No."</p> <p>Interviewer: Your aunty?</p> <p>Participant: "No, I have a small family so....."</p> <p>Interviewer: OK and then the school?</p> <p>Participant: "No."</p> <p>Interviewer: The school doesn't give you any information?</p> <p>Participant: "No."</p> <p>Participant: "it's not basically information, cause they do not talk about this like..... they do not go deep in details, just maybe 10 minutes lesson then we go to something else. So no."</p> <p>Interviewer: So your teacher will introduced the topic when there is 10 minutes left.... and then does not explain lots of things?</p> <p>Participant: "Yes."</p> <p>Interviewer: And then the boys would be making noise?</p> <p>Participant: "Yeah... and talk amongst ourselves. Just.... telling each other about our understanding about the topic."</p> <p>Interviewer: Does the teacher put you in groups so that you discuss the issues?</p> <p>Participant: "No, no just with your desk mate..... or your friends around you that's all."</p> <p>Interviewer: Does your teacher ask you to be in groups or you just do it by yourselves?</p> <p>Participant: "We decide by ourselves."</p>
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		<p>Interviewer: And then you discuss it further to get information.</p> <p>Participant: "Yes."</p> <p>Interviewer: Your teacher does not teach you at all?</p> <p>Participant: "Yes, just the topic that's all."</p> <p>Interviewer: Does she ask you to go and do research on the question or?</p> <p>Participant: "No."</p> <p>Interviewer: She just introduces the question, the topic and then thereafter, what does she say?</p> <p>Participant: "Hmmm.....She will maybe talk about it for like.... 8minute max and then afterwards, the boys who start asking uncomfortable questions cause my teacher is a girl.... And she will be like 'No thank you guys.... like discuss amongst yourself and if you don't, write an activity about this, thank you."</p> <p>Interviewer: Does she give you activities to, to write about this?</p> <p>Participant: "Yeah she does..."</p> <p>Interviewer: So you discuss among yourselves and then you give her the activities?</p> <p>Participant: "Yes."</p> <p>Interviewer: And then it's not it details?</p> <p>Participant: "It's not."</p> <p>Interviewer: When the boys asked the questions does she answered them are in full?</p>
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		<p>Participant: “No.... she likes..... She answers.... Not in full, but then just little details so that she won't just get into the topic..... Like deep, deep, deep, deep..... Yeah.”</p> <p>Interviewer: Hmm..... Okay..... So you say, the environment is not usually conducive because the boys will be there or be making noise?</p> <p>Participant: “Yes.”</p> <p>Interviewer: Why do they make noise?</p> <p>Participant: “I do not know. Boys will always be boys, especially boys from high school.”</p> <p>Interviewer: Okay.....ah is it acceptable to discuss sexual reproductive issues with your family?</p> <p>Participant: “Ah.....I do not know.... maybe....”</p> <p>Interviewer: Does your mother discussed these issues with you?</p> <p>Participant: “No!”</p> <p>Interviewer: She doesn't?</p> <p>Participant: “Yes.”</p> <p>Interviewer: Your aunt?</p> <p>Participant: “I have a small family so I do not have an aunt. It's only me, my mother, grandmother and sister that's all.”</p> <p>Interviewer: Okay.....So you do not discuss issues?</p> <p>Participant: “No.”</p> <p>Interviewer: Okay..... even if you do not discuss them, what do you think, you</p>
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		<p>yourself? Do you think its acceptable to discuss these things in your family?</p> <p>Participant: "Yes, so we can have knowledge because we in a safe environment, so we can just teach each other about these things, and not make other people tell us about these things.... I think."</p> <p>Interviewer: Okay so you would rather get information from the family?</p> <p>Participant: "Yes."</p>
	Peer influence	<p>Interviewer: Your friends do not influence you?</p> <p>Participant: "No."</p> <p>Interviewer: They don't come and tell stories like 'aah sex is nice'?</p> <p>Participant: "They do but then aah....nah. I'm not that pressured to do it. So yeah, they we just talk about it, nothing more. Yeah."</p> <p>Interviewer: They don't encourage you to?</p> <p>Participant: "No."</p> <p>Interviewer: They don't even tell you details that 'ooh its nice'?</p> <p>Participant: "They do tell me in details but then, they don't encourage me. They just say don't do it. Like they tell you that it's nice and all, but they don't do it."</p> <p>Interviewer: Why? Why that you should not do it?</p> <p>Participant: "I do not know?.....they just say that your too young.... wait, but then they doing it. But then they say you are too young..... So yeah."</p> <p>Interviewer: Okay...Thank you very much.</p>

	Availability and usage of services	<p>Interviewer: Are they any SRH services available in your area?</p> <p>Participant: "I think there is, but then I do not go to the clinic, so I wouldn't know!"</p> <p>Interviewer: Okay.....So you wouldn't know if these services are being provided?</p> <p>Participant: "Yes because I don't go to the clinic."</p>
	Challenges	<p>Interviewer: Is there anything you perceive as a hindrance to acquire information on SRH/SRHRs?</p> <p>Participant: "No."</p> <p>Interviewer: But you mentioned about your teachers being not comfortable so what do you feel should be done with teachers if they are not comfortable? Don't you feel that something should be done?</p> <p>Participant: "Not really because I just don't want to learn about these things!"</p> <p>Interviewer: Pardon?</p> <p>Participant: "Aah.... No its fine..... Say there uncomfortable.... We should learn these things at home not with them!"</p> <p>Interviewer: You should learn these things at home and not with teachers?</p> <p>Participant: "Yes...."</p> <p>Interviewer: And with Google, via google?</p> <p>Participant: "Yes...."</p> <p>Interviewer: Okay..... What else would you say? What else do you feel should be done to improve aah.... You guys to have more knowledge on Sexual Reproductive Health?</p>

		<p>Participant: “Hmmm..... Maybe there should be..... people who come to our school to teach us about these things, Aah.... There should be pamphlets, there should be a site on google about these things or a website..... Yeah that’s all.”</p> <p>Interviewer: Which people do you want to come and teach you?</p> <p>Participant: “Any people, like maybe people from the clinics, Doctors, Volunteers anyone.”</p> <p>Interviewer: Why do you prefer them more than your teachers?</p> <p>Participant: “Because I will be seeing those people once and they are gone, and they don’t know me, and my teachers, are like see those people for five years before I leave the school.”</p> <p>Interviewer: So you’re afraid that If you ask a question on sexuality your teacher will be saying ‘you asked this question it will be like your more active?’</p> <p>Participant: “Yes....”</p> <p>Interviewer: Okay that’s, that’s a very good point, what else would you say? How else do you think it can improve?</p> <p>Participant: “Hmmm..... aah..... I think my points were enough, I don’t have any.”</p>
	<p>Preferences/ Recommendation</p>	<p>Interviewer: How would you prefer to receive information on SRH?</p> <p>Participant: “Google..... Google it by myself.....When I’m home, in my safe environment....Yes.”</p>

		<p>Interviewer: What else? What do you think should be improved in your school settings in order to, to get information on these sexual issues?</p> <p>Participant: “Hmm.... I do not know maybe they should get teachers who are not uncomfortable about talking about the topic..... Aah..... They should..... Aah..... Discipline the class more so that it can be a safe environment for everyone to speak about these things..... Yeah that’s all, I think.”</p>
	<p>Taboo</p>	<p>Interviewer: Okay..... Do you think it is a taboo to have these sorts of discussions on sexual reproductive health and their rights be discussed?</p> <p>Participant: “Sorry?”</p> <p>Interviewer: Do you think it’s a taboo.... To have these sorts of discussions with your family?</p> <p>Participant: “What’s a taboo?”</p> <p>Interviewer: Something which is not accepted</p> <p>Participant: “Oh....”</p> <p>Interviewer: Yeah.... Do you think these questions should be discussed or should not be discussed? It’s a taboo?</p> <p>Participant: “They should be discussed at home!”</p> <p>Interviewer: At home?</p> <p>Participant: “Yeah.”</p> <p>Interviewer: You don’t think it’s a taboo?</p> <p>Participant: “Yes.”</p>

		Interviewer: Okay, Okay....Thank you very much, thank you for the participation, thank you for all the answers. You did very well...
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Participant: 13

PARTICIPANT	QUESTION ASKED	RESPONSE
<p>Participant number 13</p> <ul style="list-style-type: none"> • Female • 18 years • Black • Grade 11 <p>The duration was 17 minutes and were face-to-face interviews.</p>	<p>Introduction</p>	<p>Interviewer: Good morning.</p> <p>Participant: "Good morning."</p> <p>Interviewer: How are you?</p> <p>Participant: "I am good and yourself?"</p> <p>Interviewer: My name is Lubuta, a student at UNISA doing research on school-going adolescents' knowledge and perception of SRH/R in KZN.</p> <p>The purpose of the study is to try and identify issues around SRH which hinder adolescents from having adequate information on issues around sexuality.</p> <p>Information collected will only be shared with my supervisor at the university so feel free to express yourself.</p> <p>Interviewer: You are not forced to take part in the interview therefore you are free to withdraw from the interview at any time.</p> <p>Interviewer: Are you willing to take part in the interview?</p> <p>Participant: "Yes I'm willing to take part in the interview."</p> <p>Interviewer: Is it okay with you if I record what we will be discussing?</p> <p>Participant: "Yes."</p>

		<p>Interviewer: Interviews will be semi-structured interviews conducted in English for a maximum of 30 minutes.</p>
	<p>SRH/SRHRs</p>	<p>Interviewer: The first question is...what is Sexual Reproductive Health? And sexual Reproductive Health Right? Here there are two questions, so let us deal with it one by one. What is Sexual Reproductive Health? The health around your sexuality. The health which enables you to have a safe and satisfying sexual relationship. So, what is Sexual Reproductive Health?</p> <p>Participant: "Aah..... Ey ... I don't know."</p> <p>Interviewer: You don't know?</p> <p>Participant: "Yes."</p> <p>Interviewer: In L.O or Life Science, haven't you done anything about Sexual Reproductive Health?</p> <p>Participant: "No we don't talk about it."</p> <p>Interviewer: Hmm...</p> <p>Participant: "Most of the time we do exercising and other things..."</p> <p>Interviewer: Okay speak up...so you don't know what Sexual Reproductive Health is?</p> <p>Participant: "No... I don't know."</p> <p>Interviewer: In L.O, you are not doing any sexuality issues?</p> <p>Participant: "NO."</p> <p>Interviewer: No? You're in grade 11?</p> <p>Participant: "Yes..... We only talk about goals and we do exercises."</p> <p>Interviewer: Okay, goals and do exercises?</p> <p>Participant: "Yes."</p>

		<p>Interviewer: What type of goals?</p> <p>Participant: "Like.... What you wanna be when you grow up."</p> <p>Interviewer: Okay, okay.... And exercises?</p> <p>Participant: "Yes, we go outside and play."</p> <p>Interviewer: Okay, so your teachers haven't done any sexuality issues? About sex? About protection? About family planning? About discrimination?</p> <p>Participant: "No...."</p> <p>Interviewer: They haven't?</p> <p>Participant: "No."</p> <p>Interviewer: Okay, so do you know any sexual Reproductive Health Rights? Your rights?</p> <p>Participant: "Yes."</p> <p>Interviewer: Your sexual rights?</p> <p>Participant: "Yes."</p> <p>Interviewer: What are they?</p> <p>Participant: "Ah, you shouldn't sleep with someone by force..."</p> <p>Interviewer: Yes, Good.</p> <p>Participant: "I should also use a condom."</p> <p>Interviewer: Yes.</p> <p>Participant: "Okay I don't know the others."</p> <p>Interviewer: Okay, you're doing very fine, that's what I'm expecting you to say, yeah you are coming up, you're on the right track.... Which other rights do you know?</p> <p>Participant: "Uhm..... Maybe I should prevent because I'm still young."</p> <p>Interviewer: Okay, good, good.</p> <p>Participant: "That's all I know."</p>
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		<p>Interviewer: That's all you know?</p> <p>Participant: "For now."</p> <p>Interviewer: Since you have answered very well on the Rights, let us go back to the first question, on Sexual Reproductive Health. What do you think the Health would be? You know something which would enable you to have a safe and satisfying ah sexual relationship? By reducing discrimination? Equality to access Health services? So, what do you think is Sexual Reproductive Health is? For you to have safe sex?</p> <p>Participant: "Okay, I think uhm... it is about who wants to learn more about sex, and other sexual stuff..."</p> <p>Interviewer: Okay.</p> <p>Participant: "Uhm.... Okay..... That's all I know for now...."</p>
	<p>Perceptions and knowledge around sexuality</p>	<p>Interviewer: Okay, you say that these topics are not even being discussed by your teachers?</p> <p>Participant: "Yeah."</p> <p>Interviewer: In L.O and Life Science?</p> <p>Participant: "We only have L.O once a week."</p> <p>Interviewer: You have L.O once per week?</p> <p>Participant: "Yes."</p> <p>Interviewer: And then you would go to do P.E?</p> <p>Participant: "Yes."</p> <p>Interviewer: Exercises?</p> <p>Participant: "Yes."</p> <p>Interviewer: Your teacher doesn't even say anything about sex?</p>

		<p>Participant: "She once tried talking about the topic, but no one was interested."</p> <p>Interviewer: No one was interested?</p> <p>Participant: "Yes."</p> <p>Interviewer: What happened? What do mean when you say nobody was interested?</p> <p>Participant: "Uhm.... Most of the time we will just ignore the question and... and you know teenagers don't like to be told what to do and things."</p> <p>Interviewer: Okay..... So, the students were not answering? What were they doing if you say they were not interested? What exactly made you say that they were not interested?</p> <p>Participant: "Because when Mam was explaining, everyone was doing their business, no one was even listening to her."</p> <p>Interviewer: Doing their business? What business?</p> <p>Participant: "Uhm, talking, putting on their earphones, uhm... group chats, everyone was busy...no one was minding Mam..."</p> <p>Interviewer: And then she stopped teaching you?</p> <p>Participant: "Yes..... then she moved on to another topic...."</p> <p>Interviewer: Uhm.</p> <p>Participant: "Yeah....."</p> <p>Interviewer: Okay..... so, she did not teach you because the students were not willing to listen?</p> <p>Participant: "Yeah, they were not interested</p>
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		<p>Interviewer: The students were just making noise?</p> <p>Participant: "Yes."</p> <p>Interviewer: The girls and boys collectively, or is it a certain type of.....?</p> <p>Participant: "Most of the times it is the boys."</p> <p>Interviewer: The boys?</p> <p>Participant: "Yes."</p> <p>Interviewer: So otherwise, besides that, ok the environment was not conducive.... You yourself, how did you feel when your teacher was teaching you?</p> <p>Participant: "I wanted to know more, because I'm 18, and maybe I will start having sex soon, I don't know."</p> <p>Interviewer: Okay, okay, so you wanted to know more, it's only that the environment was not conducive?</p> <p>Participant: "Yes."</p> <p>Interviewer: Okay, in your culture and religion, are issues around Sexual Reproductive Health discussed?</p> <p>Participant: "Not most of the time. As young people we are not allowed to talk about sex to our parents and..... yeah.....ok..... some parents do talk to us, but some don't."</p> <p>Interviewer: Okay, you in particular, do your parents talk to you?</p> <p>Participant: "Not yet she still thinks I'm young for such things."</p> <p>Interviewer: Okay, so she doesn't talk about it?</p>
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		<p>Participant: "She said maybe when I'm 20 or 21 she'll start talking to me about it."</p> <p>Interviewer: Okay.... Aah... and in your religion? At church? Do they talk about it?</p> <p>Participant: "I don't go to church."</p> <p>Interviewer: When you're here you don't go to church? At home?</p> <p>Participant: "Mom goes to church, but not me. I do sometimes but I don't think they talk about sex and stuff."</p> <p>Interviewer: Okay so you don't go to church?</p> <p>Participant: "Yes."</p> <p>Interviewer: Okay.....Does your school give you any information on family planning?</p> <p>Participant: "No!"</p> <p>Interviewer: No?</p> <p>Participant: "No, they don't!"</p> <p>Interviewer: The school doesn't? What are you learning so far in L.O</p> <p>Participant: "We do what?..... Goals, perseverance, persistence, that's all. Because I have only written six pages in my L.O book"</p> <p>Interviewer: Only six pages?</p> <p>Participant: "Yeah, we don't do that much in L.O."</p> <p>Interviewer: Okay..... okay, six pages in grade 11?</p> <p>Participant: "Yes."</p> <p>Interviewer: The whole lot of grade 11?</p> <p>Participant: "Yes, most of the time, we outside and Mam will always explain, and we do less of writing."</p>
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		<p>Interviewer: Oh..... okay.....So mainly its P.E, P.E, P.E and that time when she tries to explain, the boys start making noise, then she stops?</p> <p>Participant: “Yes, or everyone bunks class,.” maybe there will be six learners in class or four, sometimes.”</p> <p>Interviewer: For L.O?</p> <p>Participant: “Yes.”</p> <p>Interviewer: So, it means students do not take the Life Orientation class serious?</p> <p>Participant: “Yes, I will say that, because sometimes its just general work, you come up with the answer, maybe like HIV, everyone knows HIV and stuff.”</p> <p>Interviewer: Okay.... And then uhm, the next question is... aah Is it acceptable to discuss sexual and reproductive issues in your family?</p> <p>Participant: “Yes.”</p> <p>Interviewer: Aah why?</p> <p>Participant: “Aah..... yoh...”</p> <p>Interviewer: Why do you think you should know about these sex issues? How are they going to help you with? Why?</p> <p>Participant: “Uhm, sometimes, because there is HIV, and other diseases, STI’s, so we need to know more and how to prevent them and.....yeah that’s all I have.”</p> <p>Interviewer: That’s all you have?</p> <p>Participant: “Yeah.”</p>
	Peer influence	<p>Interviewer: Okay. Do your friends, your peers, your friends, do they influence you on</p>

		<p>what you perceive on sexual health and rights?</p> <p>Participant: “Sometimes we do talk about sex and.... Okay there is this one friend, she... okay she’s already sleeping with someone, and she always tells us what to use.... Aah where to go the Doctor if we kinda have infections and stuff.... Yeah.”</p> <p>Interviewer: Okay. Does this influence you? Does it influence you? Because some of them say that the friends say that ‘oh it’s nice, you go and try it as well’. Does this influence you?</p> <p>Participant: “No aah.... I’m not ready for sex!”</p> <p>Interviewer: Oh, you not ready for sex?</p> <p>Participant: “Yeah.”</p> <p>Interviewer: So, it does not influence you?</p> <p>Participant: “Yes.”</p>
	<p>Availability and usage of services</p>	<p>Interviewer: Are there any SRH services available in your area?</p> <p>Participant: “Yes.”</p> <p>Interviewer: Have you ever used the services?</p> <p>Participant: “Because one of my friends wanted to prevent, and they told us about HIV, we tested, and.... They told us about sex and how..... oh, and people we should sleep with, because I’m 18, I should not sleep with someone who is 4 years or 3 years older than me.....”</p> <p>Interviewer: uhmmm....</p>

		<p>Participant: "And that's all they were telling us..... and they gave us uhm, the HIV pills, uhm.... PRE.....PREP?"</p> <p>Interviewer: Yes, PREP, okay</p> <p>Participant: "They gave us those pills yeah that's all..... You go to the clinic if you want information."</p>
	<p>Challenges</p>	<p>Interviewer: Is there anything you would perceive as a problem? Is there anything which prevents you from getting adequate information? You see, the Sexual Reproductive Health, eh you don't really know what it is... Rights.... You don't even know what they are..... So do you feel.... What is making you not to have all this information? What do you perceive is the problem?</p> <p>Participant: "Sometimes it is our parents, because when you start talking about sex, they think you are doing it, or you already sleeping with someone...."</p> <p>Interviewer: Uhm.... Good.... What else?</p> <p>Participant: "hmmm.... And sometimes it's our friends, because they do judge us if your having sex and they don't."</p> <p>Interviewer: Okay</p> <p>Participant: "Yeah....."</p> <p>Interviewer: What else, what else would be the problem? Why don't you have the information? At school, what is the problem at school? Participant: "Yes, or everyone bunks class,." maybe there will be six learners in class or four, sometimes."</p>

		<p>Interviewer: So, it means students do not take the Life Orientation class serious?</p> <p>Participant: "They don't teach us more about sex, and sometimes at clinics, they don't attend us, they don't wanna listen, and.... Yeah that's all."</p> <p>Interviewer: Okay, talk more about the school, L.O, the, the information they are giving you, is it detailed?</p> <p>Participant: "Not most of the time."</p> <p>Interviewer: Are you doing Life Science?</p> <p>Participant: "No."</p>
	<p>Preferences/ Recommendation</p>	<p>Interviewer: Okay, okay thank you very much. So how would you prefer to receive information on Sexual Reproductive Health, because you parents don't tell you about it, you don't go to church. And then at school, when the teacher wants to teach you, the boys would be making noise, so how do you feel? You really need this information, you know as teenagers, you need the information so now, how do you feel we should help you? What should be done in order for you to receive this information?</p> <p>Participant: "Uhm.....the other time I went to the clinic and I was given information. So one can go to the clinic if they want information."</p> <p>Interviewer: Okay, so now in the schools? Because not everybody would go to the clinic to get information, so how do you feel other adolescents would benefit, which way do you feel, you would prefer to get this information?</p> <p>Participant: "From school, L.O."</p>

		<p>Interviewer: L.O?</p> <p>Participant: “Yes, and sometimes parents because they have experience, and they know more.”</p> <p>Interviewer: So, since at school, the pupils are always making noise? So how do you feel it should be....? It would help?</p> <p>Participant: “Uhm..... I don’t know how to answer this one....”</p> <p>Interviewer: Maybe the boys should be disciplined? Even you, the others should be told the importance of L.O.</p> <p>Participant: “Yeah.”</p> <p>Interviewer: Because if they are bunking classes, you see, people are not coming for lessons, maybe the people should be encouraged to be coming for lessons. Isn’t it?</p> <p>Participant: “Yes.”</p>
	Taboo	<p>Interviewer: Okay, okay the last question is, do you think it is a taboo to have this sorts of discussions?</p> <p>Participant: “Ah, what is taboo?”</p> <p>Interviewer: Something which is wrong (Ihlazo). Do you think it is taboo to have, to discuss eh, sexual reproductive health issues?</p> <p>Participant: “No!”</p> <p>Interviewer: No? Why?</p> <p>Participant: “Because you need more information about it and.....and sometimes it is more healthier to talk to someone who already knows and has experience about sexual things, and someone you trust, that’s</p>

		<p>more important. You can't talk to someone you don't trust."</p> <p>Interviewer: Okay, okay thank you very much we have come to the end of the interview.</p>
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Participant 14

PARTICIPANT	QUESTION ASKED	RESPONSE
<p>Participant number 14</p> <ul style="list-style-type: none"> • Male • 18 years • Black • Grade 12 <p>The duration was 20 minutes and were face-to-face interviews.</p>	<p>Introduction</p>	<p>Interviewer: Good morning. Participant: "Good morning." Interviewer: How are you? Participant: "I am good and yourself?" Interviewer: My name is Lubuta, a student at UNISA doing research on school-going adolescents' knowledge and perception of SRH/R in KZN. The purpose of the study is to try and identify issues around SRH which hinder adolescents from having adequate information on issues around sexuality. Information collected will only be shared with my supervisor at the university so feel free to express yourself. Interviewer: You are not forced to take part in the interview therefore you are free to withdraw from the interview at any time. Are you willing to take part in the interview? Participant: "Yes I'm willing to take part in the Interview." Interviewer: Is it okay with you if I record what we will be discussing? Participant: "Yes."</p>

		<p>Interviewer: Interviews will be semi-structured interviews conducted in English for a maximum of 30 minutes.</p>
	<p>SRH/SRHRs</p>	<p>Interviewer: The first question is...what is Sexual Reproductive Health? And Sexual Reproductive Health Right? So, you see here there are two questions, so I will break it down. First I'm going to ask you that, what is Sexual Reproductive Health?</p> <p>Participant: "According to my understanding, Sexual Reproductive Health, I think is when, is when we are being taught about, eh about sex and all those stuff.... According to my understanding."</p> <p>Interviewer: Okay, good, you have said the right thing, what else would you say is sexual reproductive health?</p> <p>Participant: "I think it is where...I think its where aah eh, I think it is where teenagers, must be shown or must be taught about these things before, before they even try or attempted."</p> <p>Interviewer: Before they try what? And attempt what?</p> <p>Participant: "Before they try and attempt to get involved in these sexual and stuff."</p> <p>Interviewer: Okay thank you very much.... You have said it so nicely, yes, your correct. That is what you think sexual reproductive health is.... Thank you very much..... Now let's look at the second part of the questions, which Rights do you think you are entitled to</p>

		<p>as a teenager? Which go hand in hand with sexuality.</p> <p>Participant: "I think there must be equal, there must be an equal, equal respect, equal respect to everyone, not that if you are gay, you must get the other respect, and if you are straight, you must get the other, I think we must get equal rights."</p> <p>Interviewer: Okay</p> <p>Participant: "And equal treatment."</p> <p>Interviewer: Okay, what else?</p> <p>Participant: "Yeah... I think even the church, they must accept, they must accept the gay people."</p> <p>Interviewer: Yes.....</p> <p>Participant: "Yes!"</p> <p>Interviewer: So, you say even the gay people should have rights? That they should be accepted?</p> <p>Participant: "Yes."</p> <p>Interviewer: In the community?</p> <p>Participant: "Yes."</p> <p>Interviewer: Thank you very much, yeah you are on the right track. Which other rights can you think of? Have you heard of discrimination?</p> <p>Participant: "Yes, discrimination.... And discrimination and, and aah...."</p> <p>Interviewer: So, what would you say about discrimination in sexuality?</p> <p>Participant: "There must be no discrimination, there must be no discrimination because..... Because that</p>
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	<p>may cause, that may cause lots of.... That can cause a lot of conflict. Because if you discriminate someone who's gay, you are not actually helping him or her."</p> <p>Interviewer: Okay....</p> <p>Participant: "Yes."</p> <p>Interviewer: Good, what else? Who are the..... Which other category of people are being discriminated?</p> <p>Participant: "Eh.... The other people who are being discriminated, are the, I, I think the gays are the most discriminated."</p> <p>Interviewer: Okay, and do you realise that boy are treated much better than girls, and that girls and that girls are usually discriminated?</p> <p>Participant: "Yes I do realise."</p> <p>Interviewer: Okay, talk about equality, what do you know about equality? When it comes to rights?</p> <p>Participant: "I think everyone should get equal treatment, not that girls have to do lots of duties than boys. Everyone must be equal."</p> <p>Interviewer: Okay.....So in terms of sexuality, how would you apply this in sexuality? In terms of sexuality, how would you apply these Rights?</p> <p>Participant: "Eish for me I think, schools must also get involved, and teach learners, for me I think that."</p> <p>Interviewer: Okay.....okay thank you very much. Thank you very, very much! Are you</p>
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		<p>being taught these topics in L.O? and Life Science?</p> <p>Participant: "Some of them, we are being taught, like human rights, we are being taught, yeah some."</p> <p>Interviewer: At school?</p> <p>Participant: "Yes."</p> <p>Interviewer: Under which topic? Under which subject?</p> <p>Participant: "Life Orientation."</p> <p>Interviewer: Okay you are being taught about human rights?</p> <p>Participant: "Yes."</p> <p>Interviewer: Were you doing Life Science at school?</p> <p>Participant: "No.... I currently don't."</p>
	<p>Perceptions and knowledge around sexuality</p>	<p>Interviewer: Okay. How do you feel when the current topic is being taught to you by your teachers?</p> <p>Participant: "I enjoy it."</p> <p>Interviewer: You enjoy it?</p> <p>Participant: "Because, because there is much to learn from it."</p> <p>Interviewer: Okay.</p> <p>Participant: "Yes, there, there's more knowledge we can get cause teachers, teachers, teach us more than parents..... yeah....."</p> <p>Interviewer: Okay. Aah do your teachers teach you in details?</p> <p>Participant: "No not in full details."</p> <p>Interviewer: Uhm</p> <p>Participant: "But she did."</p>

		<p>Interviewer: She did? It's a she?</p> <p>Participant: "Yes."</p> <p>Interviewer: What do you mean when you say the teacher did not teach you in full details?</p> <p>Participant: "There are some parts where we did not get to know like everything, yes about sex and all that things. Where there are some parts that we did not get to learn them."</p> <p>Interviewer: Uhmm....</p> <p>Participant: "We just like jump the topic."</p> <p>Interviewer: Okay, she skips the topic?</p> <p>Participant: "Yes."</p> <p>Interviewer: What makes you think she skips the topics, where there any problems?</p> <p>Participant: "No there were no problems, I think it was time."</p> <p>Interviewer: It was time?</p> <p>Participant: "Because, because the dates of us writing, it was too close."</p> <p>Interviewer: Oh, too close to?</p> <p>Participant: "Writing the final exam."</p> <p>Interviewer: It was close to final exams, so you could not cover all, all the topics?</p> <p>Participant: "Yes."</p> <p>Interviewer: Okay. Were you taught anything about family planning?</p> <p>Participant: "Ahhhh.... No..... not really."</p> <p>Interviewer: Okay. In your culture, are issues on sexual reproductive health discussed?</p> <p>Participant: "Not really."</p> <p>Interviewer: Not really?</p> <p>Participant: "Not really."</p>
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		<p>Interviewer: Are you coloured or are you a black?</p> <p>Participant: "I'm black."</p> <p>Interviewer: Okay, so in your culture you are not taught?</p> <p>Participant: "Not really..... We are basically being taught about mostly girls, like, a girl have to be a girl until she reaches the stage of 21, but us as boys, I don't think we do get that much of information."</p> <p>Interviewer: Okay. Okay, in your religion, does your religion discuss these issues? Yeah, do they discuss these issues in your religion? At church do they discuss these issues?</p> <p>Participant: "No..... awu..... It's been long time, me going to church, for me, cause it was lockdown, so that's when I like stopped going to church."</p> <p>Interviewer: Okay, and before lockdown, were the issues about sexuality being discussed at your church?</p> <p>Participant: "No, they were not."</p> <p>Interviewer: Did you, did you have any youth forums? Did you have any youth forums at your church?</p> <p>Participant: "They were, but we did not discuss, we did not like discuss in full.... Yes."</p> <p>Interviewer: Okay. Okay, how does your culture or religion discuss this information? How does your culture discuss this information?</p>
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		<p>Participant: "They will just like.... For example girls, girls like have to behave, in our culture, girls have to go to, to the King Cetshwayo and do the..... "</p> <p>Interviewer: The reed ceremony?</p> <p>Participant: "Yes."</p> <p>Interviewer: Okay, but boys are not being taught?</p> <p>Participant: "Ayi, boys ayi!"</p> <p>Interviewer: They neglect you?</p> <p>Participant: "Yes."</p> <p>Interviewer: They don't teach you?</p> <p>Participant: "Yes."</p> <p>Interviewer: And in your religion, you said that you do not go to church. Okay. So how do feel about it, you know that you are being neglected culturally.....?</p> <p>Participant: "I think we must, we must get times or some sections whereby all the youth come together and ah, are basically being taught, because that might help a lot of people."</p> <p>Interviewer: Okay, Yeah, thank you very much, and what else?</p> <p>Participant: "And I think it might, might decrease, decrease the teenage pregnancies, yes, I think that."</p> <p>Interviewer: Okay. Does your family give you any information on Sexual Reproductive Health?</p> <p>Participant: "Aah, my mother does."</p> <p>Interviewer: Ah, what does she say?</p>
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		<p>Participant: "Aah ... she always teaches me that whenever you want to have something with a girl, to always have protection."</p> <p>Interviewer: Okay.</p> <p>Participant: "Yes."</p> <p>Interviewer: Okay, and your school?</p> <p>Participant: "In our school we do talk about that but, we don't dwell, we did not dwell on the topic"</p> <p>Interviewer: Okay. Aah were you taught anything about family planning at school?</p> <p>Participant: "No."</p> <p>Interviewer: You were not?</p> <p>Participant: "Family planning? Aah ... No."</p> <p>Interviewer: Which, which topics were covered under L.O at your school?</p> <p>Participant: "It was stresses, and stresses, and Human Rights and yeah I think it was that, for me, I think it was that."</p> <p>Interviewer: Okay. Thank you very much, and then let's look at the environment, when your teachers were teaching at school, how was the environment?</p> <p>Participant: "It was productive, it was okay, cause I think the other teenagers get some lessons."</p> <p>Interviewer: They got some lessons?</p> <p>Participant: "Yes."</p> <p>Interviewer: The boys were not making noise? Because boys like saying 'Aaaahhhh Noooo Tisha uthini?' They were not making a lot of noise? Was your teacher</p>
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		<p>explaining nicely? Was the environment conducive?</p> <p>Participant: "It was conducive."</p> <p>Interviewer: There was no noise?</p> <p>Participant: "There was a little noise, not that big, not that much noise."</p> <p>Interviewer: The pupils were afraid of the teacher who teaches you the L.O?</p> <p>Participant: "No."</p> <p>Interviewer: They are not afraid of her?</p> <p>Participant: "No, they did ask questions, but we did not dwell on the topic."</p> <p>Interviewer: Oh, you did not dwell on the topic, so you cannot say a lot of things?</p> <p>Participant: "Yes."</p>
	Peer influence	<p>Interviewer: Do your peers have an influence on how you see or perceive SRH?</p> <p>Participant: "No, we don't like talk on that topic a lot."</p> <p>Interviewer: With your friends? Your friends don't tell you that aah me, I've got a girlfriend'.... We had sex yesterday and it was nice....</p> <p>Participant: "We don't like dwell on that topic, we just pass the topic."</p> <p>Interviewer: So it doesn't influence you?</p> <p>Participant: "Aaaah, not much."</p>
	Availability and usage of services	<p>Interviewer: Okay. Aah, are they any Sexual Reproductive Health Services in your area? Are there any clinics around, where you go, and they will give you information about sex? They tell you about protection. They tell you</p>

		<p>about family planning. Sexual issues? Are there any clinics available?</p> <p>Participant: "Yes there are clinics available."</p> <p>Interviewer: Have you attended them?</p> <p>Participant: "No, I hardly get time to go there because at school, at times we get off is eight o'clock in the evening."</p> <p>Interviewer: But it's only now when you are leaving at eight o'clock, initially you would knock off early.</p> <p>Participant: "Yes."</p> <p>Interviewer: You never used to attend these clinics?</p> <p>Participant: "No."</p> <p>Interviewer: You have never attended them?</p> <p>Participant: "No, never attended."</p>
	Challenges	<p>Interviewer: Okay. Is there anything that you feel as a problem which is stopping you from receiving a lot of information on Sexual Reproductive Health?</p> <p>Participant: "No, but yeah I think, in my family I think so, because I think as a mother its basically hard to just sit down and tell you're your kids."</p> <p>Interviewer: Uhm</p> <p>Participant: "About sex. I think so."</p> <p>Interviewer: Uhm..</p> <p>Participant: "Yeah."</p> <p>Interviewer: And then about your school you said that aah, you are not being taught in details, so what do you say about you school?</p>

		<p>Participant: "In my school I think, time, I think it's time, they don't get enough time."</p> <p>Interviewer: Uhm.</p> <p>Participant: "Yeah."</p>
	<p>Preferences/ recommendation</p>	<p>Interviewer: How would you prefer to receive information on SRH?</p> <p>Participant: "I think schools must be involved, teachers, L.O teachers must teach learners more about sexual and things because, and the community, yes... I think if the community can also give a hand, maybe it might also help to us teenagers."</p> <p>Interviewer: Okay, at school what do you think should be done?</p> <p>Participant: "At schools, I think there must be, a session where girls are being taught alone and boys are being taught alone."</p> <p>Interviewer: Why do you say so?</p> <p>Participant: "Because that can help the girls to know more, to know much without being feared that the boys might hear, what they are being taught and also the boys, because it is almost the same."</p> <p>Interviewer: Okay. Do you think you would learn more when you are taught alone?</p> <p>Participant: 'Yeah I think so.'</p> <p>Interviewer: Okay. Do you think it's acceptable to discuss Sexual and Reproductive Health issues in your family?</p> <p>Participant: "Yes I think so."</p> <p>Interviewer: Why?</p> <p>Participant: "Because I think, maybe the young brothers might also learn, they might</p>

		<p>get more information. Yeah, I think they might get more information.”</p> <p>Interviewer: And about you?</p> <p>Participant: “And I can also learn much, yes.”</p> <p>Interviewer: So you preferred you had a lot of time at school so that you could finish the current curriculum?</p> <p>Participant: “Yes I prefer that.”</p> <p>Interviewer: Okay, and then about aaah, you said you also prefer boys to be separated from girls?</p> <p>Participant: “Yes.”</p> <p>Interviewer: Why?</p> <p>Participant: “Because I think, if us a boys we can learn more about protection. I think they can be changed to teenage pregnancy, and also if girls, get to know that you cannot sleep with a boy without protection, I think, it might.... Help.”</p> <p>Interviewer: It might help?</p> <p>Participant: “Yes.”</p> <p>Interviewer: What else would you say, would you feel that if the boys are separated from the girls, would help?</p> <p>Participant: “There is much to learn when boys are just boys and girls are just girls.”</p> <p>Interviewer: Like what? What is there to hear that girls should not hear?</p> <p>Participant: “I think, aah, for me, I think girls, if girls are not where the boys are being taught, there will be less fear, and boys might ask more questions about girls.”</p>
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	Taboo	<p>Interviewer: Okay thank you very, very much. The last question says that, do you think that it's a taboo to have these sorts of discussions on sexuality in your family or at school or in the community? Do you think that it is taboo, or do you think it's the right thing to do?</p> <p>Participant: "I think it's the right thing to do."</p> <p>Interviewer: Why?</p> <p>Participant: "Because if you can teach your child at an early stage about sex, I think There will be much information he or she can get."</p> <p>Interviewer: Okay, okay thank you very much we have come to the end of the interview.</p>
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Participant 15

PARTICIPANT	QUESTION ASKED	RESPONSE
<p>Participant number 15</p> <ul style="list-style-type: none"> • Male • 19 years • coloured • Grade 12 <p>The duration was 20 minutes and were face-to-face interviews.</p>	Introduction	<p>Interviewer: Good morning.</p> <p>Participant: "Good morning."</p> <p>Interviewer: How are you?</p> <p>Participant: "I am good and yourself?"</p> <p>Interviewer: My name is Lubuta, a student at UNISA doing research on school-going adolescents' knowledge and perception of SRH/R in KZN.</p> <p>The purpose of the study is to try and identify issues around SRH which hinder adolescents from having adequate information on issues around sexuality.</p>

		<p>Information collected will only be shared with my supervisor at the university so feel free to express yourself.</p> <p>Interviewer: You are not forced to take part in the interview therefore you are free to withdraw from the interview at any time.</p> <p>Interviewer: Are you willing to take part in the interview?</p> <p>Participant: "Yes I'm willing to take part in the interview."</p> <p>Interviewer: Is it okay with you if I record what we will be discussing?</p> <p>Participant: "Yes."</p> <p>Interviewer: Interviews will be semi-structured interviews conducted in English for a maximum of 30 minutes.</p>
	SRH/SRHRs	<p>Interviewer: What is SRH according to your understanding?</p> <p>Participant: "SRH is the status of how a person is before doing intercourse because you might never know what the other person has and you might get transmitted to you as you do intercourse with them."</p> <p>Interviewer: what else?</p> <p>Participant: "You, yourself should know where you stand according to your health status even sexually or mentally and you should maintain that pace no matter what you do."</p> <p>Interviewer: Add more on SRH.....</p> <p>Participant: "Aah when it comes to relationship many people are they for one thing and they don't know what the</p>

		<p>consequences are when they have to do it and the results come out they start to run away. Basically your goal should not force a person as this can lead to violence eventually.”</p> <p>Interviewer: What are SRHRs according to your understanding?</p> <p>Participant: “I have the right to privacy, what can I say,... I like to maintain my moral values and say No.”</p> <p>Interviewer: Which other rights? Look at it from the word discrimination....</p> <p>Participant: “Aah... people are usually bullied because of their health status, how they are, look and dress. To my own understanding, we as people we do not have a say to what people look and how they dress. We should not judge because we do not know the background of that person.”</p> <p>Interviewer: which other rights do you know? ... Access to health services... what would you say?</p> <p>Participants: “We have the right to check our health status regularly.”</p> <p>Interviewer: in Life Orientation did your Teacher tell you of any Sexual Rights?</p> <p>Participant: “Yes we did....we did right to privacy, freedom of speech, health status, clean environment basically.”</p> <p>Interviewer; How about Sexual Rights?</p> <p>Participant: “I do not recall any”</p>
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	<p>Perceptions and knowledge around sexuality</p>	<p>Interviewer: How do you feel when the topic on SRH is being taught by your Teachers?</p> <p>Participant: “I feel normal because it is something which you as person should know.”</p> <p>Interviewer: In your religion are issues around SRH discussed?</p> <p>Participant: “Yes I’m a Christian and I attend Youth programs where a particular group talks about it and they always give us knowledge on how the world is before we experience it. It acts more like guidance towards us and to be ready for unexpected situation. I’m happy to get such information.”</p> <p>Interviewer: In your culture are you taught on issues around SRH/SRHRs?</p> <p>Participant: “In my culture, I would say not really... they touch on how we should be living based on the rules of culture instead of teaching us other ways.”</p> <p>Interviewer: How does your culture teach or give you this information?</p> <p>Participants: “They call us aside or either one by one or in a group and they explain to us to take care and watch our backs and that we should not be influenced by peers and reduce number of friends.”</p> <p>Interviewer: Does your family give you information on SRH/SRHRs?</p> <p>Participant: “Yeah... my Dad does, he usually tells me that before you decide to sleep with a girl always look at their back ground according to their health status and if</p>
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		<p>you notice anything off... don't bother deer enter or try doing anything because you will regret."</p> <p>Interviewer: Does your school give you any information on SRH?</p> <p>Participant: "Not that I recall."</p> <p>Interviewer: Does you school give you any information on sexuality in Life Orientation what were you taught?</p> <p>Participant: "We did about Rights, for example Freedom of speech, right to safe environment, discriminations, right to a work place... I don't know."</p> <p>Interviewer: You said that you finished writing your L.O Examination.....</p> <p>Participants: "Yes but the topic on sexuality was not covered."</p> <p>Interviewer: When Teachers are teaching LO how is the environment like?</p> <p>Participant: "Yes... students make noise like a racket. They laugh like something silly. They don't see it as something serious or good.... But they never know what will happen."</p> <p>Interviewer: Do they take their lessons seriously.</p> <p>Participant: "No they don't.... I doubt they do...in my own perspective, they don't."</p> <p>Interviewer: Do Teacher take it serious?</p> <p>Participant: "Yes they do, it is only us students who block the teachers by laughing and make noise."</p>
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	Peer influence	<p>Interviewer: Do your peers have an influence on what you perceive on SRH/SRHRs?</p> <p>Participant: “No, not really because all my peers basically we talk about what we will be doing tomorrow and not what we are doing now.”</p>
	Availability and usage of services	<p>Interviewer: Are there any clinic available in your area where they provide SRH services?</p> <p>Participant: “Yes they are but I have never attended because I’m still focusing on studies and not sexuality issues.”</p>
	Challenges	<p>Interviewer: Is there anything you perceive as a hindrance to acquire information on SRH/SRHRs?</p> <p>Participant: “For me I’m not a person who understands Zulu perfectly well, the school I go to is an English school but most of the time Teachers teach in Zulu. They explain in Zulu and I lose focus to what they are saying. When I ask my friends they all tell me different things maybe it is from their own point of view. When I go back to the Teacher, He/She will still be unable to explain in a way for me to understand.”</p>
	Preferences/ recommendation	<p>Interviewer: How do you prefer to get information on SRH?</p> <p>Participant: “To have medical personnel to come and teach us because if you get information from google, you may get false information. I prefer face-to-face teaching because you are able to see facial expression of the one giving you information,</p>

		then you would know how serious it is instead of just reading about it.”
	Taboo	<p>Interviewer: Do you think that it is Taboo to discuss such issues?</p> <p>Participant: “Yes, it is a good thing, because in this generation we believe in a way that whatever you do, you don’t see what is gonna happen to us tomorrow and us we should remain optimistic in what we are doing... seeing that what we are doing will benefit us.”</p>

Participant 16

PARTICIPANT	QUESTION ASKED	RESPONSE
<p>Participant number 16</p> <ul style="list-style-type: none"> • Male • 18 years • Black • Grade 12 <p>The duration was 28 minutes and were face-to-face interviews.</p>	Introduction	<p>Interviewer: Good morning.</p> <p>Participant: “Good morning.”</p> <p>Interviewer: How are you?</p> <p>Participant: “I am good and yourself?”</p> <p>Interviewer: My name is Lubuta, a student at UNISA doing research on school-going adolescents’ knowledge and perception of SRH/R in KZN.</p> <p>The purpose of the study is to try and identify issues around SRH which hinder adolescents from having adequate information on issues around sexuality.</p> <p>Information collected will only be shared with my supervisor at the university so feel free to express yourself.</p>

		<p>Interviewer: You are not forced to take part in the interview therefore you are free to withdraw from the interview at any time.</p> <p>Interviewer: Are you willing to take part in the interview?</p> <p>Participant: “Yes I’m willing to take part in the interview.”</p> <p>Interviewer: Is it okay with you if I record what we will be discussing?</p> <p>Participant: “Yes.”</p> <p>Interviewer: Interviews will be semi-structured interviews conducted in English for a maximum of 30 minutes.</p>
	SRH/SRHRs	<p>Interviewer: So here there are two questions first one is asking what is Sexual Reproductive Health, and Sexual Reproductive Health Rights according to your understanding. So here there are two questions, the first one is asking what is Sexual Reproductive Health, and the other is asking what is Sexual Reproductive Health Rights? So let us start with Sexual Reproductive Health. According to your understanding when you think of Sexual Reproductive Health, what do you think it is?</p> <p>Participant: “Uh... actually I do not know..... but as you've said according to my understanding, I personally think sexual reproductive health... ok sexual is sex, reproductive its reproduction.”</p> <p>Interviewer: Uhmmm.....</p> <p>Participant: “Health....is health. OK so, as I combine all of this, so it's sexual health, it's</p>

		<p>it's like a healthy way. Aah it's a healthy way to reproduce sexually.”</p> <p>Interviewer: Okay, OK yeah good, good you're on the right track. What else would you say? It's a healthy way of producing, yes. That you know you can have, as many children as you want in a healthy way.</p> <p>Participant: “Exactly!”</p> <p>Interviewer: Yes, so what else would you say, err... is sexual reproductive health is?</p> <p>Participant: “I can say maybe, for example, sexual reproductive health its..... its like there's no other way I can explain this.....Like indlela ephephile....”</p> <p>Interviewer: A safe way.....</p> <p>Participant: “For sex,”</p> <p>Interviewer: Which is? Have you ever been taught any safe ways of having sex in LO at school in Life Orientation? At school?</p> <p>Participant: “Yes of course! Um..... Like.....Condomising”</p> <p>Interviewer: Yes.....</p> <p>Participant: “That's a first one...”</p> <p>Interviewer: Uhmm....</p> <p>Participant: “We always taught about eh... condomising”</p> <p>Interviewer: Uhmm....</p> <p>Participant: “Girls wise it's they they they do teach them about to the mxm.....what do you call, the mxm the implants, the pills.”</p> <p>Interviewer: Uhmm....</p> <p>Participant: “All of that.”</p>
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	<p>Interviewer: OK, so your teacher does teach you about sexual reproductive health and rights?</p> <p>Participant: "Yes."</p> <p>Interviewer: Okay..... In Life Science? What have you learnt in Life Science about reproduction? Reproductive health? Sexually reproductive health in Life Science? Are you doing Life Science?</p> <p>Participant: "Yes."</p> <p>Interviewer: Yes?</p> <p>Participant: "Ah in Life Science..... they... we not taught that much about health."</p> <p>Interviewer: Uhm....</p> <p>Participant: "Like content, it is not basically about health, but they do teach us about reproduction, like sexual reproduction system. It's only based on the reproductive system."</p> <p>Interviewer: Mmm mmm Okay</p> <p>Participant: "But I do know that.... Err when, when er, when er, when a man."</p> <p>Interviewer: Uhm....</p> <p>Participant: "Is having a vasectomy."</p> <p>Interviewer: Uhm....</p> <p>Participant: "Which is the cutting of the vast difference, which is the main organ, like a pipe like."</p> <p>Interviewer: Uhm....</p> <p>Participant: "So I do know ukuthi, that surgery, does not, dose not really errr, stop, does not really prevent you from getting HIV."</p>
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		<p>Interviewer: Uhm....</p> <p>Participant: "and all those sexual....."</p> <p>Interviewer: transmitted diseases</p> <p>Participant: "Yes, but.....you can only recommend it if you want to..... to to like not have children, cause the accessory glands, glands like males do have glands."</p> <p>Interviewer: Uhm....</p> <p>Participant: "Yes so those glands, they produced like ama, ama amawater substances"</p> <p>Interviewer: Uhm....</p> <p>Participant: "so those water substances they do have I I amaviruses. So you are not prevented for getting the viruses, like sickness if you have a vasectomy."</p> <p>Interviewer: Uhm....Thank you very much. That's what you are taught at school about sexual reproductive health? So that you should have safe sex, and the different um er er different.... Ways of prevention?</p> <p>Participant: "Yes."</p> <p>Interviewer: So what is sexually reproductive health rights? Do you have any sexual rights?</p> <p>Participant: "Yes. Like you have a right to say no! Like, If you don't, if you don't want to have sex, you have right to say no to your partner."</p> <p>Interviewer: Uhm</p> <p>Participant: "You have a right to say let's use a condom, If you do wanna use a condom, you have a right to say. I want protective sex."</p>
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	<p>Interviewer: Okay, good you're on the right track, which other, have you ever heard of discrimination? Gender discrimination? Have you been told, in your LO subjects, did they teach you of any sexual reproductive health rights, which you are entitled to?</p> <p>Participant: "Ah, not really."</p> <p>Interviewer: Uhm.....</p> <p>Participant: "But as I've said about nje sex, sex, sexual health, this is what we basically what we talked about, that you do have a right to say no to sex."</p> <p>Interviewer: Uhm.....</p> <p>Participant: "Um.... But ke sometimes like..... men..... the the the they become superior over the women as we know,"</p> <p>Interviewer: Uhm.....</p> <p>Participant: "so..... that is what they taught us about ukuthi ke sometimes.... Er..... men can be forceful."</p> <p>Interviewer: Uhm.....</p> <p>Participant: "They can, they can want to have sex with women like, forcing them, even if, er, a girl is saying 'lets condomise, lets use a condom',"</p> <p>Interviewer: Okay, so now giving that you say, the men they force the women, so which rights are the woman entitled to in such a situation?</p> <p>Participant: "Which right?"</p> <p>Interviewer: Uhm...m</p> <p>Participant: "Uhm,"</p>
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		<p>Interviewer: Rights for them not to be discriminated. There shouldn't be any discrimination between the male and the female isn't it?</p> <p>Participant: "Yes."</p> <p>Interviewer: Yes. eh, in your um school curriculum, under LO, have you been taught about sexual reproductive health rights? About the rights you are entitled to? Sexual rights?</p> <p>Participant: "Yes, as I have mentioned them.</p> <p>Interviewer: Okay.... You've, You've only mentioned two, which other rights? There are a lot of rights! Rights to access to health centres, have they told you?</p> <p>Participant: "Yes, like visiting those...."</p> <p>Interviewer: Yes, you can visit the clinics</p> <p>Participant: "Yes, you can visit the clinic to check, to prevent, to prevent pregnancy, to prevent to, prevent HIV, to prevent sexual transmitted diseases."</p>
	<p>Perceptions and knowledge around sexuality</p>	<p>Interviewer: Okay, Okay thank you very much. In your culture, are issues around sexual reproductive health and their rights, discuss? In your culture?</p> <p>Participant: "To be honest, no! Like, you know, especially the Zulu culture, er er.....it is, it is a matter that is not discussed. Cause..... Ah, since I think since nje kudala,"</p> <p>Interviewer: They don't about it?</p> <p>Participant: "Yes."</p>

	<p>Interviewer: but they do talk about women, ladies, girls and they do uMemulo, all the other stuff.....</p> <p>Participant: "They only concerned about a girl not losing her virginity, but concerning this is stuff to be honest, maybe it's 90%. They do not care, but about virginity, yes they are very concerned."</p> <p>Interviewer: Okay.... In your religion, are the issues around sexual reproductive health discussed?</p> <p>Participant: "Religion and culture, they, it's it's almost the same."</p> <p>Interviewer: They don't discuss?</p> <p>Participant: "Yes."</p> <p>Interviewer: So, errr..... are you in a youth, do you belong to youth at church?</p> <p>Participant: "Eh..... Yes I am in a youth but, as far as I'm concerned, I won't be sticking you know, because I am very busy, I mxm, my church is at Mzingazi and I'm living here, so I don't usually go to church, and I don't attend church that much."</p> <p>Interviewer: So, the few days when it wanted the talks, the youth are not put together to be taught about sexuality issues?</p> <p>Participant: "Ahhh, no."</p> <p>Interviewer: So how do you feel when the topic is being taught to you by your teachers?</p> <p>Participant: "Ah I feel, I feel like yes, they should, cause. It's a matter, it's a worldwide matter,"</p>
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		<p>Interviewer: Uhm.....</p> <p>Participant: "Eh it's a matter that is effecting me as an individual and metal that can affect my friend, and a matter that can affect a like, like my sibling's cause, eh it seems as if, like, we're not open minded about sexual reproductive health."</p> <p>Interviewer: Uhm.....</p> <p>Participant: "Cause.....Eh cause..... the percentage of people are affected by various diseases, its growing each and every day, "</p> <p>Interviewer: Uhm.....</p> <p>Participant: "So I feel like people are not open minded or they are not educated enough about sexual and reproductive health rights."</p> <p>Interviewer: What makes you say you feel that people are not educated enough?</p> <p>Participant: "It's because eh the number of people who are affected are growing each and every day."</p> <p>Interviewer: Okay.....</p> <p>Participant: "Ah, and not that the government, not that the health services does not interfere, they do, cause like if you can, if you can notice nurses, doctors, etcetera, they go to different schools, they educate teenagers..... But..... the matter is still, you know....."</p> <p>Interviewer: Yes.....</p> <p>Participant: "People are still ahhh, they still going for it, they are still going for</p>
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		<p>unprotected sex. They still going for, you know.”</p> <p>Interviewer: Okay, okay, thank you very much. If adolescents are still going for unprotected sex, at school, are you taught in detail about this sexuality issues?</p> <p>Participant: “Sexuality?”</p> <p>Interviewer: Hm about this sexual reproductive health, issues about prevention about safe sex, are you taught in details at school?</p> <p>Participant: “Not really.”</p> <p>Interviewer: Not really?</p> <p>Participant: “Not in details but nje they just, you see when is, when the teacher is teaching about something else, and then maybe somehow..... He or she just pass on this matter. He's just highlighting, his not, they do not dwell on this matter.”</p> <p>Interviewer: Okay. Ok When these topics are being taught in class, what's the environment like?</p> <p>Participant: “Uhm..... Some are you know; I cannot really tell because it's only God who can see persons heart, cause if the teacher is teaching, we can laugh because you know how teenagers can be sometimes.”</p> <p>Interviewer: Uhm.....</p> <p>Participant: “It's like it's funny and stuff, but the teacher is serious and, maybe somehow this one person sitting there, and he or she is really touched or his, is like. He or she is relating, so I cannot believe,”</p>
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		<p>Interviewer: Uhm.....</p> <p>Participant: “so I cannot really say how is the environment, but the environment it usually it's become nje it's funny....”</p> <p>Interviewer: It's funny?</p> <p>Participant: “Its funny.....”</p> <p>Interviewer: and then students will be making noise?</p> <p>Participant: “Yes, they be like, they laugh, they laugh. At these matters.”</p> <p>Interviewer: Why do you laugh?</p> <p>Participant: “I don't know, I think it because, I think it's being childish.”</p> <p>Interviewer: It's being childish?</p> <p>Participant: “I think it's pretty childish cause we're grown-ups.”</p> <p>Interviewer: yeah.....</p> <p>Participant: “we not supposed to laugh at these matters cause next year we're going to, to the university so we need to be open minded, we need to be mature cause these are matters were still going to face.</p> <p>Interviewer: Okay.....thats good, that's good. So in short you would say that LO subjects, when sexually is being taught, ah...student they don't take it serious?</p> <p>Participant: “Yes, they do not take it serious!”</p> <p>Interviewer: Okay. You personally, do you think it is acceptable to discuss eh sexual reproductive health issues with your family?</p> <p>Participant: “With my family?”</p>
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		<p>Interviewer: Do you think it is important? You said that it was uncomfortable, but do you think it is important?</p> <p>Participant: “Yes it is important, cause you know, I've younger brothers, I've younger sisters, I've younger siblings, so I feel like..... It is important to discuss these matters with my family, because you know as they are still growing, they know they need to be educated about these things. They need to be open minded. They need to know what's right and what's wrong”.</p>
	Peer influence	<p>Interviewer: : Do your peers have an influence on how you see or perceive SRH</p> <p>Participant: “Of course, of course....”</p> <p>Interviewer: Does it affect you?</p> <p>Participant: “Ey it's does not really affect me because, me as an individual, I come from very open family, like er.... A well-educated.... I was grown by a well educated women and men. Cause. They do tell me about this stuff, they, even though they do not like... go into details about them, but they they, you know they very, they very open. They open my mind about these things like, especially unprotected sex. They always recommend ukuthi, ‘OK, xxx we understand you a teenager now? We’ve once been teenagers, so we know ukuthi at this stage iado ikubhambile, so, each and every time you with a girl, use a condom.”</p> <p>Interviewer: Uhm</p>

		<p>Participant: "To prevent pregnancy, to prevent diseases."</p> <p>Interviewer: Okay, so in short to saying that your family does teach you about sexual reproductive health....</p> <p>Participant: "Yes."</p> <p>Interviewer: These are your parents will teach you. How does it feel? How do you take it you as a teenager if parents are teaching you such issues?</p> <p>Participant: "Ahh you see when they are here in front of me, I feel so uncomfortable. It is very uncomfortable, like when you, when you, when you, when your mother is..... Is, is like..... She knows ukuthi you are doing these things So it's very uncomfortable it's. It's..... very uncomfortable, but when you are alone you get to realise ukuthi no, she's telling the truth."</p> <p>Interviewer: Uhm</p> <p>Participant: "When you are alone, but when when she's saying it that moment it's ah I don't wanna lie its very uncomfortable."</p> <p>Interviewer: Okay if you say it's uncomfortable, so how would you prefer to receive information on sexually reproductive health?</p> <p>Participant: "Ahh you see you see when, ah, like my peers, when we talk about these things, it is very you see peer pressure, its real!"</p> <p>Interviewer: Uhm</p>
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		<p>Participant: "So..... I personally think if..... If we were to be educated by our peers,"</p> <p>Interviewer: Uhm</p> <p>Participant: "it would be, there would be a different cause, you see, like when someone whose older than you, it's like 'Hawu akangiyekhe ngisadla ubusha bam."</p> <p>Interviewer: Uhm</p> <p>Participant: "So, if like maybe you peers, there's something you can, you can gain, cause, vele ipeer pressure, vele nje into ekhona!"</p> <p>Interviewer: Uhm</p> <p>Participant: "So like, would be easily influenced."</p> <p>Interviewer: Okay, so you prefer that ah er peer should teach you about these issues?</p> <p>Participant: "Yes, especially those who are experienced."</p>
	<p>Availability and usage of services</p>	<p>Interviewer: Okay, okey, okay. Errr.... Are there any sexual reproductive health services available in your area? Are there any clinics where they talk about sexuality? Or when you go there, they call you as youth, they give you condoms.</p> <p>Participant: "Yes you see, okay vele I'm not I'm not, I originated from Mzingazi, I'm not from Aquadene, so by my area, they used to be like those small tents,"</p> <p>Interviewer: Uhm</p> <p>Participant: "Where you can go check for HIV,"</p>

		<p>Interviewer: Uhm, the mobile clinics</p> <p>Participant: "The mobile clinics, used to be there, they provide condoms, female condoms, male condoms all those stuff."</p> <p>Interviewer: Okay, so have attended them?</p> <p>Participant: "Yes."</p> <p>Interviewer: What was the attitude of the nurses when you attended?</p> <p>Participant: "Awu, they are very you know they very, soft,"</p> <p>Interviewer: They are good?</p> <p>Participant: "They're very good."</p> <p>Interviewer: They were not scolding you? No discrimination?</p> <p>Participant: "No, like they, they ask you, they ask you if you, if you wanna do it? Like they give you hope, even if nje, you you are maybe affected. They do give you hope even before checking. They tell you ukuthi, if this tends to be this, its not the end of the road, like it doesn't determine your future. All those stuffs."</p> <p>Interviewer: When they are counselling you?</p> <p>Participant: Yes</p> <p>Interviewer: "Okay,"</p> <p>Participant: They are very good!</p> <p>Interviewer: Okay, they give you health education?</p> <p>Participant: "Yes"</p> <p>Interviewer: Do they also tell you about the different types of family planning?</p> <p>Participant: "Family planning?"</p> <p>Interviewer: Mmm</p>
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		<p>Participant: "Yes, preventing?"</p> <p>Interviewer: Mmm</p> <p>Participant: "Yeah but I don't remember very well, but yes they have once."</p>
	<p>Challenges</p>	<p>Interviewer: Okay, okay. Is there anything, you think, would be a problem to prevent you from getting a lot of information on sexual issues?</p> <p>Participant: "Come again?"</p> <p>Interviewer: Is there anything which is a hindrance or which is a problem, which is making you not to have adequate information? Even on sexual reproductive rights, and also about sexual issues?</p> <p>Participant: "I think it is a matter of mentality,"</p> <p>Interviewer: Hmmm</p> <p>Participant: "You know the most dangerous person is yourself!"</p> <p>Interviewer: Hmmm</p> <p>Participant: "You see if you, if you don't want information, you will not get information. But if you ask for information, you will get information. If you are keen to learn."</p> <p>Interviewer: So your curriculum is, you feel is OK, nothing should be changed in LO, or do you think, it should be more detailed?</p> <p>Participant: "It should be more detailed. You see when we you see in LO, the the the the most things that, we should concentrate on, its, you see Life after matric."</p> <p>Interviewer: Hmmm</p> <p>Participant: "You see, yes they can teach us about that, but you know sexual and</p>

		<p>reproductive health, it's one of the most important things..... Cause even our peers, they... as we are staying here, angithi we renting, we not by our our our homes! No parents, no guardians.”</p> <p>Interviewer: Hmmm</p> <p>Participant: “They be sleeping around, they be boozing, they be partying, so it's, these things they should be, they should be taught into details, so that, people won't be regretting themselves.”</p> <p>Interviewer: Hmmm, hmmm, hmmm. Just reflect and look around, is there anything which you feel is stopping you from having adequate information? The noise in the classroom, what do you say about it? Do the teachers explain well? In details? Do they explain in a language which you understand?</p> <p>Participant: “Yes, you know, you know the teachers they play their role. Especially the LO teachers, they they they do their best. They like there's nothing else that is an obstacle for me. From teaching us, cause as I'm saying it is the mind of the individual.”</p> <p>Interviewer: Hmmm</p> <p>Participant: “You see if a person is hard head, then vele you.....”</p> <p>Interviewer: So how do you understand the contents if other students are laughing? If there is noise in the classroom, are you still able to get what your teacher is explaining?</p>
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		<p>Participant: “Yes, you know, I, maybe, you know when the teachers are teaching about this, others, they make fun,”</p> <p>Interviewer: Hmmm</p> <p>Participant: “and you can also you can also even laugh cause I I also even laugh, sometimes. But you know, at the end of the day, what the teacher is saying, must stay in my head.”</p> <p>Interviewer: Hmmm</p> <p>Participant: “It must dwell, so that.... I'll have information about the issue.”</p>
	<p>Preferences/ recommendation</p>	<p>Interviewer: Okay, what other way? If you look at the school environment, what would you say would be a better way of learning these sexual reproductive issues?</p> <p>Participant: “Uhmmm.... A better way to learn about this?”</p> <p>Interviewer: Hmm</p> <p>Participant: “You know there's no better way other than the way that teachers are using.”</p> <p>Interviewer: Uhm</p> <p>Participant: “You see when they..... when they tell us, that's the way they should.”</p>
	<p>Taboo</p>	<p>Interviewer: Okay. Do you think it's a taboo to have this type of discussions? Do you think it's something wrong? Do you think it's a taboo?</p> <p>Participant: “It is not something wrong, as I have mentioned.”</p> <p>Interviewer: Earlier on.....</p> <p>Participant: “Yeah, we must be educated about these issues.”</p>

Participant 17

PARTICIPANT	QUESTION ASKED	RESPONSE
<p>Participant number 17</p> <ul style="list-style-type: none"> • Male • 19 years • Black • Grade 12 <p>The duration was 23 minutes and were face-to-face interviews.</p>	<p>Introduction</p>	<p>Interviewer: Good morning. Participant: "Good morning." Interviewer: How are you? Participant: "I am good and yourself?" Interviewer: My name is Lubuta, a student at UNISA doing research on school-going adolescents' knowledge and perception of SRH/R in KZN. The purpose of the study is to try and identify issues around SRH which hinder adolescents from having adequate information on issues around sexuality. Information collected will only be shared with my supervisor at the university so feel free to express yourself. Interviewer: You are not forced to take part in the interview therefore you are free to withdraw from the interview at any time. Interviewer: Are you willing to take part in the interview? Participant: "Yes I'm willing to take part in the interview." Interviewer: Is it okay with you if I record what we will be discussing? Participant: "Yes." Interviewer: Interviews will be semi-structured interviews conducted in English for a maximum of 30 minutes.</p>

	SRH/SRHRs	<p>Interviewer: What is Sexual Reproductive Health and Sexual Reproductive Health Rights according to your knowledge and understanding?</p> <p>Participant: "I don't know."</p> <p>Interviewer: Do you know about safe sex?</p> <p>Participant: "Yes."</p> <p>Interviewer: What can you tell me about sex, and reproduction in a healthy way?</p> <p>Participant: "Sexual reproductive health would mean that you making children and in a healthy way to protect your life."</p> <p>Interviewer: Think about it in this way it is about you having a safe and satisfying sexual relationship, by reducing discrimination and having equal access to sexual reproductive health services</p> <p>Participant: "I would say it's about protecting your health during sex."</p> <p>Interviewer: Are you taught about sexual issues in Life Orientation?</p> <p>Participant: "We learn about protection and about how kids are made during sex, they tell us to use condoms in order to have safe sex and in order to avoid pregnancy."</p> <p>Interviewer: What are sexual reproductive health rights?</p> <p>Participant: "What kind of rights."</p> <p>Interviewer: Like the kind of rights that say no to discrimination, allow for equal access to sexual health services and to get adequate information?</p>
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		<p>Participant: "Rights that are violated is not being able to get condoms at the clinic because you are underage."</p> <p>Interviewer: So if you go to the clinic you're not allowed to get condoms if you are underage?</p> <p>Participant: "Yes."</p> <p>Interviewer: And those rights were violated?</p> <p>Participant: "Yes."</p> <p>Interviewer: Which other rights do you know?</p> <p>Participant: "I don't know of any."</p> <p>Interviewer: Did you cover a topic on rights in school?</p> <p>Participant: "Yes we did."</p> <p>Interviewer: Did you forget what you've been taught there?</p> <p>Participant: "Yes I have forgot."</p>
	<p>Perceptions and knowledge around sexuality</p>	<p>Interviewer: How do you feel when the topic is being discussed by your teachers in Life Orientation of Life Sciences?</p> <p>Participant: "It's kind of weird."</p> <p>Interviewer: Why do you say so?</p> <p>Participant: "It's a private thing."</p> <p>Interviewer: So it makes you feel uncomfortable?</p> <p>Participant: "Yes."</p> <p>Interviewer: Do your teachers teach you in detail?</p> <p>Participant: "Yes."</p> <p>Interviewer: What makes you say so?</p>

		<p>Participant: "With some things I have experience so I know it's the truth."</p> <p>Interviewer: Do your teachers tell you about family planning?</p> <p>Participant: "They only tell us about using condoms."</p> <p>Interviewer: In your culture are issues around sexual reproductive health discussed?</p> <p>Participant: "No."</p> <p>Interviewer: In your religion are issues around sexual reproductive health discussed?</p> <p>Participant: "No, I haven't gone to church in a while so I wouldn't know."</p> <p>Interviewer: If your culture teaches girls about it how does it teach you about it?</p> <p>Participant: "With girls they teach them at reed dances ceremonies."</p> <p>Interviewer: How do you feel about it?</p> <p>Participant: "Boys are excluded, we also deserve such opportunities to be taught."</p> <p>Interviewer: Does your family give you information about sexual reproductive health?</p> <p>Participant: "Sometimes my elder sister tells me about it, she tells me I should use a condom so that I don't have a baby at a young age."</p> <p>Interviewer: How do you feel when your sister is talking about it?</p> <p>Participant: "I feel like she's helping me and I accept the advice."</p>
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		<p>Interviewer: Does your school give you any information about sexual reproductive health?</p> <p>Participant: “Yes, at school they call a group of people that come and tell us about it.”</p> <p>Interviewer: Are they people from the hospital or social workers?</p> <p>Participant: “I think they are social workers.”</p> <p>Interviewer: Did they teach you in detail?</p> <p>Participant: “No because they teach the whole school at once and some are underage.”</p> <p>Interviewer: How is the environment when the teacher is teaching, do they listen do they take what the teacher is saying seriously?</p> <p>Participant: “No , they don’t take them seriously they are always laughing as if they know this , they all take it as a joke , and this negatively affects me because I can’t hear anything in class.”</p>
	Peer influence	<p>Interviewer: Do your friends/peers influence how you perceive sexual reproductive health?</p> <p>Participant: “Yes, when we talk about it.”</p>
	Availability and usage of services	<p>Interviewer: are there any clinics were SRH services are given?</p> <p>Participant: “There are clinics but I’m not sure if they offer sexual reproductive health services.”</p> <p>Interviewer: When you went to get condoms were the nurses friendly?</p> <p>Participant: “They are usually busy so they give you the condoms and you go.”</p>

	Challenges	<p>Interviewer: Is there anything you perceive as a hindrance to acquiring information on SRH/SRHRs?</p> <p>Participant: “No.... if we can be taught about it in groups.”</p>
	Preferences/ recommendation	<p>Interviewer: How would you prefer to receive information?</p> <p>Participant: “Maybe if the teacher can teach us in groups because as a whole the class is disruptive.”</p> <p>Participant: “Only with my father as he would understand and I will gain more knowledge as he has experience.”</p>
	Taboo	<p>Interviewer: Okay. Do you think it’s a taboo to have this type of discussions? Do you think it’s something wrong? Do you think it’s a taboo?</p> <p>Participant: “It is not something wrong, as I have mentioned.”</p> <p>Interviewer: Earlier on.....</p> <p>Participant: “Yeah, we must be educated about these issues.”</p> <p>Interviewer: OK. Thank you very, very much would come to the end of the interview</p>

Participant 18

PARTICIPANT	QUESTION ASKED	RESPONSE
Participant number 18 • Male	Introduction	<p>Interviewer: Good morning.</p> <p>Participant: “Good morning.”</p> <p>Interviewer: How are you?</p>

<ul style="list-style-type: none"> • 19 years • Black • Grade 12 <p>The duration was 26 minutes and were face-to-face interviews.</p>		<p>Participant: “I am good and yourself?”</p> <p>Interviewer: My name is Lubuta, a student at UNISA doing research on school-going adolescents’ knowledge and perception of SRH/R in KZN.</p> <p>The purpose of the study is to try and identify issues around SRH which hinder adolescents from having adequate information on issues around sexuality.</p> <p>Information collected will only be shared with my supervisor at the university so feel free to express yourself.</p> <p>Interviewer: “You are not forced to take part in the interview therefore you are free to withdraw from the interview at any time.”</p> <p>Interviewer: Are you willing to take part in the interview?</p> <p>Participant: “Yes I’m willing to take part in the interview.”</p> <p>Interviewer: Is it okay with you if I record what we will be discussing?</p> <p>Participant: “Yes.”</p> <p>Interviewer: Interviews will be semi-structured interviews conducted in English for a maximum of 30 minutes.</p>
	SRH/SRHRs	<p>Interviewer: Your first question is what is Sexual Reproductive Health and Sexual Health Rights?</p> <p>We will break up the question into two and the first question will be what Sexual Reproductive Health is?</p> <p>Participant: “SRH... aah I can say that this is when a male and female are having sexual</p>

	<p>intercourse.... or maybe something... aah and during their intercourse they have a child.”</p> <p>Interviewer: Yes you are in the right track, what else... let me just give you a small clue, with me I would say it enables you to have a safe and satisfying sexual relationship by reducing discrimination, and equal abscess to Health Care Facilities. So from my point of view I would say that this is what SRH is from the hints which I have given you, what else would you say SRH is?</p> <p>Participant: “I would say that the male and female have to be satisfying in their sexual intercourse. It is not only the man who should have fun and enjoy in the intercourse but both should enjoy.”</p> <p>Interviewer: In LO ... you wrote your exam last week isn't it?</p> <p>Participant: “Yes.”</p> <p>Interviewer: So in LO what were you taught as what SRH is? Were you taught on sexuality and sex issues?</p> <p>Participant: “We just wrapped it up, we did not go through it.”</p> <p>Interviewer: you did not go through it.... You didn't finish the curriculum?</p> <p>Participant: “it is like the Teacher was not going through it. He was wrapping it up... he did yes.... But we didn't have that expression so that we all as a class communicate about it or make our expressions.”</p> <p>Interviewer: ... are you doing Life Science?</p>
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		<p>Participant: "No."</p> <p>Interviewer: So your Teacher did not go into details, he just mentioned about it?</p> <p>Participant: "He did but it is just that we didn't get the chance for us the learners to make our expression and explore our answers about it from the Teachers."</p> <p>What SRHS? Do you know that you have sexual rights?</p> <p>Participant: "Yeah."</p> <p>Interviewer: what are your sexual rights?</p> <p>Participant: "I do not know, but I can say that... aah if a woman is not in a good mood of having sex, she has the right to say no, and to take this no seriously... and if you force her, the consequences are bad as you can be jailed."</p> <p>Interviewer: What else... You are on the right track, that you should respect the other partner if she says no. Which other rights do you know?</p> <p>Participant: "Aah I would say..."</p> <p>Interviewer: Do you know that you have the right to have information on sexuality issues? Even when you go to the clinic, it is your right that the nurses should give you information on sexuality issues.</p> <p>Participant: "Aah... I know, but I didn't know that it falls under rights."</p> <p>Interviewer: Know that I have given you an idea, which other rights do you know?</p> <p>Participant: "Aah... You should know the procedure when you want to impregnate a</p>
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		<p>woman, or if you do not want to impregnate a woman, so that maybe you should condomise, also because you do not know that persons status. But if you do not know, you have the right to both go to the clinic, so that you know your HIV status.”</p>
	<p>Perceptions and knowledge around sexuality</p>	<p>Interviewer: How do you feel when the topic is being taught to you by your teachers? You’ve said that your teachers highlighted you on sex issues... How did you feel when your teachers were teaching you?</p> <p>Participant: “Aah, I was just laughing because ... aah I did not consider it as a serious matter, because it is a thing we boys talk about daily”.</p> <p>Interviewer: When your teacher was highlighting this, did he go into details?</p> <p>Participant: “Yeah.... He was mostly stating the vital issues, but he was not going deep, but told us consequences”.</p> <p>Interviewer: Did he mention anything like family planning to you guys?</p> <p>Participant: “Aah... He mentioned it... but as I said that he did not go into deep, he was just wrapping it up”</p> <p>Interviewer: In your church, are issues SRH discussed? In the Zulu culture... like for women, the go for the reed ceremony... do elderly men call you and sit you down and tell you about these sexual issues?</p> <p>Participant: “Aah.... In our culture, it is only the girls who go to the reed dance to check if they are still virgins. The person who does</p>

		<p>that is my mother, because she even brings condoms for us.”</p> <p>Interviewer: How about men, is there anything done for boys?</p> <p>Participant: “For boys, it is just to get circumcised to prevent getting diseases.”</p> <p>Interviewer: In your religion, at church, are issues around SRH discussed?</p> <p>Participant: “I’m not a person who usually goes to church, I play soccer, so church time coincides with playing soccer.”</p> <p>Interviewer: At school, do they talk about sexuality?</p> <p>Participant: “Yes they did. They called social workers who talked to us when I was in grade 9 about sexual issues, but only a few learners were able to ask questions, those who are not shy. They just highlighted, did not talk into details. But with me, I was shy.”</p> <p>Interviewer: Why were you shy?</p> <p>Participant: “I don’t know... It is easy to talk to our friends, but I feel shy to talk to someone I am not used to.”</p> <p>Interviewer: So when things are discussed, you are afraid to ask? You are to say some things because you are afraid that your friends will say you are already practicing it?</p> <p>Participant: “Yes something like that.”</p> <p>Interviewer: So now at school, when sex issues are being discussed? How is the environment, does everyone listen to the teacher?</p>
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		<p>Participant: "In class it is fun, we do listen to the teacher, but when something about sex is mentioned, we laugh. We don't even get the chance to share our opinions and we don't take it seriously. And the other thing in class if you never had sex, you would never raise your hand and say you have never had sex cause they will think that their friends will laugh at them."</p> <p>Interviewer: In class were you taught about different types of family planning?</p> <p>Participant: "Aah no."</p> <p>Interviewer: Like pills, and injections for girls, use of condoms, or vasectomy for boys?</p> <p>Participant: "Aah no. They do but not into deep, not into details."</p> <p>Interviewer: Is it acceptable to discuss sexual issues in your family? As you discuss with your mother.</p> <p>Participant: "Yes I think it is acceptable because I am a learner and depend on my mother."</p>
	Peer influence	<p>Interviewer: Do your peers have an influence on how you see or perceive SRH. Do they cone and say that 'Aah last week I had sex, it was nice, and you try it'....</p> <p>Participant: "Yeah they did, I just keep my principals and say that when time is right, I will do it."</p> <p>Interviewer: When your mother brings the condoms, what do you do with them?</p> <p>Participant: "I use them, but I do not want my mother to know that I have sex."</p>

		<p>Interviewer: So it means that your peers influence you...</p> <p>Participant: "Yes they influence me."</p> <p>Interviewer: Just feel free and say everything, this information I won't tell anyone, so just speak</p> <p>Participant: "As you talk with friends, it does not only influence you, but also makes you to know, because the ones who tell you, are the ones who have done it, and will tell you how to go about it."</p>
	<p>Availability and usage of services</p>	<p>Interviewer: Are there any SHE services available in your area?</p> <p>Participant: "There is because my cousin told me about it. One day he said that, when you have sex, you should wait for the hormones until it is wet, you should not go in when it is dry."</p> <p>Interviewer: So your cousin taught you in detail on how to do sex?</p> <p>Participant: "Yes my cousin did."</p> <p>Participant: Have you attended the clinic yourself where they give information about sex?</p> <p>Participant: "Aah... there was a campaign at Sokhulu hall where we went... the sisters were free and said everything."</p> <p>Interviewer: Oh so do you prefer campaigns to be done?</p> <p>Participant: "Yes because I learnt a lot from there and I was also free."</p>

	Challenges	<p>Interviewer: Is there anything you perceive as a hindrance to acquire information on SRH/SRHRs?</p> <p>Participant: “When taught in the classroom, learners are afraid to raise hands up because other learners will say they are practicing sex. In classrooms we did not have chance to express ourselves as in order to share any views there should be freedom of expression”</p>
	Preferences/ recommendation	<p>Interviewer: How would you prefer to receive information on SRH cause in class you are afraid to lift up your hand? So how do you think would be the better way to learn about sex issues?</p> <p>Participant: “Ahh... I think the easiest way is to do it one on one because, others will not hear your opinion.”</p> <p>Interviewer: What else...</p> <p>Participant: “I think learners should be taught how important this matter is, as teenagers we tend to have sexual intercourse but we do not know the procedure of it.”</p> <p>Interviewer: What else...</p> <p>Participant: “One on one because I feel free.”</p>
	Taboo	<p>Interviewer: Do you perceive this as being a taboo?</p> <p>Participant: “Yeah it is good, there even, because even me I got help from my cousin as he taught me on the procedure.”</p>

Participant 19

PARTICIPANT	QUESTION ASKED	RESPONSE
<p>Participant number 20</p> <ul style="list-style-type: none"> • Male • 19 years • Black • Grade 12 <p>The duration was 20 minutes and were face-to-face interviews.</p>	<p>Introduction</p>	<p>Interviewer: Good morning. Participant: "Good morning." Interviewer: How are you? Participant: "I am good and yourself?" Interviewer: My name is Lubuta, a student at UNISA doing research on school-going adolescents' knowledge and perception of SRH/R in KZN. The purpose of the study is to try and identify issues around SRH which hinder adolescents from having adequate information on issues around sexuality. Information collected will only be shared with my supervisor at the university so feel free to express yourself. Interviewer: You are not forced to take part in the interview therefore you are free to withdraw from the interview at any time. Interviewer: Are you willing to take part in the interview? Participant: "Yes I'm willing to take part in the interview." Interviewer: Is it okay with you if I record what we will be discussing? Participant: "Yes." Interviewer: Interviews will be semi-structured interviews conducted in English for a maximum of 30 minutes.</p>
	<p>SRH/SRHRs</p>	<p>Interviewer: what is SRH according to your understanding?</p>

		<p>Participant: "According to my understanding, it is how we make sex and how we prevent ourselves from diseases and the stuff, not only HIV but also sexually transmitted diseases."</p> <p>Interviewer: Thank you very much, you are on the right track, but what else would you say?</p> <p>Participant: "According to my knowledge of Life Sciences, we have hormones inside you and during sex, they make us ready for sex."</p> <p>Interviewer: How about in Life Orientation, what were you taught on what SRH is?</p> <p>Participant: "In Life Orientation, we were taught how we can express ourselves during sex and how to prevent ourselves by using condoms, and also to be in a relationship with our age groups so that no one can force us to have sex with them. We were also taught about two different types of sex, like dry sex when you do not remove clothes and natural sex where hormones are involved."</p> <p>Interviewer: What is the difference between dry and wet sex?</p> <p>Participant: "Dry sex is when you do not remove your clothes and you do the stuff which you do when doing sex, and wet sex is when you remove your clothes and you put your thing on the girl thing ok and fluids are secreted by the penis....."</p>
	<p>Perceptions and knowledge around sexuality</p>	<p>Interviewer: How do you feel when this topic on SRH is being taught to you by your teachers?</p>

		<p>Participant: "When I was in grade 10 when we started learning about it was not in detail and I felt uncomfortable but now in grade 12 as I am older I just feel okay and relaxed as I already know most of the things"</p> <p>Interviewer: At school are you also taught about family planning?</p> <p>Participant: "Yes that we should have goals in our families but not the different types of family planning."</p> <p>Interviewer: In your culture, are issues around SRH discussed?</p> <p>Participant: "They don't, they say that we are still young."</p> <p>Interviewer: At which age do they say that they would start teaching you about sexual issues?</p> <p>Participant: "At 20 or 21 years old, now I am 19 years old so I am under age."</p> <p>Interviewer: Have you by any chance heard of what the above 20 years old are taught?</p> <p>Participant: "How girls should take care of themselves when they reach puberty and for men how they can approach girls. The girls should also learn to say no to sex."</p> <p>Interviewer: In your religion are issues about SRH discussed?</p> <p>Participant: "Yes at church but not deep, we are called in groups and they tell us about these things."</p> <p>Interviewer: How do you feel about it?</p> <p>Participant: "I feel good because it is something I need to know..."</p>
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		<p>Interviewer: Does your family give you any information on sex issues?</p> <p>Participant: “No they do not, they say that I am too young for it....”</p> <p>Interviewer: Doesn’t your father talk about it?</p> <p>Participant: “Yes he does, that I should not make anyone pregnant.”</p>
	Peer influence	<p>Interviewer: Do your peers influence you on how you perceive SRH?</p> <p>Participant: “No they don’t.”</p> <p>Interviewer: Don’t your friends tell you stories like they had sex and it was good and doesn’t this influence you?</p> <p>Participant: “We talk about these things..... but it does not influence me because I am unique.”</p>
	Availability and usage of services	<p>Interviewer: Are there any SRH services available in your area where sex information is given?</p> <p>Participant: “Yes, we are also given pills to take to prevent ourselves from getting HIV. The pills are known as “PREP” or something like that.”</p> <p>Interviewer: When you attended this clinic, were the Nurses friendly to you?</p> <p>Participant: “Yes they were. And they gave us these pills and condoms.”</p>
	Challenges	<p>Interviewer: Is there anything you perceive as a hindrance to acquiring information on SRH/SRHRs?</p> <p>Participant: “We are not being taught in our culture, at an early age...”</p>

		In class, the students laugh, make noise and are excited when Miss talks about these things and this makes us not understand.”
	Preferences/ recommendation	<p>Interviewer: How do you feel would be a better way to receive this information?</p> <p>Participant: “Since at church and culture we are not taught, therefore, at school, we should be taught in detail.</p> <p>Also in our culture, we should be told about sex issues.</p> <p>At school and community, they should give us condoms so that we prevent the spread of infections.”</p> <p>Participant: “When issues are being discussed, we should be put in age groups so that we will be taught things which will be appropriate to us, especially at school.</p> <p>In the community, I feel that they should teach boys separately from girls and according to their ages, we should have community awareness programs.”</p> <p>Participant: “Parents should teach us because they have gone through this and we are free to discuss it with them.”</p>
	Taboo	<p>Interviewer: Do you think it is Taboo to discuss issues of sexuality?</p> <p>Participant: “No, because my father is my peer and I am old enough now so I need to learn these things.”</p>

Participant 20

PARTICIPANT	QUESTION ASKED	RESPONSE
<p>Participant number 19</p> <ul style="list-style-type: none"> • Male • 17 years • Black • Grade 12 <p>The duration was 22 minutes and were face-to-face interviews.</p>	<p>Introduction</p>	<p>Interviewer: Good morning. Participant: “Good morning.” Interviewer: How are you? Participant: “I am good and yourself?” Interviewer: My name is Lubuta, a student at UNISA doing research on school-going adolescents’ knowledge and perception of SRH/R in KZN. The purpose of the study is to try and identify issues around SRH which hinder adolescents from having adequate information on issues around sexuality. Information collected will only be shared with my supervisor at the university so feel free to express yourself. Interviewer: You are not forced to take part in the interview therefore you are free to withdraw from the interview at any time. Interviewer: Are you willing to take part in the interview? Participant: “Yes I’m willing to take part in the interview.” Interviewer: Is it okay with you if I record what we will be discussing? Participant: “Yes.” Interviewer: Interviews will be semi-structured interviews conducted in English for a maximum of 30 minutes.</p>

	SRH/SRHRs	<p>Interviewer: Your first question is what is Sexual Reproductive Health and Sexual Health Rights?</p> <p>We will break up the question into two and the first question will be what is Sexual Reproductive Health?</p> <p>Participant: "I don't know how to put it but I think it relates to sexual intercourse and the health aspect of it."</p> <p>Interviewer: In Life Orientation were there topics about Sexual Reproductive Health?</p> <p>Participant: "Yes and they spoke about how you get TB and HIV and how you prevent from getting it."</p> <p>Interviewer: Sexual Reproductive Health is when you have a safe and satisfying sexual relationship by having reduced discrimination and equal access to sexual reproductive health services,.... According to your knowledge what could you add on?</p> <p>Participant: "It's having sex and know what you are doing."</p> <p>Interviewer: "What are Sexual Reproductive Health Rights?</p> <p>Participant: "Its talks about when you should refuse or allow sex and on what terms."</p> <p>Interviewer: What do you mean by terms?</p> <p>Participant: "To explain why you're having sex with that person."</p> <p>Interviewer: Have you heard about discrimination?</p> <p>Participant: "No."</p>
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		<p>Interviewer: And what about having equal access to healthcare facilities. Have you ever spoken about sexual reproductive health in Life Orientation?</p> <p>Participant: "No."</p> <p>Interviewer: What would you say about having equal access with regard to Rights?</p> <p>Participant: "I'm not sure what to say about it."</p> <p>Interviewer: Did you know you have a right to know about sexual issues?</p> <p>Participant: "No I don't know."</p>
	<p>Perceptions and knowledge around sexuality</p>	<p>Interviewer: How do you feel when this issue is being discussed by your teachers?</p> <p>Participant: "I find it good because it teaches us how to behave ourselves."</p> <p>Interviewer: Does your teacher teach you in detail?</p> <p>Participant: "No they don't tell it to us in details but when they are teaching we know what they are trying to say."</p> <p>Interviewer: When your teachers are teaching, how is the environment, is everyone attentive and listening to what the teacher is saying?</p> <p>Participant: "Yes they do listen and sometimes laugh."</p> <p>Interviewer: Why do they laugh?</p> <p>Participant: "Well sometimes it's because we are not used to that stuff and we are still teenagers so that's why."</p> <p>Interviewer: In your culture are issues about sexual reproductive health discussed?</p>

		<p>Participant: "No."</p> <p>Interviewer: What happens when girls are sent to the reed dance ceremony or umemulo?</p> <p>Participant: "I've never been a part of such."</p> <p>Interviewer: In your religion or at church do you talk about issues around sexual reproductive health?</p> <p>Participant: "No I haven't been to church for some time."</p> <p>Interviewer: Last time you went did they ever discuss such issues?</p> <p>Participant: "No."</p> <p>Interviewer: Does your family talk about sexual reproductive health?</p> <p>Participant: "Yes they do but they don't go into details."</p> <p>Interviewer: Who tells you about it?</p> <p>Participant: "My father."</p> <p>Interviewer: What does he say to you?</p> <p>Participant: "He says I should really think about it as I'm still young and I must focus on school."</p> <p>Interviewer: At school do they talk about it?</p> <p>Participant: "No."</p> <p>Interviewer: But you recently wrote your grade 12 final exams, didn't you finish the curriculum?</p> <p>Participant: "They did in Life Orientation and Life Sciences, they gave us the content but they didn't go into details, they just highlighted."</p>
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		<p>Interviewer: When it came to Sexual Reproductive Health what did they say?</p> <p>Participant: They told us about when sperms are released and how fertilization occurs and how miscarriage happens.</p> <p>Interviewer: How's the environment in class?</p> <p>Participant: "The environment is good."</p> <p>Interviewer: That's good and the first time I'm hearing that most say that people don't take the class seriously.</p> <p>Participant: "In Life Sciences they are attentive but not Life Orientation, maybe it's how the teachers present themselves in class."</p> <p>Interviewer: Does it affect you that the others are making noise?</p> <p>Participant: "It does but those making noise get detention." Interviewer: Is it acceptable to discuss sexual reproductive health issues in your family?"</p> <p>Interviewer: Is it acceptable to discuss such issues at school, home in your culture and religion?</p> <p>Participant: "Yes, so I can know how to take care of myself and know how to act as I'm getting older."</p>
	Peer influence	<p>Interviewer: Do your friends or peers influence how you perceive sexual reproductive health?</p> <p>Participants: "No, they don't I know myself and I don't get influenced, but they do talk about it."</p>

	Availability and usage of services	<p>Participant: Interviewer: Are there any sexual reproductive health services in your area?</p> <p>Participant: "I've never really been to the clinic so I wouldn't know."</p>
	Challenges	<p>Interviewer: Is there anything that can be a hindrance to you getting more information about sexual reproductive health?</p> <p>Participant: "No."</p> <p>Interviewer: You said teachers don't teach in detail.....</p> <p>Participant: "Yes but I can be able to get information."</p>
	Preferences/ recommendation	<p>Interviewer: How would you prefer to get information about sexual reproductive health?</p> <p>Participant: "Teachers already teach us well."</p> <p>Interviewer: how else?</p> <p>Participant: "I can sit with my father and he can teach me the things I don't know."</p>
	Taboo	<p>Interviewer: Do you think it is Taboo to discuss such issues at home, school, religion or culture?</p> <p>Participant: "No it teaches people and they get more information and they also learn how to behave themselves."</p>

ANNEXURE J: EDITING CERTIFICATE

Between lines editing

Leatitia Romero
Professional Copy Editor and Proofreader
(BA HONS)

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29 June 2023

To whom it may concern:

I hereby confirm that I edited the dissertation entitled: "KNOWLEDGE AND PERCEPTIONS OF ADOLESCENTS ON SEXUAL REPRODUCTIVE HEALTH AND RIGHTS IN KWAZULU-NATAL PROVINCE". Any amendments introduced by the author hereafter are not covered by this confirmation. Participants' verbatim quotes were not edited. The author ultimately decided whether to accept or decline any recommendations I made, and it remains the author's responsibility at all times to confirm the accuracy and originality of the completed work. The author is responsible for ensuring the accuracy of the references and its consistency based on the department's style guidelines.



Leatitia Romero

Affiliations

PEG: Professional Editors Group (ROM001) – Accredited Text Editor
SATI: South African Translators' Institute (1003002)
REASA: Research Ethics Committee Association of Southern Africa (104)

ANNEXURE K: TURNITIN RECEIPT

KNOWLEDGE AND PERCEPTIONS OF ADOLESCENTS

ORIGINALITY REPORT

15%	15%	%	%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	uir.unisa.ac.za Internet Source	3%
2	hdl.handle.net Internet Source	2%
3	repository.up.ac.za Internet Source	1%