EVALUATION OF A SEX EDUCATION PROGRAMME FOR INDIAN ADOLESCENTS

by

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Declaration

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I declare that AN EVALUATION OF A SEX EDUCATION PROGRAMME FOR INDIAN ADOLESCENTS is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

__________________________________________  __________
Signature                                      Date
(Ms S. Naran)
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"Every period has something new to teach us.
The harvest of youth is achievement;
The harvest of middle age is perspective;
The harvest of age is wisdom."

Joan Chittister.
Abstract

This study evaluates a sex education programme administered in an Indian high school. To this end, a literature search, empirical study and qualitative data were used to measure the effectiveness of the Education for Living programme.

Adolescents are blamed for having permissive attitudes, or for indulging in amoral sexual behaviour without considering the consequences. The fact is, sexual development of young people is affected in a fundamental sense by what is taking place around them. Many of the taboos, which operated in society years ago, have disappeared.

This study looks into the history of the South African Indian community. In particular, this study focuses on the community’s values, attitudes and traditional practices toward sexuality, sex and marriage. It further highlights how the processes of westernisation and modernisation have eroded many of these aspects of traditional Indian culture. The study concludes by examining the emergence of new-found patterns of behaviour and attitudes.

It is not the intention of this study to provide any conclusive documentation on the subject of the Indian adolescent. However the major findings of this study have been formulated as recommendations and implications for further research. Since sexuality is an ever-changing, life-long experience, there is a need for continuous acquisition of accurate sexual knowledge. Carefully designed programmes may serve to allay fears, dispel myths, diminish confusion, enhance communication within families and promote health and wellbeing across generations.

Key terms

Adolescence; South African Indian; sexuality; attitudes; values; sex education; sexual behaviour; Indian culture; interpersonal relations.
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CHAPTER 1

INTRODUCTION AND ORIENTATION

1.1 Introduction

In South Africa, two out of every ten girls become pregnant each year, 5 000 of whom are under the age of sixteen (Magwetshu, 1990:2).

The Family Life Centre, a community based welfare organisation in Johannesburg, has long embraced the path of preventative social work in its service delivery. An example of such an approach is the “Education for Living” programme - a sexuality education programme aimed at school pupils and young adults.

The Family Life Centre has called for research into the impact of sex education on those pupils who have participated in a formal programme on sexuality knowledge, values, behaviour and related areas of concern.

Further motivation for undertaking the study is linked to the fact that “sex” in the Indian community has been a taboo subject for generations. The researcher, an educator and social worker for eight years, has observed that sexuality education has been seriously neglected in the education and social development of the South African Indian pupil.

According to Webb (1990:118), it is perfectly natural to be interested in sex. Young people have a right to accurate information about human sexuality, to enable them to understand their sexuality effectively and creatively in adult roles (Haffner, 1992:54).

In the present Indian community, noticeable changes have taken place in the patterns of family life, values, culture and traditions, resulting in a movement away from
parental over-protectiveness towards an environment of permissiveness. Teenagers today thrive on their new-found freedom in a complex and rapidly changing society which is experiencing increased rates of divorce, illegitimacy and other socially related problems (Ramphal, 1989:85).

1.2 Problem formulation

The problem underlying this study is that the impact of sex education on Indian adolescents is not known.

The study is limited to Grade 10 male and female teenagers attending a high school in Lenasia, Johannesburg.

1.3 Aims and objectives

Listed below are the aims and objectives of this study.

1.3.1 Aims

The primary aim of the study is to evaluate the effectiveness of an existing sex education programme in contributing to improved sexual knowledge of subjects, resulting in more informed sexual attitudes and behaviour.

The secondary aim is to describe sources of teenage knowledge of sexuality, attitudes, behaviour, values and areas of concern regarding sexuality.

The third aim is to make recommendations for further research and the development of counselling programmes specifically tailored to the needs of the Indian teenage community.
1.3.2 Objectives

In order to achieve the above aims, the following objectives were set for the study, namely:

- To address the theoretical issues of adolescent sexuality which form the basis for the need for sex education.
- To highlight and discuss possible negativism concerning sexuality within the South African Indian community and the conflict that this creates for the adolescents.
- To identify sources of sexuality education.
- To investigate South African Indian adolescents’ knowledge, attitudes, behaviour, values and areas of concern regarding sexuality.
- To evaluate, by measuring changes in sexual knowledge, the impact on attitudes, behaviour, and areas of concern of the Education for Living programme.
- To make recommendations for further research into the influence of sex education programmes on adolescent sexuality insight, in order to improve planning and implementation in the field of sexuality education.

1.4 Hypotheses

This study proposes the following hypotheses, namely:

- \( H_0^1 \) - The experimental group of respondents will show a greater increase in the knowledge of sexuality from pre-test to post-test than will the comparison group.
- \( H_0^2 \) - The experimental group of respondents will manifest a greater decrease from pre-test to post-test in the number of areas of concern regarding sexuality than will the comparison group.
- \( H_0^3 \) - The experimental group of respondents will show a greater change towards more responsible sexual behaviour from pre-test to post-test than will the comparison group.
1.5 Research design.

The research design of this study falls within the parameters of the quasi-experimental design. The design is an elaboration of the ‘pre-test – post-test one group’ research design as it incorporates a comparison group which receive both the pre-test and the post-test at the same time as the experimental group. However, the comparison group does not receive or participate in the treatment (in this case the Education for Living programme).

The data collection instrument utilised in this study was a self-completed questionnaire, administered to Grade 10 pupils attending a high school in Lenasia (see Appendix 1).

The sampling in this study was non-probability sampling, more specifically, availability sampling, sometimes called ‘accidental’ sampling (Grinnell, 1988:251). The total sample comprised 57 pupils of whom 31 formed part of the experimental group and the remaining 26 formed part of the control group. Both males and females were included in this study.

Once the data has been collected, it will be coded and transferred to computer spreadsheets. Frequency distributions, percentages and measures of central tendency (mean, median and mode) will be computed. For each item of data a number of different statistical procedures will be employed, based on the type of data and level of measurement. Qualitative data will be analysed using descriptive and inferential statistics and will be presented graphically in diagrammatic form. This data will be discussed in terms of themes and of observations made during the application of the sex education programme.

The analysis of data will be discussed in full in Chapter 4 of this study.
1.6 Intervention (The independent variable)

The Education for Living programme is the independent variable of this study. Details of the programme are discussed below.

1.6.1 Philosophy and rationale of the sex education programme

This study evaluates a sex education programme that subscribes to the philosophy of a “person-centred approach”. This approach is similar in philosophy to person-centred education in general, in that it facilitates the individual gaining knowledge as well as thinking skills and the ability to inquire critically (Pollis, 1985). This approach emphasises responsible decision-making, open communication and analytical thinking. Its intention is to encourage the pupils to make up their own minds on sexual issues.

As stated by Euvrard (1994:37) guidance should be based upon the needs of those who are to receive it. A school guidance programme, therefore, must be designed so as to address the needs of the pupils concerned. In particular, if the programme is to be relevant to the pupils, it must take into account what these pupils themselves say they need and would like to learn through the guidance programme.

Joan Phillips devised the Education for Living Programme in 1956. Initially these courses were offered to Parent Teacher Associations for use after school hours, since the, then “Transvaal” government schools had banned sex education. However, as time progressed the programme gained impetus. Many schools now offer this programme directly to pupils. Some of the topics and the duration of the programme varies according to specific group needs. In general, however, it consists of approximately ten weekly sessions of 35 minutes each and is offered annually at the particular school. The programme addresses itself to the changing needs of the students. The programme aims at providing participants with factual information in a clear and direct manner that will facilitate the making of informed and well considered decisions. No specific religious or moral outlook is advocated. However, self-acceptance as well as respect for and acceptance of others regardless of their differences is emphasised. A further aim of this programme is to offer the adolescent
an opportunity to express his/her sexual concerns. Simultaneously, the facilitator benefits in that s/he learns about the pupils particular needs directly from them.

The programme encourages an awareness of the consequences of different sexual attitudes. A tolerance for diverse attitudes is promoted through mutual exposure to culturally different moral standards.

Students are encouraged to ask questions in order to clarify their sexual concerns. In addition, pupils are encouraged to make responsible decisions and to accept the logical consequences of behaviour.

1.6.2 Structure and content of the programme

The programme consists of ten 35-minute sessions, delivered once a week for ten weeks. The content of each session is decided on in collaboration with the pupils, is taken from various works including Spiral Education Resources (1983); Keech (1985) and several un-referenced ideas and exercises accumulated over the period of practice.

As an open course, facts and problems pertaining to sexuality and relationships are dealt with as they arise. Content outlines can therefore be misleading. An indication of the topics generally covered nevertheless provides a useful guideline.

Specific to this study, a comprehensive copy of the Education for Living Programme is attached in Appendix 2.

1.7 Limitations of the study

The following limitations should be noted:

- The small sample size limited the representativity of the study in relation to the population.
- The research was confined to one high school in a specific geographical area, which limited the generalisability of the findings.
The efficiency of the study is questionable as the questionnaire used to measure the independent variables had not been used before.

Limited South African research and literature in this field of investigation forced the researcher to rely predominantly on American and European literature. This affected the study in terms of the social and cultural relevance of the theoretical base.

1.8 Definition of terms

A brief definition of some of the key concepts used in this study is provided below:

1.8.1 Adolescence

Adolescence is the stage of development between childhood and adulthood often described as the teen years. Physical development is only one part of this process as adolescents face a wide variety of psychosocial demands.

1.8.2 Sexuality

The term sexuality generally has a broad meaning as it refers to all aspects of being sexual. In this study, as sexuality is interrelated with sex education, it will also be defined in order to enhance the understanding of sex education. Sexuality refers to the totality of being a person. It includes all aspects of the human being that relate specifically to being a girl or boy, woman or man and it is an entity which is subject to life-long dynamic change. Sexuality reflects our human character, not solely our genital nature. As a function of the total personality, it is concerned with the biological, psychological, sociological, spiritual and cultural variables of life which, as a result of their affect on personality development and interpersonal relations, can affect social structure (Masters, Johnson and Kolodny, 1986:4-11; Lerner, 1993:293).
1.8.3 Sex education

Sex education is the preparation for personal relationships between the sexes. The individual is provided with appropriate educational opportunities designed to help him/her develop understanding, acceptance, respect and trust for oneself and for others. It includes the knowledge of physical, emotional and social growth and maturation, and an understanding of the individual's needs. It involves an examination of men's and women's roles in society, how they relate and react to compliment each other throughout life, and the development of responsible use of human sexuality as a positive and creative force (Mellanby, Phelps and Tripp 1992:45; De Groot and Greathead, 1991:1369).

1.8.4 Knowledge

Knowledge refers to those items of fact and procedure by which an individual learns what to do or not to do in a given situation, and enough about why it is done or should be done to make the procedure meaningful in so far as she is able to understand it. Knowledge according to the Illustrated Oxford Dictionary (1998:448) refers to a person's range of information, a theoretical or practical understanding of a subject, the sum of what is known.

Knowledge in this study denotes the accumulation of factual information.

1.8.5 Masturbation

Masturbation is sexual self-pleasuring that involves some form of direct physical stimulation (Rice, 1996:212).
1.8.6 Sexual behaviour

Sexual behaviour refers to a great variety of distinct behavioural variables, including behaviour such as sexual dreams and fantasies, self-stimulation and genital masturbation, dating, kissing or sexual intercourse (Allgeier and Allgeier, 1995:405).

1.8.7 Sexually active and sexual experience

The above terms refer to those individuals who have at least once indulged in full sexual intercourse (De Gaston, Jensen and Weed, 1995:465).

1.8.8 Petting

Petting can be defined as physical contact between females and males in an attempt to produce erotic arousal without sexual intercourse (Taylor and Pierre, 1988:159).

1.8.9 Puberty

Puberty is the time of life when a child becomes a young man or woman and it is marked by the appearance of secondary sex characteristics and the functioning of the reproductive organs (Mussen, Conger, Kagan and Hustan, 1990:568).

1.8.10 High school

The term high school refers to an institution for educating boys and girls from Grade 8 to Grade 12.

1.8.11 Values

Values are one’s principles or standards; one’s judgement of what is valuable or important in life (Illustrated Oxford Dictionary, 1998:920).
1.8.12 Culture

**Culture** refers to the customs, civilisation and achievements of a particular time or people (Illustrated Oxford Dictionary, 1998:202).

1.9 The organisation of the study.

This thesis has been divided into four parts, namely:

Chapter 1, contains the introduction and orientation to the present study. The research problem and the motivation for the study are analysed, the field demarcated and the aims and methods of investigation are outlined.

Chapter 2 examines related/previous research and the theoretical background to the **sex education** programme, influences of culture on **sexual behaviour**, adolescent **sexuality**.

Chapter 3 considers the Indian community in South Africa, from its emergence two centuries ago to the present society.

Chapter 4 presents the research design and methodology of the empirical investigation.

Chapter 5 presents the results of the study.

Chapter 6 contains a discussion of major findings, and presents the conclusion and recommendations drawn from this study.
1.10 Overview

Sex in the Indian community has been a taboo subject for many generations. Discussions on sex evoke feelings of anxiety and disapproval in many people. As a result, there has been little progress in sex research in this community.

Adolescent sexual behaviour is a domain of study best considered within the broader framework of his/her cultural heritage.

A multitude of programmes currently exists to address the problems surrounding teenage sexuality. These programmes cover a broad range of intervention services including education, counselling, referral, pregnancy testing and provision of contraception. Unfortunately, although many of these programmes are creative and achieve a great deal for the clients they serve, they often stand-alone. They are frequently short lived and undocumented, and thus may not contribute to the accumulating evidence offered by successful and unsuccessful components of other programmes (Zabin and Schwab, 1988:9). Against this background, one of the main concerns of the present study is to explore the South African Indian cultural taboos about sex and in order to evaluate the Education for Living programme.
CHAPTER 2

ADOLESCENT SEXUALITY

2.1 Introduction

An individual’s sex education is a life-long process related to needs and concerns at various stages of personal development in the life cycle. This includes answers to questions about the physical and physiological aspects of sex, and is concerned with attitudes and moral values and feelings about oneself and about others. It is also concerned with questions about personal identity and personal integrity and the whole matter of the quality and character of human relationships. It is concerned with the manner in which people relate to and behave towards others. Furthermore, it is concerned with freeing individuals from fear, shame and misinformation and helping them to accept sexuality in themselves and others as a normal positive aspect of a healthy life. It is a process in which home, school and community may co-operate and supplement and reinforce one another.

Recently, changing conditions have raised new problems. The youth have been exposed to mass-media communications, family planning propaganda, changing attitudes, values and norms in a modernised society. Furthermore, social and cultural developments have effected changes in living patterns, which has confused the goals and ideals of many young people.

Following these changes, the youth want to know more about the vital issues relating to their existence. Thus topics such as careers, marriage, pre-marital love, extramarital affairs, masturbation, sexual experimentation, sexually transmitted diseases, AIDS, deviant behaviour patterns and drugs are all subjects of interest, and demand an explanation. Statements and questions from adolescents such as “I didn’t ask to be born”, “What’s the importance of marriage?”, and arguments such as “Pre-marital relations go against convention and convention must change”, are probing issues put forward in an attempt to understand what they see and hear around them and to relate
these issues to their personal lives. These questions are not to be ignored, as the adolescents want to know and understand for themselves. This can be interpreted as “a need to understand” and “a need to be understood”.

Because they discern a considerable degree of hypocrisy in the behaviour of their elders, many young people do not feel obliged to abide by old standards and are exploring human relationships with a new kind of freedom. Their approach to sex is more frank and open than it has ever been before. This is in contrast with the social mores of the Indian community which, in general, tends to be restrictive and repressive in matters of sex by inducting, in the social structure, taboos, inhibitions, reticence, censorship and limits on knowledge. Consequently, attitudes to sex become fraught with problems and conflicts.

2.2 Sex and sexuality.

There is a significant distinction between sex and sexuality. According to Masters, Johnson and Kolodny, (1986:6) “sex is physiologically what happens to the body as a result of sexual activity”. They add that the concept of sexuality is harder to pinpoint. “Perhaps we can say that sexuality is the dimension of personality that gains its impetus from the reproductive drive. It is our maleness or femaleness, from infancy onward, that stamps our whole being”. This idea is supported by Koch (in Lerner, 1993:293) who states that, “sexuality is an integral part of development throughout the life span, involving gender roles, self-concept, body image, emotions, relationships, religious beliefs, societal norms as well as intercourse and other sexual behaviours. Sexuality, not just sex, forms an integral part of people’s lives, affecting their expectations and aspirations, and is identified as maleness or femaleness”. De Groot and Greathhead in 1991 : 1369, cites Siedleky (1987:11-16) as saying “How we feel about ourselves as sexual persons is critical, not only because it largely governs our sexual behaviour, but also because it profoundly affects our total health”.

One may know the facts of sex but have little understanding of self and others as sexual creatures and little sense of tenderness, warmth and responsibility. To have children memorise charts on reproductive anatomy and physiology may instruct them
in sex, but there is a need to help people use this gift of sexuality – who they are as persons, with intelligence, affection, love and responsibility. As stated by De Groot and Greathead (1991:1369), “young people require information about sexuality, from the time they start asking questions until adulthood. This should include preparing them for puberty, helping them to cope with their bodily changes and associated feeling and assisting them to make informed decisions about their sexuality”.

2.3 Adolescent sexuality.

The term adolescent comes from the Latin verb ‘adolescere’, which means, “to grow into adulthood”. It begins with the onset of puberty and ends with the assumption of adult responsibilities; as one philosopher remarked, adolescence begins in biology and end in culture. Thus, the period we call adolescence may be brief, as it is in some simpler societies, or relatively prolonged, as in many advanced societies. Its onset may involve abrupt changes in social demands and expectations, or a gradual transition from previous roles. Despite such variations, one aspect of adolescence is universal and separates it from earlier stages of development: that is, the physical and physiological changes of puberty that mark its beginning (Mussen, Conger, Kagan and Huston, 1990:569).

The term puberty refers to the first phase of adolescence, in which sexual maturation becomes evident.

“Strictly speaking, puberty begins with hormonal increases and their manifestations, such as gradual enlargement of the ovaries in females and testicular cell growth in males. But because these changes are not outwardly observable, the onset of puberty is often measured by such events as the emergence of pubic hair, the beginning of elevation of the breasts in girls, and an increase in size of the penis and testes in boys. Sexual maturation is accompanied by a “growth spurt” in height and weight that usually lasts about four years” (Mussen et al, 1990:569).
Lerner (1993:xiii) defines adolescence as the period within the life-span when most of a person's biological, psychological and social characteristics are changing from what is typically considered child-like to what is typically considered adult-like.

Cobb (1992:20) cites Havinghurst in 1972, who stated that adolescents face eight developmental tasks, which arises naturally from a number of forces present during this phase. The first four are primarily the concern of early adolescence and the latter dealing with late adolescents. Each, however, can be thought of as a facet of one central task: achieving a continuing and stable sense of self. The following are the tasks:

- Achieving new and more mature relations with age-mates of both sexes.
- Achieving a masculine or feminine social role.
- Accepting one's physique and using the body effectively.
- Achieving emotional independence from parents and other adults.
- Preparing for marriage and family life.
- Preparing for an economic career.
- Acquiring a set of values and an ethical system as a guide to behaviour – developing an ideology.
- Desiring and achieving socially responsible behaviour.

Each of these eight developmental tasks confronts adolescents with the larger task of achieving a sense of themselves. A new independence from parents; preparation for adult roles of work and family, and forming a set of values by which they can relate to their communities are necessary steps into adulthood. Even teenagers master these steps, however, find the gateway to adulthood locked and must wait for someone to come along with the key. The lock is sprung not by biological or even psychological maturity – the final tumbler is keyed to a sociological definition of adolescence (Cobb, 1992:23).

For the young adolescent, these transitions are a time of dramatic challenge, requiring adjustment to changes in self, family and peer group (Lerner, 1993:2). As adolescents are the central theme of this study, this section will endeavour to show how the various aspect of this life-stage affects sexual knowledge, attitudes and behaviour.
2.3.1 Sexual expression

According to Rice (1996:207), the onset of puberty is accompanied by an increasing interest in sex. At first this interest is self-centred, focussing on the adolescent's bodily changes and observable happenings. Most adolescents spend a lot of time looking in the mirror examining body parts in detail. This early concern is centred on developing an acceptable body image rather than on erotic sensations or expressions. Gradually young adolescents become interested not only in their own development but also in that of others. More and more questions arise concerning development, changes and sexual characteristics of the opposite sex. There is a fascination with basic facts about human reproduction. Both boys and girls also slowly become aware of their own developing sexual feelings and drives, and how these are aroused and expressed. Most adolescents begin some experimentation: touching themselves, playing with their genitals, exploring holes and crevices. Often by accident they experience orgasm through stimulation. Allgeier and Allgeier (1995:404) affirm this idea of genital stimulation in children.

Rice (1996:207) goes on to say that interest in sex as a form of eroticism increases. Adolescents begin to compare their ideas with those of others and spend a lot of time talking about sex, telling jokes, using sex slang and exchanging sex-orientated literature. Adults are sometimes shocked at the language and jokes. Many parents have been horrified at finding “dirty” books hidden under mattress. However, those activities are motivated by a desire to understand human sexuality; they are a means of understanding, expressing and gaining control over sexual feelings. Udry (1990, in Allgeier and Allgeier, 1995:406) found that increases in androgenic hormones at puberty were related to measures of sexual motivation (thinking about sex, sexual arousal) and non-coital sexual behaviour (for example, masturbation) in both genders.

As they move into middle adolescence, young males and young females alike begin adding to their sexual repertoire (Allgeier and Allgeier, 1995:406). As stated in Rice (1996:208), gradually adolescents also become more interested in sexual
experimentation with others. Part of this is motivated by curiosity, part by a desire for sexual stimulation and release, and part by a need for love, affection, intimacy and acceptance from another person. Selverstone (1989, in Lerner, 1993:294) defined this developing process as sexual socialisation and describes its importance to adolescents as follows: “It appears to meet many of their needs; their identity is validated through their connectedness to another person, which provides a sense of power, joy and hope”.

Teenagers commonly practise the following patterns of sexual behaviour: non-coital behaviour, petting, masturbation, abstinence, homosexuality and sexual intercourse.

2.3.1.1 Non-coital behaviour

According to Koch (in Learner, 1993:295), adolescents’ sexual expression usually develops and progresses from less to more intimate contact. Most research on adolescent sexual behaviour has been fertility-based, emphasising age and frequency of vaginal-penile intercourse and contraceptive use. As a result, little is known about non-coital or “outercourse” behaviour.

Although little normative data exists on these various non-coital sexual behaviours, Koch cites the following statistics: (Learner, 1993: 296)

- 97% of teenagers have had their first kiss by the age of 15 years; females tend to experience have their first kiss at a younger age than males.
- 85% of 13 to 18-year olds have a girlfriend or boyfriend.
- By age 14, 54% of males and 31% of females have participated in breast touching.
- By age 13, 23% of males and 13% of females have participated in vaginal play.
- Of the 13 to 18-year olds, 46% of the males and 24% of the females have masturbated, with increasing percentages for males, although these percentages are not age-linked for females.
- 41% of 17 to 18-year old females have engaged in fellatio and 33% of males at this age group engaged in cunnilingus.
2.3.1.2 Petting

Taylor and Pierre (1988:159) regard the typical patterns for heterosexual adolescent sexual behaviour as evolving through four stages of involvement: namely kissing, light petting, heavy petting and intercourse. Various factors influence a person’s progression through these stages. According to Rodgers (1996:107), the lowest transition rates are for the transition from naivete to kissing status. This suggests suggesting that there is a greater barrier to beginning intimate behaviour than there is to making transitions to more intimate behaviour once the initial stage has been entered.

Kinsey and colleagues (in Masters, et al, 1986:148) defined petting as physical contact between females and males in an attempt to produce erotic arousal without sexual intercourse. Most authorities have a narrower definition of petting which does not include kissing. Others define petting as sexual touching “below the waist” while any other sexual touch is called “necking”.

Kinsey’s team reported that by age 15, 39% of girls and 57% of boys had engaged in petting, while by age 18 these figures had risen to over 80%. However, for both genders only 21% of boys and 15% of girls had petted to orgasm before age 19. Sorenson (in Masters, et al, 1986:148) found that 22% of his sample had no sexual experience other than kissing, and 17% had some petting experience without having had intercourse. According to Allgeier and Allgeier (1995:407), concern with kissing and with achieving competence at it is particularly noticeable in early dating. Dating patterns often involve kissing games and “making-out”.

According to Mussen et al, (1990:589) petting appears to have increased somewhat in the past few decades, and it tends to occur slightly earlier. The major change, however, has probably been in the frequency of petting, the intimacy of the techniques involved, the frequency with which petting leads to erotic arousal or orgasm, and certainly, the degree of frankness about this activity.
2.3.1.3 Masturbation

The term **masturbation** refers to any type of self-stimulation that produces erotic arousal, whether or not arousal proceeds to orgasm (Rice 1996:212). According to Allgeier and Allgeier (1995:404), while most children stimulate their genitals prior to puberty, the rapid maturation that occurs during puberty tends to be accompanied by an increase in the incidence and frequency of masturbation.

The reported incidence of masturbation varies somewhat among different studies. Janus and Janus (1993), Leitenberg, Detzer and Srebnik (1993), in Allgeier and Allgeier, (1995:405) cited Kinsey et al (1946,1953) found that 12% of females and 21% of males recalled having masturbated to orgasm by the time they were 12 years old. Boys learned about masturbation by being told or shown by their peers. In contrast, girls more frequently learned about masturbation through accidental self-discovery. Similarly, Hunt's sample in 1974 reported 33% of females having masturbated to orgasm by the age of 13, in contrast to Kinsey's sample. A more recent survey of New England and American students found that about 50% of males and 25% of females reported that they had masturbated by age 13.

There is also evidence that masturbation is accompanied by less anxiety and guilt today than was the case in the first half of the 20th century. Practically all health, medical and psychiatric authorities and educators now say that masturbation is a normal part of growing up and does not have any harmful physical and mental effects, nor does it interfere with normal sexual adjustment in marriage. Masturbation serves a useful function in helping individuals to learn about their bodies. That is, it provides a safe means of sexual experimentation to learn how to respond sexually, to control sexual impulses, to develop sexual identity as well as to provide sexual release (Papalio and Olds 1996:635).

Rice (1996:213) argues that the only ill effect from masturbation comes not from the act itself but from guilt, fear or anxiety when the adolescent believes the practice will do harm or create problems. Old myths die hard – some youth believe that masturbation causes mental illness, pimples, impotency and hair growth on the palms.
An adolescent who masturbates to the exclusion of normal friendships and social activities has a problem not with masturbation, but with social relationships.

Adolescents are clearly experiencing a wide range of non-coital sexual expression, much of which is overlooked by parents, professionals and researchers.

2.3.1.4 Abstinence

Substantial minorities of teenagers abstain from sexual intercourse in response to negative attitudes about sexual intercourse. This is borne out by Nass and Fisher (1988:107) who highlighted the fact that most teenagers do not engage in sexual intercourse out of fear. Fear of sexually transmitted diseases (STDs) and AIDS is becoming a significant deterrent to teenage sex. Both males and females often avoid intercourse for fear of causing pregnancy. Some associate intercourse with surrendering too much of oneself. For instance, males seem to think that sex inevitably leads to marriage, loss of autonomy, forfeiture of personal space and lifetime obligations. Females on the other hand feel that, in agreeing to sex, they are allowing a male to constrict them. Some fear that their partners will expect them to be sexual experts and that they will fail the test. In addition, there are many teenagers who place great importance on religious teachings of marriage before sex, future studies, their careers and their personal reputations.

These findings are supported by results from a survey regarding sexual activity conducted by De Gaston et al, (1996:218). They found that more females than males reported abstaining from sexual activity for the following reasons:

- religious beliefs
- sex is not a very smart thing to do
- fear of unwanted pregnancy
- not feeling comfortable doing it
- feeling that it is morally wrong
- feeling of unreadiness
- fear of disappointing parents
➤ fear of being taken advantage of
➤ feeling not enough love / commitment to relationship
➤ regarding sexual activity as an impediment to future goal attainment
➤ perceiving less peer pressure for sex
➤ wanting to wait until marriage
➤ believing that sexual urges can be controlled.

On the other hand the majority of the men gave the following reason for not having sex:

➤ lack of opportunity.

2.3.1.5 Homosexuality.

Homosexuality refers to sexual orientation in which one develops sexual interest in those of the same biological sex. Homosexuality does not prescribe sexual appearance, sex roles or personality any more than does heterosexuality. Many homosexual men are masculine in appearance and actions; some are outstanding athletes. Many lesbians are feminine in appearance and behaviour. One cannot tell by behavioural characteristics if people are homosexual. Many homosexuals play stereotyped heterosexual sex roles within society and within their families. Others exhibit some of the physical and personality characteristics of the opposite sex and assume opposite-sex roles (Rice, 1996:231).

Not all adolescent sexual activity occurs between males and females. During adolescence, some teenagers identify themselves as gay, lesbian or bisexual with a well-established attraction/sexual orientation. Studies indicate that the mean age of awareness of same-gender attraction for gay males was approximately 13 years with self-designation as “homosexual” occurring between the ages of 14 and 21. For lesbians, the average age of awareness of same-gender feelings has been documented at 16 years, with self-description occurring around 21 (Koch, in Lerner, 1993:298 and Masters, et al, 1986:152).
Although the road to healthy heterosexual development is fairly well demarcated, homosexuality is still too often regarded in our society as an illness, moral deviation or criminal behaviour (Zani, 1993:117).

2.3.1.6 Sexual intercourse

First vaginal-penile intercourse among adolescents is often viewed by researchers as a pivotal behaviour. Research indicates that the age of sexual initiation has been decreasing with the overall increase in a wide range of sexual behaviours for both boys and girls (De Gaston, et al, 1995:465; Masters, et al, 1986:149, and Olivier, 1996:6). It ranges from 14 years to 17 years depending on the unique personal (eg. gender, racial/ethnic background) and contextual (eg. socio-economic status, urbanicity/rurality) characteristic the particular sample has studied. Although males, in general, still have first intercourse at an earlier age than females, females are becoming more like their male counterparts in experiencing intercourse for the first time at an earlier age than in the past. (Bingham and Crockett, 2000:107).

The types of relationships generally found between teenagers and their first coital partners include recently met, friends, dating, going steady and engaged. The lower age of sexual intercourse is not necessarily a sign of teenage promiscuity, as many teenagers restrict themselves to one sex partner at a time. Many adolescents who are no longer virgins have intercourse infrequently. For those who “tried” intercourse as a kind of experimentation, the behaviour itself is usually far less intriguing once the initial mystery is gone. Teenagers in long-term romantic relationships are more likely to participate in coitus fairly regularly (Masters et al, 1986:151).

When adolescents say they want sex, what are their primary motives? It is easy to say that they want a “quick fix” to relieve biological drives. But often adolescent sexuality is driven by emotional needs that have nothing to do with sex. These emotional needs include:

- the desire to receive affection
- the confirmation of masculinity or femininity
the need to ease loneliness
the need to gain acceptance
the need to bolster self-esteem
the need to express anger
the need to escape from boredom.

Sex becomes a means of expressing and satisfying non-sexual needs Rice (1996:216).

Sapire (1986, in Magwentshu, 1990:62) cites found the following motives for adolescent decisions to engage in sexual activity:

- rebellion against parental or religious restraints
- a search for physical pleasure as an escape from loneliness
- a fear of losing their partner
- a desire for pregnancy
- a desire to be loved
- peer pressure.

These results highlight the importance of factors not related to sexual or emotional motives in the first intercourse encounter.

The “who”, “what”, “where”, “when” and especially “why” of adolescent sexual behaviour require much more qualitative and quantitative consideration (Koch in Lerner, 1993:296). Jorgensen (1983, in Lerner) states that “we have spent much time, effort and money studying one particular behavioural manifestation of sexuality [vaginal-penile intercourse] as seen in the eye of the researcher …. while excluding the eye of the adolescent”.

2.3.2 Sexual knowledge

According to Eaton et al, (1996:35), despite the prevalence of sex and AIDS education in the public school system and health care setting, studies reveal that adolescents lack adequate information about human sexuality, reproduction STD's
and pregnancy prevention. Sex related issues have received more attention from the media due primarily to the AIDS epidemic. Eaton goes on to cite Carver (1990, in Eaton et al) found that 10th and 12th grade students were able to answer only an average of 12 items correctly on a 30 item true/false test of sexual knowledge. Girls answered an average of 14 items correctly, whereas boy answered an average of 11 items correctly.

Ammerman et al (1992, in Eaton et al 1996:36), surveyed 160 girls regarding their understanding of reproductive anatomy and body functions. Participants were asked to label and define body parts on both male and female figures. Participants were more likely to label and correctly identify the vagina, testicles, penis and anus, and less likely to label structures such as vas deferens, urethra and clitoris correctly. Furthermore, participants understood only non-technical and slang terms – not medical terms.

Several investigators have focused their studies on the assessment of contraceptive knowledge. The findings indicates that adolescents are confused about the effectiveness of various types of contraception, have misunderstandings about the conditions under which one might become pregnant and lack adequate information about birth control methods (Dadilla and Baird, 1991; Smith, Chacko and Bermudez, 1989, in Eaton et al 1996:37).

According to Eaton et al (1996:45), the results of the study indicate that learning about reproduction and sexual issues could be enhanced, but enhancement of understanding will require more attention to the learning process. Creative but practical approaches to teaching sex education are needed.

Researchers have also assessed adolescents’ knowledge of menstruation and ovulation. Adolescents’ understanding of reproductive physiology, especially menstruation, is typically inadequate. Misunderstandings, misinterpretation of information and illogical beliefs are common. Eaton et al (1996:38) cites a study by Amaan/Galnotti (1989) which found that post-menarcheal girls’ descriptions of menstruation contained several misinterpretations. For example, the source of blood seemed to be a point of major confusion with some respondents noting that the blood
came from such organs as the bladder or the stomach. Others believed the blood to be “bad” because it was lost every month.

The study conducted by Eaton et al (1996:40) focused on the definition of seven terms related to sexual development: ejaculation, hormones, menstruation, ovulation, puberty, semen and wet dreams. The findings of this study revealed that adolescents were unable to adequately define most of the seven sexual development terms. Adolescent females, however, were more likely than males to correctly define each term although males were more knowledgeable than females about male-oriented processes. Easton et al (1996) also found a high percentage of girls defined menstruation correctly, in contrast to the finding by Amman-Gainotti (1991). However, 75% of the girls and 97.6% of the boys could not adequately define ovulation.

Given these findings, it appears that the system by which adolescents learn and process information about sexuality and reproduction, as well as what and where they acquire their information is more complex than originally thought. As a rule, older adolescents do know more, but what they know is not predictable based on their age. It would appear that, as adolescents advance in age, some learning continues but previous learning is not necessarily reinforced.

According to Winn (1995:188), there are three reasons for focusing on knowledge:

1) Knowledge is crucial for psychological adjustment during adolescence. Clearly, knowing what is likely to happen to your body makes adjustment to the changes easier. Brooks-Gunn and Reiter (1990, in Winn, 1995:188) found that a girl’s degree of knowledge about menstruation before her periods contributes significantly to her psychological adjustment to the changes of puberty.

2) Knowledge is a prerequisite for safe behaviour. Clearly, young people must know how to protect themselves if they are to keep themselves safe. Clark and Coleman (1992, in Winn, 1995:188), in a study of 80 young women who became pregnant at age 16 and under found that 60% said they were ignorant of the facts surrounding fertility and contraception.
3) Understanding what young people know about puberty and sexual development is essential for the design and evaluation programmes in schools. To ensure that an educational programme achieves its aims, an assessment of knowledge needs to be made before and after teaching. Effective **sex education** can only be undertaken if there is a method of evaluating the outcomes.

**Sex education**, in all its forms, has an important influence on the sexual development of young adolescents. Research in this regard indicates that ages 12 and 13 years are peak times for learning about many sexual concepts, with 51% of sexual information being acquired during this period (Thornburg, in Lerner, 1993:301).

Sources of sexual information are therefore particularly important. Knowledge about which sources provide what amount and what type of sexual information contributes to our understanding of sexual development and may also be used to support sexual education policies.

An individual’s **sexuality** depends on learning from the inter-relationship between biological, psychological, ethical and cultural factors. Appropriate **sex education** would enable adolescents to acquire that knowledge and those skills needed to understand and negotiate **sexuality** in their lives. **Sex education** should thus concentrate on the teaching method as much as content, including the application of social learning theory. Imparting knowledge may have little effect in behavioural terms, but dangers to health cannot be avoided without knowledge and appreciation of risks. A core of factually accurate and current information is crucial to **sex education** (Mellanby, Phelps and Tripp, 1992:46).

### 2.3.3 Attitudes

When questioning the meaning attached to present day sexual practices, it is important to recognise that there are individual and social differences in sexual **attitudes** and behaviour. According to Rice (1996:216) we live in a pluralistic society: our society accepts not one but a number of standards of **sexual behaviour**. Rice outlines Reiss’s (1971) four standards of sexual permissiveness in Western
culture: abstinence, double standard, permissiveness with affection and permissiveness without affection.

A current analysis of the sexual behaviour of today's adolescents would seem to require an expansion of Reiss's categories to include the following standards of sexual permissiveness:

- The traditional standard dictates total abstinence before marriage and is formally supported by most of society's institutions. Some adolescents allow kissing only with affection; others kiss without affection. Kissing can be perfunctory, whether light kissing, heavy kissing or French kissing. Others allow caressing of the breasts but not of the genitals. Others engage in genital stimulation, even mutual masturbation to orgasm, but stop short of actual coitus.

- The double standard refers to one standard of behaviour for males, another for females. This standard allows sexual intercourse before marriage for males but dictates total sexual abstinence prior to marriage for the female.

- Sex with affection, commitment and responsibility. This "sexual permissiveness with affection" standard links the morality of premarital sex to the existence of love between two partners. Coitus is thus legitimate when partners are in love, but immoral if they lack stronger affection.

- Some adolescents want sex with affection and commitment, but without responsibility. They are "in love", have committed to themselves to one another, usually on a temporary basis only, but assume no real responsibility for their actions. They show evidence of immature sexual behaviour.

- Sex with affection and without commitment has become the standard for many adolescents. They would not think of making love unless they really loved (liked) and felt affection for each other. They may or may not show responsibility in the practice of birth control but have made no promises or plans for the future. They are affectionate, are having intercourse, and that's it at least for the time being.

- Sex without affection characterises people having sexual intercourse without emotional involvement, without the need for affection. They engage in sex for sex's sake because they like it, enjoy it, and do so without any strings attached.
Sex with ulterior motives may include a number of different motives, for example, to punish, to win or return favours, to control behaviour, to build up the ego and to exploit selflessly.

All of these standards of behaviour are practised in our culture. According to Mussen et al (1990:586), most adolescents feel that what the other person does sexually is his or her own business; no one else has a right to interfere or to judge.

2.3.3.1 Sexual attitudes and practices

According to Cobb (1992:316), unlike many other attitudes, those surrounding sex are not likely to be openly discussed.

2.3.3.1.1 Masturbation

According to Cobb (1992:316) the sexual practice that evokes the most concern among adolescents is masturbation; most adolescents masturbate, and most regard the practice with mixed feelings - feeling guilty, ashamed or embarrassed. Attitudes towards masturbation have changed radically since the turn of the century. From being taught that masturbation is morally wrong and can result in physical deformities or disease – even insanity, adolescents today learn that masturbation is a normal sexual outlet that has no harmful effects, but which can even be beneficial.

2.3.3.1.2 Stages of heterosexual behaviour

Hyde (1990, in Cobb 1992:318) proposes that, as most adolescents move through middle and late adolescence, more of them engage in heterosexual activity and do so with greater frequency. Most adolescents follow a predictable progression that starts with kissing, moves through petting (fondling breasts and genitals), to sexual intercourse and oral genital sex.
Both males and females hold positive attitudes towards petting. Males are more liberal in their attitudes about different forms of petting including touching of breasts, genitals and oral sex. Fist intercourse occasions many feelings. In general, these are more uniformly positive for boys than for girls (Cobb 1992:322).

2.3.3.2 The effects of attitude on behaviour

Do adolescent attitudes really influence their actions? Cobb (1992:325) suggests that they probably do – adolescents with liberal attitudes toward sexual expression tend to have more premarital sexual experiences. In addition, those who hold strong religious beliefs are less likely to be sexually active, which suggests that attitudes influence behaviour and not vice versa. Further support comes from the fact that adolescents’ sexual practices reflect the quality of their relationships. Their values probably determine what type of behaviours must exist for certain types of relationships to occur. Attitudes reflect many things – parents’ values, religious beliefs, and later the attitudes of friends and dates.

Becoming sexually active is just one of many transitions in an adolescent’s life, albeit a highly significant one. As such, this step relates to other behaviours that move adolescents closer to adulthood.

2.4 Contextual factors – their impact on adolescent sexual knowledge, attitudes and behaviour

Young adolescents’ development is intimately connected with the social world in which they grow up, namely with their family, peers, school and community, as well as the broader society. These contexts not only influence adolescent sexual behaviour, but also define the setting in which prevention programmes are developed and maintained. In a study conducted by Mayekiso and Twaise (1993:21) to explore sources of sexual knowledge, results showed the following:

➢ A high percentage (45,8%) of the sample gained sexual knowledge from the peer group.
- A low percentage (14.2%) gained sexual knowledge from parents.
- 16.7% gained sexual knowledge from school teachers.
- 18.5% gained sexual knowledge from family members other than the parents.
- The remaining 4.8% gained sexual knowledge through the media.

2.4.1 Family relations

**Sex education** begins before a child is born, in the **attitudes** parents have developed toward sex. These **attitudes** in the home will influence and mould the child from the day of his/her birth. How we treat and accept the human body, how we deal with the baby in the bath and with toilet training, will mould his/her feelings about him/herself and about sex. If the parents accept **sexuality** as natural and good, they won’t shame their child if he/she touches his/her body. The atmosphere parents create provides **sex education** of an indelible kind.

The family environment is also important factor. According to Franco, Lean and Malacara (1996:180), rigid family patterns or inexact information can lead to psychosexual dysfunction. In the development of a child’s personality, the parents’ **attitudes** are more important than specific education techniques.

The family continues to be an important source of guidance and support throughout **adolescence**. Parents provide a set of **values**, models, expectations and **attitudes** concerning **sexuality** that guide current behaviour and shape future goals (Lerner 1993:320). Research into education occurring in the home generally finds such guidance and support lacking, as most interactions between parents and adolescents focuses on the prevention of sexual health problems (e.g. adolescent pregnancy, AIDS, etc.), rather than on the promotion of optimal sexual development. For example, it has been found that when parents do talk to their children about sex, the adolescents tend to be less likely to engage in intercourse, have fewer sexual partners and are more consistent and effective contraceptive users than those who do not talk to their parents (Lerner, 1993:302 and Mussen et al, 1990:588 ). Pick and Palos (1995:667) also found that the family has a substantial influence on adolescents’ sexual and contraceptive behaviour, and argue that these findings provide justification.
for the incorporation of parent-child communication skills into sex education programmes. Research also indicates that parental strictness and rules have an impact on the sexual attitudes and behaviour of their adolescents in both encouraging and discouraging ways (Olson and Wallace, in Lerner, 1993:302).

According to Bingham and Crockett (2000:108), the quality of relationships between parents and their children predicts sexual intercourse. Poorer quality family relationships are associated with more adolescent involvement in sexual behaviour, including necking, petting and intercourse. In addition, adolescent boys feel less close to their mothers, but not their fathers, following first sexual intercourse.

From as early as the age of four or five, most children begin asking questions. Answers may be simple, but the adult’s attitude and manner in answering is all-important. If the approach to the questions is natural and unmarked by any reaction that suggests the question is out of place, for example, if we do not blush, become suddenly solemn or retreat, the child will come to talk again and again. Little by little, curiosity is satisfied and knowledge is shared, and when communication is open a parent’s wholesome attitude towards sexuality is adopted by the child.

According to Rice (1996:235), most research reveals that parents are an important source of transmission of values and attitudes and do have an influence on adolescent attitudes and behaviour, especially by way of example. Many parents do not provide adequate formal sex education, however, Rice puts forward the following reasons for this:

- Some parents are too embarrassed to discuss the subject, or they deal with it in negative ways.
- Parents have difficulty overcoming the incest barrier between themselves and their adolescents.
- Some parents are uninformed and do not know how to explain sexuality to their children.
- Some parents are afraid that knowledge will lead to sexual experimentation; they do not tell their children because they want to keep them innocent.
- Others tell their children at too late a stage in the child’s development.
Some parents set a negative example at home.

It is clear that sexual development is a life-long process and that interests, concerns, perspectives and questions vary from one time to another in the life cycle. Consequently, sexuality education is a life-long task.

2.4.2 Peers.

Peer groups are not unique to adolescence, nor do they first appear in the teenage years. Nevertheless, they do have a special role in adolescence, and in this period of the life span are given great attention by adult society.

Peer groups are important in adolescence as they enable young people to acquire and earn the interpersonal skills that are valuable for living in complex, ever changing societies. These skills are also an important means by which the adolescent learns to navigate the relationships s/he develops in the process of growing up from childhood to adulthood (Coleman, 1999:140).

According to Shaffer (1996:684), peers are likely to be more influential than parents on such issues as what styles to wear and which clubs, social events, hobbies and other recreational activities to choose. By contrast, adolescents usually depend more on their parents with regard to scholastic or occupational goals or future-orientated decisions. Teenagers are unlikely to be torn between parents and peer pressure as long as parents and peers have different spheres of influence.

Zani (1993:98) suggests that peer groups serve primarily to socialise adolescents into appropriate heterosexual interests and behaviour patterns. Peer groups evolve through several stages during adolescence. The isolated, unisexual cliques or pubertal groups which are typical of early adolescence are succeeded by the fully developed crowds or heterosexual cliques in close association during mid-adolescence. These, in turn, lead to the relatively independent, heterosexual cliques or loosely associated groups of couples which emerge in later adolescence.
Griessel, Louw and Swart (1991:85) infer that the most profound need in every young person’s life is the need to have an intimate relationship with other people:

- Youth wants meaning through intimacy with other people.
- Youth is concerned with interpersonal communication and relatedness, action and involvement, and less concerned with conformity to existing social norms.

Negative tendencies within the peer group may have a disruptive influence on a child who is already experiencing difficulty with his social orientation in the community and with acquiring his own identity. Very often the peer group becomes a final haven for the disrupted child.

2.4.3 Media.

The media also exerts an important influence on adolescent sexual behaviour. Television programs portray adolescent and young adult sexual relationships with virtually no mention of contraceptive use. Commercials, magazine advertisements and Music Television also exploit adolescent sexuality through images of young men and women in tight clothes, or in intimate settings. Furthermore, teenage magazines provide endless tales of adolescent love and romance (Crockett and Chopak, in Lerner, 1993:322).

Little research has been done on the direct effects of the media on young people’s sexual behaviour, although there is some indirect evidence that the media may influence the youths’ sexuality. The media portrayals of adolescent sexuality are likely to arouse interest and curiosity and may also affect understanding of appropriate teenage sexual behaviour (Crockett and Chopak, in Lerner, 1993:323).

2.4.4 Community

According to Crokett and Chopak (in Lerner, 1993:321), the neighbourhood or community in which family and peers are embedded may exert an additional influence. Communities are characterised by economic resources, ethnic mix as well
as shared norms and values, each of which may affect adolescent sexual and reproductive behaviour. For example, according to Hayes (in Lerner, 1987:322), early adolescent intercourse is more common among American blacks than among whites or Hispanics. Economic resources also influence the quality of schools, employment opportunities and the array of adult role models to which adolescents are exposed, all of which can affect adolescents’ perceptions of opportunities and expectations for the future. In addition, community resources influence the alternate (non-sexual) activities and rewards currently available to adolescents, for example, extracurricular activities and youth groups.

Given the technology and communications media of today and the desire for freedom of expression, the openness about sex is unlikely to be reversed. It must be recognised that this puts a growing responsibility upon home, church and school for positive, well-planned, thorough sex education for all persons, beginning at an early age.

2.5 Sex education

Sex education has generally been regarded as a very delicate and debatable topic. In the Indian community, particularly, where the attitudes to sex have generally been a “hush-hush” matter, the area of sex education continues to be sensitive. Parents have avoided giving information to their children, possibly because sex education is associated and confused with genital-centred sex alone, rather than with sexuality in its entirety. The notion of sexuality includes aspects of maleness and femaleness, as described by Fonseca (1990:13):

“sexuality is everything in each of us that has to do with our being a man or a woman. We don’t suddenly become sexual beings at a magic moment in our teens or at marriage; we’ve been that way, we continue that way, we are sexual beings until the day we die.”

Sex education, in all of its forms, has an important influence on the sexual development of young adolescents, particularly as research indicates that ages 12 and
13 years are peak times for learning about many sexual concepts, with 51% of certain sexual information being acquired during this period (Lerner, 1993:304).

In the last decade, however, there has been a great deal of controversy on the topic of sex education. While almost everyone seems to agree that teaching children about sex is necessary, there is a lot of disagreement about what should be taught, where it should be taught, and who should do the teaching.

These differing opinions are summarised by Masters, et al, (1986:130) as follows:

A number of studies indicate that only a minority of parents provide meaningful quantities of sex education for their children. American teenagers, for example, reported that they learned most of what they know about sex from friends, not their parents. Until recently, this problem seemed to polarise communities into two groups: those who favoured sex education in schools to prevent lack of knowledge and those who insist that sex education in the schools was unnecessary and unwise. Opponents of sex education in schools argue that (1) exposing children to information about sex would liven their sexual curiosity and draw them prematurely into sexual behaviour; (2) teaching about sex is so closely linked to moral and religious values that it should be done at home or in a religious setting; and (3) the quality of materials and teaching in public school sex education was uneven at best, and quite poor in many cases.

Today, although opposition to sex education in the schools continues, the tone of this opposition is somewhat muted. Thus 77% of American adults believe sex education should be taught in schools, and when such courses are given, less than five percent of parents ban their children from attending (Masters et al, 1986:134). In South Africa, sex education has been integrated under the new curriculum 2005 as a subject on human and social science.

According to Koch (in Lerner, 1993:304) and Masters et al, (1986:135), there are some general guidelines for providing sex education and promoting healthy sexual development during early adolescence, despite some of the opposition regarding sex education, namely:
Adolescents should be taught what they want to know. In fact, they have a right to know about their developing sexuality. Knowledge is better than ignorance on any subject, and sexuality is no exception. Contrary to popular misconception, research indicates that sex education does not encourage teenagers to initiate sexual activity.

Sex education should be integrated along with other topics into family discussions or academic curricula. Sexuality must be dealt with as a positive and natural aspect of life which contributes to the overall development of a person’s self-esteem.

The wide range of sexual attitudes, values and experiences among youth must be acknowledged. For example, teens who are not yet dating, teens who choose abstinence, teens who are gay and lesbian and teens who are sexually experienced, all need support and respect. Programs to promote healthy sexual development must be relevant for diverse participants and should encourage young people to be appreciative of one another’s differences. A goal of these programs should be to strive to eliminate prejudices (sexism, racism, heterosexism, etc.) from the developing adolescent’s view of sexuality.

To promote optimal sexual development and understanding among young adolescents, they must be provided with a combination of cognitive, affective and behavioural learning experiences. Providing adolescents with accurate, up-to-date information on the range of sexual topics is important, but it is not enough. They must also learn to identify and examine their own feelings, attitudes and values concerning the wide range of sexual topics, because the affective domain often influences behaviour. Finally, they develop and practice the many skills (such as communication, assertiveness, decision making and problem solving) that are necessary for maintaining healthy sexual relationships and for making responsible choices.

Adults who influence adolescents in various ways (parents, teachers, youth leaders, clergy, media producers, policy makers, etc.) must become informed about and comfortable with promoting healthy sexual development. Sexuality programmes need to be designed and targeted to adults as well as to teenagers.
The writer believes that **sex education** should not focus exclusively on reproduction but should consider all aspects of **sexuality**. The determination of what constitutes maleness and femaleness in any given society is important as the individual’s self-image and self-value are closely bound up with his/her image as a successful male or female and with his/her essential **sexuality**.

### 2.6 Overview

**Adolescence** clearly marks a distinct phase of human development. One of its main features includes the physical, emotional, sexual and psychological changes that forms part of the maturation process.

For the majority of young people, this movement into the adolescent years involves a major expansion in the range and complexity of their social life. The nature of relationships with parents changes as the adolescent moves towards greater independence. Peers begin to occupy a more central role in many areas of the young person’s life. The amount of time spent with peers or alone increases. Interest and participation in sexual relationships emerge and increasingly influence social activities. The young person becomes more aware of and occupied by the wider social environment, its possibilities and constraints.

This chapter illustrated the “world” of the young adolescent. However, in order to investigate the impact of sex-education on Indian adolescents, it is important to explore the subject in the context of the **South African Indian** community. The reader would gain a clear picture of the unique and traditional aspects and **attitudes** of the **South African Indian** community.
CHAPTER 3

THE SOUTH AFRICAN INDIAN COMMUNITY

3.1 Introduction

Every society is guided by beliefs and values which underlie its norms and prescribed patterns of behaviour. However, the culture of a given society is influenced by contact with other cultural groups and social and educational institutions. Societies and cultures have therefore moved closer to each other, and are being simultaneously and reciprocally influenced as a result of modern technological innovations, advanced communication systems and broad social developments (Harilal 1993: 105).

When a group of people emigrate to a new country with a strong cultural environment, one of several possible effects may occur. According to Schoombee and Mantzaris (1987:51), there may be a deliberate striving to retain the cultural traits inherited from the homelands. Alternatively, there may be a striving to be assimilated into the culture of the group encountered in the new country. A further possibility may be the gradual development by the group of its own peculiar social traits, thus forming a distinct sub-culture in the new homeland. The given effect in a particular case would depend on the peculiar interplay of many complex factors and it is difficult to predict in advance what the outcome would be. A considerable period usually elapses before a clear pattern emerges in this respect. Only then can any firm conclusions be reached about the process of change in such a situation. The Indian community in South Africa is an example of such an immigrant group.

This finding is supported by Harilal (1993:107), who states that the blend of two cultures in South Africa, where one is the dominant determinant of values, is clearly indicated in the cliché “east meets west”. Indian culture, which has its roots in the distant past, is based on customs, rituals, beliefs and traditions. However, as will be discussed further in this study, while the Indian cultural heritage has not been totally abandoned, present Indian society reflects a breakdown of traditional values and
norms since their arrival in South Africa. These changes suggest that Indians are moving away from an orthodox past.

3.2 Historical perspective

It is necessary to begin with a very brief account of the historical background of the Indians in South Africa. Indian immigration into Natal has been investigated by many authors, including Bagwandeen (1989, in Bhana and Brain 1990, and Meer 1969). The demand for labour in Natal during the nineteenth century for the sugar, tea and wattle plantations and for the railways and the mines led to the introduction of Indians into South Africa.

In order to understand why Natal, with its enormous black population, should require Indian labour, it is necessary to consider the labour position which existed in the second half of the nineteenth century. According to Bhana and Brain (1990:23) almost every historian dealing with the arrival of the Indian indentured labourer to the colony has pointed out that Theophilus Shepstone, Natal’s Secretary for Native Affairs from 1845 to 1875, moved large numbers of blacks to the six reserves marked out in various parts of Natal in order to carry out the instructions of the Locations Commission of 1846. In so doing he deprived farmers of readily available cheap labour. Historians have also pointed out that Zulu men were not accustomed to agricultural work, which was usually left in the hands of the women. However, there were regular black labourers who worked on farms, and many of the farmers in the area were strongly opposed to the importation of Indian labour. Nevertheless, it seems to have been generally accepted that the labour force could not meet the demand of the new and labour intensive plantation crops like coffee, tea or sugar along the coastal belt.

The Indians were recruited as indentured labourers for Natal from towns and hundreds of small villages by professional recruiters in the employ of the emigration agents in Madras and Calcutta. This meant, of course, that the immigrants spoke a variety of languages as well as being of different castes. They were also accustomed to living and working in varied climatic conditions, from the high mountain regions of
the north to the hot and humid coastal districts of the south. Recruiting for Natal was done mainly in the north eastern and southern parts of India (Bhana and Brain, 1990:28).

Figure 1 – Profile of the Indian communities in South Africa

The Indians in South Africa are mainly divided into Hindus and Muslims, apart from the small but growing proportion of Christians (originally Hindus who converted to Christianity). The Indians came from different regions in India and represent diversity in culture. The Hindus are divided into four language groups, namely Hindi and Gujarati from North India, and Tamil and Telegu from South India. The Muslims also came from the same areas as the Gujarati Hindu. Among the many sects are Surti, Sunni Vohras, Memons, Pathans, Khans, Shaikhs, Miabhais and Hyderabadis. The languages spoken are Gujarati, Urdu and Memon (see figure 1 above), of which the latter two are the most popular (Jithoo 1996:63).

Each religious group pursued its own traditional customs and observances. The caste system, together with joint family, formed the social structure of the Hindus in India where it persisted almost unhampered for generations. In South Africa, the caste
system prevails in a restricted manner among the different Hindu language groups (Kuppusami, 1983:3).

### 3.2.1 Early development

According to Ramphal (1989:73), Indians have moved towards accepting and adopting Western concepts and models of life since their arrival in South Africa as indentured labourers in the 1860’s. This is further supported by Daya and Govindjee (1993:75) who states that in the space of two or three generations, changes have occurred to bring the Indian community closer to Western culture. As a result Indians now participate in the mainstream of Western urban life in South Africa.

The indentured labourers were prevented from observing all the caste restrictions from the outset, as they came out together on board the same ship, worked together on the same plantations and lived together in the same barracks. They also ate and drank together, thereby violating the commensality restrictions. Furthermore, there was no ‘pnachayat’ (caste council), which in India dealt with misdemeanours. Caste members were no longer restricted to follow their traditional occupations. They were relatively free from social stigmas, which were traditionally attached to low caste Jithoo (in Arkin et al, 1989:73). This pattern is further supported by McNamara (in Preston-Whyle, 1992:106), who state that Indians belonging to different caste systems, different language groups and to several groups professing different faiths were living in close proximity to one another as a single unit without friction in South Africa.

According to Daya and Govindjee (1993:79), the immigrant labourers had no knowledge of English, the language of their masters. However, this did not mean that they were either uneducated or inarticulate. Many were literate in their vernacular (everyday colloquial language) which they passed onto their children.

About two decades later and at the same time as the labourers were going into the colony, professional and trading class Indians began to arrive in the country in small numbers from Mauritius and from what was then known as the Bombay Presidency.
After the indentured labour system ended in 1911 a small number of Indians returned to their mother country whilst the majority elected to make South Africa their land of adoption. Having now been freed from the policy of enforced labour, the majority of the Indians worked under semi-slavery conditions. They began to branch out into various fields of human endeavour, such as agriculture, skilled and semi-skilled work, certain professions and even trade. Unfortunately, the whites responded to their progress towards commercial activity with predictable racial prejudice. This soon resulted in Indians being subjected over a period of years to laws enacted by parliament, which were clearly discriminatory. A stage was reached when the Government of India, not entirely satisfied with direct negotiations took the subject of the treatment of Indians in South Africa to the United Nations (Bagwandeen, 1989:5).

In terms of government policy of separate development, areas were set aside for residential segregation of races. This process necessitated the coming together of all religious and linguistic groups, each freely observing its traditional customs. The impact of Western education and the multicultural composition of the population have had the effect of modifying Indian customs and observances (Daya and Govinjee, 1993:80).

Ramphal (1989:73) further states that of this process of acculturation was initially relatively slow because the immigration was staggered over a number of years. New groups arrived each year. Thus, for much of the indentured period, there were both South African-born Indians responding to change and those newly-arrived, probably resisting change. Consequently, there were two forces: a resident force, already conditioned to change and a new, more conservative force, initially resisting change. Since the late arrivals tended to depend on the more established residents for help and guidance, they succumbed to the adjustments which the older group had already made. Schoombee and Mantzaris (1987:51) highlighted the fact that, as they settled mainly in Natal, they encountered the Zulu culture of Africa on the one hand, and the Western culture of the white people on the other. Consequently, it appears that the Western culture has exerted a powerful influence on the Indian community.

The following discussion outlines some of the transformations that have occurred in the customs, attitudes and life-styles of Indian South Africans over the last 125 years.
The everyday patterns of kinship behaviour, family networks and marital relationships will be explored, as these changes are best illustrated in these contexts.

3.2.2 Emerging values and attitudes among Indian South Africans

Ramphal (1989:74-85) illustrates changes in behavioural patterns, networks and relationships in traditional Indian family life. The traditional family organisation was an extended or joint family system. This system finds sanction in many epics, such as the Ramayan and the Mahabharat, as well as in the popular traditions surrounding family life in the villages of India. In such a system, family affairs are conducted on a joint basis. There is a clear-cut hierarchy of intra-familial relations in terms of dominance-submission patterns. Every family member is part of a whole and the whole takes responsibility for the welfare of each member. The daughter-in-law comes under the authority of the mother-in-law, but with changes in the social climate, women appear to be resisting the passive roles traditionally assigned to them. Many of the younger generation complain that they find it difficult to reconcile the values inherent in the traditional Indian way of life and family relations with their Western outlook. According to Amod and Shmukler (1985:21), two important factors have increased the potential tension between the mother-in-law and daughter-in-law. Firstly, the daughter-in-law is no longer a child when she marries, but a young woman who is more self-confident and has more knowledge and experience than daughters-in-law of earlier times. Secondly, daughters-in-law nowadays generally have more education than their mothers-in-law. They have acquired up-to-date information on child-care, housekeeping and personal behaviour.

As supported by Harilal (1993:110), the changing socio-cultural milieu has resulted in newly married couples setting up a home of their own. This family consists of a husband, wife and their immediate children, and it constitutes the smallest and most elementary type of family unit. Thus, only two generations live together in one household. A characteristic of the nuclear family is its individuality and independence which accords the couple freedom to adopt their own norms and values and pass these on to their children. This new independence, according to Ramphal (1989:90),
contributes to the emergence of an equalitarian relationship between husband and wife.

Furthermore, changed patterns of economic activity that have developed under industrialised conditions have enabled members of the joint family to have greater independence and individuality in their forms of occupation outside the home and joint family situation. This “break away” results in joint families shrinking in the direction of the Western biological family (Mason, 1987:47).

Through contact with whites, the Indian community has started to imitate Western customs and behaviour patterns particularly with regard to family life. For example, “romantic love” is seen as a more effective basis for marriage than the judgement of one’s parents. The relationship between a married couple is much freer and more informal than in the past (Harilal, 1993:129).

The basic aspects of traditional Indian family and marital behaviour are, moreover, being undermined by recreational activities such as Western cinemas, Western dancing and so on. European-styled homes, using Western furniture and appliances, are being erected and the dressing behaviour has also changed. Traditional dresses are often worn only for formal evening functions, weddings, funerals and religious ceremonies (Schoombee and Mantzaris, 1987:52). New values are reflected in clothing, with teenagers being quick to adopt the latest fashions, findings supported by Harilal (1993:108).

In the sphere of education, the underlying assumption is that the Indian child is being prepared for a milieu that is largely Western in orientation. Schools have a westernising influence on the children (Schoombee and Mantzaris, 1987:54) as they come into direct contact with Western values during their most formative years and are prepared for integration into the economy of whites. Education in English has led to profound changes in the linguistic patterns of Indian South Africans (Kuppusami, 1983:3). They often prefer the English language to their own, as they see English as the bearer of the new, powerful and sophisticated culture and the key to well-paid and well-respected occupations.
Many Indian South Africans have also adopted English not only as a medium of communication but also as their home language (Schoombee and Mantzaris, 1987:57). This early limitation on the use of the vernacular and the according loss of interest in it has had a rippling effect on other aspects of the traditional Indian way of life. For example, the succeeding generations have inadequate access to traditional cultural values and are ignorant of the depth and richness of Indian culture, as revealed in sacred books written in the vernacular. Moreover, communication between the younger generation and the “uneducated” traditional grandparents is reduced because of the difficulty experienced by the younger generation in conversing in the vernacular.

The fact that schools treat boys and girls alike has contributed much to the increase in the status of women. In the past, Indian parents were reluctant to send their daughters to school for fear of losing the family’s reputation. Today “educated” girls are not willing to remain at home. Instead, they pursue careers in their field of interest (Amod and Shmukler, 1986:22). This finding is supported by Harilal (1993:121). Parents are beginning to see the merits of having an “educated” daughter in securing a good marriage partner because the educational level of the Indian boy has also risen. Indian parents appear to be adapting to a new society in which education plays a key role as a better education means better job opportunities, a higher income and a higher standard of living.

Education has also resulted in Indian brides of today usually being young women rather than children. This means that they have greater life experience and greater independence. Both the decline in traditional patterns of authority and the blurred distinctions between men and women’s roles have led to changes in interpersonal relationships within the Indian family. As a result, important changes have also taken place with regard to the position of the mother in the household (Amod and Shmukler, 1986:22). As women become increasingly self-sufficient, both financially and psychologically, marriage is no longer regarded as the only means to happiness and fulfilment.

Another point worth noting is that the geographical separation of families has helped bring about change. Formerly, the early marriage of women lead to their incorporation
into the husband’s household. This meant that family behaviour, rules, attitudes and norms could be easily transmitted, through them to the next generation. Now women “escape” the hitherto rigorous training in their husbands’ homes – giving them the opportunity to establish a unique family pattern congruent with the needs of a rapidly changing society (Amod and Shmukler, 1986:25; Jithoo, 1996:75).

One change that is becoming obvious is that distant relatives are less important for the present generation than they were for the parents and grandparents. “At the same time, friends are becoming increasingly important and influential in the lives of the new generation. The smaller nuclear family is not large enough to provide a satisfactory social life and its members are compelled to seek friendships outside the family circle. These normally include members of the opposite sex” (Ramphal, 1989:8).

Housing schemes have contributed to the isolation of households from their wide family groups, thus obligations to kinsmen are difficult to fulfil. Homes are not designed to accommodate the joint family. A separate dwelling for each nuclear family unit is provided, which discourages the joint family household and all its advantages, such as the support and nurturing of extended family members. Moreover, much time is spent on travelling to and from work, thus limiting time for informal family gatherings. These new housing schemes have, therefore, encouraged a new interpretation of social values where privacy, independence and domestic comfort have displaced traditional practices of “open house” and “all are welcome at any time” (Harilal 1993:110-127).

“A prominent feature of the Indian youth of today is the considerable extent of their westernisation. They display relatively little interest in Indian music and cultural and religious festivals, and such events are relatively poorly patronised. The cinema, Western popular music, night-clubs and sports all have their adherents. In many homes, large colour photographs of English film stars, current “pop” singing idols and soccer or cricket teams occupy prominent positions on the walls of bedrooms. This is in marked contrast to early times when Indian prints and statues of temples and deities were commonly displayed” (Ramphal, 1989:82).
Having explored the “context” of the Indian adolescent in the South African Indian community, I will now move into the area of adolescent sexuality in general and conclude by specifically linking sexuality and the Indian adolescent.

3.3 Attitudes and practices relating to premarital sex among Indians

3.3.1 Premarital sex

Ramasar (1997:117) links the discussion of premarital sex to the notion of dating or heterosexual relationships among adolescents and young adults. Unlike Western societies, dating has not become institutionalised in the Indian community, however there is much evidence of its occurrence. It is, therefore, very difficult to trace its emergence in the Indian community as there is a lack of statistical information and no public records, nor is there any information readily forthcoming from individuals. However, there is increasing evidence of patterns which reflect the desire of young people to be where their parents are not, such as unsupervised casual recreational paring. When dating, the adolescent and young adult enjoy greater personal mobility and social interaction with members of the opposite sex. Dating and premarital sex may also provide a context for the selection of mates.

Ramasar (1997:119) refers to a study by De Kock (1987:264) on mate selection of Indian South Africans in Natal. He hypothesised that homogenous mate selection is the dominant pattern among Indian South Africans. It was shown in his study that in nearly 80% of the marriages, parents had a significant degree of authority in the selection of a mate. De Kock also found that with social change, traditional values were replaced by values such as democratic ideals, the romantic complex and the right of youth to free choice of marriage partners.

The elderly, less-educated and economically deprived Indians seem to conform to the traditions of arranged and inter-religious marriages. However, according to Schoombee and Mantzaris (1985:18), the attitudes of younger, better-educated and
economically independent persons are changing considerably in respect of the acceptability or unacceptability of arranged and inter-religious marriages.

Young South African Indian males and females, like their counterparts in other cultural groups, have also been exposed to highly-urbanised living, a liberal education, the mass media and the ever-popular movies with "boy meets girl" and "love at first sight" themes. It seems that in this process parents have tried increasingly to keep pace with the times in order to accommodate their offspring, even at the cost of being accused of permissiveness. The norms governing heterosexual friendships and dating have been reshaped by the telephone, by the development of reliable contraceptives and by a preference for being alone together rather than in groups (Ramasar, 1997:120).

An indicator of premarital sex in the Indian community is the statistical information on unmarried mothers. However, Burman (in Preston-Whyte, 1992:22), argues that illegitimate birth has many definitions in South Africa, depending on its legal and religious context. African customary law and the various religions practised in South Africa each have their own rules as to what constitutes marriage and illegitimacy, but these are not recognised as such by South African state law. According to state law an illegitimate child is one born out of wedlock who has not been legitimated by his/her parents' subsequent marriage or by adoption. For a marriage to be deemed valid, it must be performed by a state marriage officer, a magistrate or a minister who has acquired a prescribed level of education, and undertaken to uphold the laws of the land – which entails a refusal to perform polygamous marriages. Unfortunately, these requirements exclude many Muslim and Hindu religious leaders who may have difficulty meeting these requirements. Thus such marriages are not recognised by the state.

The illegitimacy figures are taken from notifications-of-birth forms. Bearing in mind that those married by Muslim and Hindu customary law rites may have different surnames, bringing the illegitimacy figures into question.

Another reliable index includes the family planning agencies at local and state level. Girls under the age of 18 years may not be issued with contraceptives except with
It is also known that a number of pregnancies occur among teenagers even at 13 or 14 years, indicating that more and more teenagers are sexually active at an earlier age.

"An important contributing factor is the peer group influence. Professional workers have found that the peer group exerts a great deal of influence on the sexual behaviour of youngsters. Some girls and boys "go steady" and indulge in premarital sex before leaving high school. Although adolescents may have insulated family values, the peer group has increasing influence over the sexual manners and morals of boys and girls. Adolescents have a role in society. The culture of youth differs from that of adults and this is revealed by fashion in clothes, jargon, music, language and food. Peer group pressure says one cannot be the odd one out, and there is a greater chance of adolescents accepting peers as moral guides. If peers say it is the "in thing" to be sexually active, adolescents are made to feel they are missing out or losing out in the experimental stage of their lives" (Ramasar, 1997:122).

It may be accepted, then, that premarital sex is more prevalent than appears at first. This frequently leads to pregnancy, the wrong choice of marriage partners, early marriage and consequent problems.

### 3.3.2 Attitudes relating to sexual activities

With reference to accessible and available information, an attempt has been made in this study to create a picture of the practices relating to premarital sex in the Indian community. By explaining both the traditional and modern views held by the community, the effects of social change will become more clear, specifically those aspects of life relating to sexual behaviour, practices and attitudes. This approach will serve as a guide to establishing the extent to which current patterns and trends deviate from traditional standards of behaviour and social norms.

### 3.3.3 The traditional viewpoints

Both the Hindu and Islamic viewpoints would be considered.
3.3.3.1 A Hindu perspective

Kurl, (in Thomson, 1993:31) describes Hinduism as a pragmatic religion, with no orthodox views, restrictions or taboos. He goes on to describe it more as a way of life, that is, codes by which one should live: that you shouldn’t hurt others; that you shouldn’t kill animals, and so on. Hinduism does not prescribe what you should or should not do.

According to Viswanathan (1992:1), Hinduism is the relentless pursuit after truth. There is only one God and one truth. The Hindu Vedas proclaim, “Ekam Sat, Viprah Bahudha Vandanti” which translates as “There is one truth, only men describes it in different ways.” So a Christian, a Hindu, a Muslim and a Jew are all one and the same. Thus as with Kurl (1993), Viswanathan presents Hinduism as not a religion but, as a way of life. In present Indian society,, Hinduism is more a culture than a religion.

As pointed out by Viswanathan (1992:2), in Hinduism one will seldom come across a statement starting “Thou shalt not.” It has highly spiritualistic Advaita and Raja Yoga on the one side, and highly materialistic, atheistic, hedonistic Charvaka philosophy, which does not believe in God or the Vedas, on the other side. On one side, idolatry is a part of Hinduism, while on the other, “the religion of the Vedas knows no idols” as expressed by German philosopher Max Muller. The Jahala Upanishads states that, “images are meant only as aids to meditation for the ignorant”.

Viswanathan (1992:4) quotes a spiritual stanza, in which a Guru told his disciple:

   Nobody knows what is right or what is wrong;
   Nobody knows what is good or what is bad;
   There is a deity residing within you;
   Find it out and obey its commands.

This ‘deity’ is none other than the ‘inner voice’. It is indeed the Christ within, or to put it in better words, it is the immortal Holy Ghost and that all final answers are
within. Viswanathan (1992:4) cautions against taking the above stanza as a green light for licentiousness and doing things as one’s emotions dictates. Emotions within a person can be very deceptive. They can be justified by arguments to make every silly action look meaningful.

Hinduism does not insist that you worship only one God. What it does say is that there is only one God, but it can take many different forms, which demands tolerance, respect and acceptance of all other religions (Kurl, in Thomson, 1993:31).

3.3.3.1.1 Practices

Good qualities or virtues form an aspect of religion. According to Daya and Govindjee (1993:76), to properly understand the Hindu religion we must learn about the three aspects which comprises this religion. These are:

- **Belief in God**
  
  There is a divine power, which controls the actions of the world. The divine power is called Parameshwar (God). Faith in God is the first important part of the religion.

- **Rituals and Ceremonies**
  
  One is able to understand God and discover Him through the medium of ceremonies in which He is worshipped. These ceremonies are conducted at temples, at home or at any holy place. They are performed according to rites and rules. Rituals, worship and prayer make up the second part of the religion.

- **Ethics and Morals**
  
  To become a good person, Hindus need to observe the following virtues: compassion, non-violence, justice, purity, forgiveness, contentment, tolerance and discipline. Without these, all ceremonies, prayers and worship will be meaningless. Ethics and morals thus make up the third part of the religion.
3.3.3.1.2 Principles

➢ Dharma

According to Wangu (1991:100), dharma, meaning moral duty or law, is an important term in Hinduism. According to this law, all things in the world have a proper place, function and order. This creates a balance in the universe. Dharma not only means cosmic law and moral duty but also social, ethical and religious duty.

➢ Karma

In Hinduism, the moral and social duties of dharma are tied to the theories of karma. Originally, any correct activity or properly performed ritual was called Karma. However this meaning has been expanded to mean that one’s present actions determine one’s future life. Karma also encourages Hindus to act ethically, because if they do not, they will suffer for their poor actions in the future (Wangu, 1991:103).

3.3.3.1.3 The relationship between religion and culture

Kurl (in Thomas, 1993:31) describes culture as the norms for everybody living what people tend to believe in terms of dress, food, marriage and customs. Religion on the other hand, is different as things which are considered sacred are less prone to change while culture is more likely to undergo change. Some Hindu cultural expectations do come from religion, however, for example, it one considers Lord Rama and his wife Sita who are regarded as saints, Sita’s role as a wife is used as an example of how a good wife should behave. Thus certain parallels with religion do become incorporated in the culture.

3.3.3.1.4 The relationship between religious theory and practice

According to Kurl (in Thomas, 1993:35), Hinduism is a pragmatic religion which does not impose too many harsh requirements on its followers. Hinduism describes more an appropriate way of living one’s life, for example, not destroying any other life forms, respecting one’s elders and giving to charity. Most Hindus try and follow
these practices. In terms of actual practices it can take many forms and all are acceptable. Clearly there are situations where individuals do not fulfil the norms or expectations of the family.

3.3.3.1.5 Theories of the body

The Gita talks of the body as a container of the soul. The comparison which is used is that one takes off dirty clothes and puts on new ones and that is what the soul does – as it is reincarnated in different bodies. There is no concept that a certain section of the body is taboo. This is where culture and norms come in, however, dress should be modest and not too revealing (Kurl, in Thomas 1993:36).

In the ancient scriptures of the Hindus such as the Vedas (Bharadwaja, 1915), a great deal of emphasis was placed on the preservation by youth of the reproductive element, which alone opened the way to health and happiness. That period of life known as ‘youth’ was confined to student status when the young person practised Brahmacharya. This signified a cloistered student life with a strict taboo on sexual intercourse among youth. There was a strong belief that while the mind developed during study, abstinence from sexual activity developed a healthy body. This led to the development of separate schools for girls and boys, all under strict discipline.

Kurl (in Thomas, 1993:36) goes on to say that there is no religious ceremony that marks puberty or the passage from childhood to adulthood. Education about menstruation for girls is ad hoc – no formal guidelines are provided for such education. In addition, there is no rite of passage for young men entering puberty in Hindu culture.

In the Tamil community, the occasion of a girl reaching puberty has been, and still is, an important one. Immediately after a young girl ‘blossoms’, a family member takes personal charge of that girl, attends to her bath and leaves her in isolation from others for approximately a week. She is not allowed to move around the house freely and is given rich nutritious foods, including raw egg. At the end of this period of isolation (about nine days), she is given a ritual bath and dressed like a bride. She then
participates in Arathi (the waving of lighted camphor). This is done to ward off evil spirits. A grand feast follows and gifts are received from friends and relatives (Kuppersami, 1983:84).

Within the broader Hindu community, the Gujerati, Hindi and the Tamil groups, menstruation inaugurates an honourable and desirable status, yet the condition itself involves restrictions on normal behaviour. From puberty to menopause, a menstruating woman is prohibited from participating in ritual activities. For example, she may not light the holy lamp, enter a temple or prayer room, or participate in any holy ceremonies. She is discouraged, for example, from touching pickles, which may turn mouldy if handled (Kuppersami, 1983:85).

There are no prohibitions on contraception. Abortion on the whole tends to be frowned upon as Hindus feel that all life is sacred. There are no rules concerning masturbation or sex for non-reproductive purposes. The whole arena of sex and sexual practices is rarely talked about. There are no prohibitions concerning particular sexual acts within the context of marriage. But any sort of deviation from the norm, that is, getting married, such as premarital sex or sex outside marriage, would be seen as wrong.

The Hindu community traditionally denounced premarital sex. Youth were expected to enter married life as virgins. Girls were always expected to be virgins as female chastity was highly valued. The moral development of children and youth was closely tied to ideas of prosperity and progress of one’s country. Violation of socially-sanctioned codes or socially-prohibited behaviour signified degeneration, poverty and unhappiness (Ramasar, 1997:126).

The Hindu scriptures written during 200 BC to 900 AD mention eight modes of marriage. The ‘Gandharva’ mode, though opposed to the accepted norm, is nearest to what may be terms as ‘free-choice’, ‘romantic’ or ‘love’ marriage. Yet, through the ages Hindu revivalism and other socio-religious and economic factors discredited the importance of ‘Gandharva’ marriage (Gupta, in Kurian, 1997:170).
From ancient times, Hindu marriages are considered as a ritual and a sacramental union. There were certain traditional norms that prescribe to the parents of both boys and girls their responsibilities in getting their children married. Marriage was treated as an alliance between two families rather than a mere union between two individuals. The traditional patterns did not provide any opportunity to the prospective spouses to participate in the decision making process of their own marriage. In fact, they were not allowed to see each other until the wedding day (Prakasa and Rao, in Kurain, 1997:11).

Prakasa and Rao, in Kurain (1997:17), explored college students attitude toward the traditional and current norms of arrange marriage in India. The following emerged from their study:

- Majority of the young people want more freedom in selecting a future spouse and also wanted their parents to consult them before selecting a spouse so they can make their feelings known.
- Some young people prefer to take the decision into their own hands then consult their parents. It suggests that they would like to have some voice in choosing their own mates.
- A great majority liked to have the opportunity to meet their future spouse before marriage, thus indicating a departure from the tradition, which did not allow the prospective bride and groom to see each other before marriage.
- A majority also indicated that they wanted to know their future spouse for some time before their marriage, instead of not having any acquaintance as in the traditional days.

The conclusion reached by these researchers was that these college students’ attitudes on arrange marriage is indicative of a trend towards modernisation.

As a member of the South African Indian community, the researcher has observed similar trends are found in the patterns of behaviour and attitude toward arranged marriages on behalf of the Indian adolescents.
There is absolutely no regard of rights and responsibilities in the area of sexual pleasure in Hindu culture. There are equal rights and responsibilities for men and women in the area of sexual pleasure, yet there is little open discussion or awareness of this practice.

“In summary, mate selection evolved from the earliest times when young couples had the least say to formal meetings for the “assessment” of the young woman, then later to brief conversations between the young couple, and finally a formal engagement and then marriage. Unchaperoned courtship was rarely approved” (Ramasar, 1997:127).

3.3.3.2 An Islamic perspective

According to Noibi (in Thomas, 1993:41), Islam is universal. All Muslims from whatever country, however different their culture, unite as one ‘ummah’ (community), the binding and consistent force being Islam. Islamic practices are quite distinct from cultural customs in that those of Islam are constant, steadfast and unchanging whilst ethnic practices vary from country to country. Furthermore, Islamic practices, duties and obligations are entirely the same world-wide. If there are variations in food, dress, marriage, manners and so on, these are characteristic of their cultural and ethnic heritage and often have nothing to do with Islam. A Muslim who is in doubt about Islamic teaching with regard to any aspect of his or her life, whether spiritual, political, economic or sexual will turn to the sources – the Quran and Hadith for practical and moral guidance.

Halstead (1997:317) quotes Noibi as saying “family life is the cornerstone of an Islamic society Islam regards marriage as a religious duty and the only valid basis of family life”. Since marriage is viewed as a religious duty for all Muslims, it is an act of piety – even of worship, since worship is defined in Islam as acting in accordance with God’s will. Thus celibacy is not acceptable as a way of life in Islam and unmarried cohabitation or same-sex partnerships are in direct opposition to Islamic teaching.
Islamic law provides clear guidance about what is acceptable and unacceptable for Muslims in the area of **sexual behaviour**. The only form of sexual relations permitted in Islam are those between a husband and wife, and the aim of such relations is physical satisfaction, the growth of love and kindness between husband and wife and procreation. The married couple may choose any convenient and mutually enjoyable method of intercourse or other sexual activity except those which are explicitly forbidden (including anal intercourse, oral sex and sadomasochism). Pre-marital, extra-marital and same-sex relations are forbidden in Islam.

### 3.3.3.2.1 Puberty and rites of passage

According to Noibi (in Thomas, 1993:54), religious duties in Islamic society become strictly obligatory only when one attains the age of puberty. Such duties may include marriage at this age. Where the marriage has been previously arranged by parents, the boy and the girl have the option to confirm or reject such a marriage when they attain the age of maturity, according to some schools of Islamic Law. During menstruation women are not required to pray and fast during Ramadan.

### 3.3.3.2.2 Sex education

For Muslims, an understanding of **sexuality** – and indeed all areas of life – should begin “not with internal demands felt by the individual, but with the will of God” (Bouhdiba 1985:5, in Halstead, 1997:321).

Noibi (in Thomas, 1993:56) outlines how **sex education** takes place: Islam does not create feelings of guilt by treating sex and **sex education** as a taboo subject, but deals with it in an open-minded, balanced way within the family, based on knowledge and with due respect for the intimacy that sexual life warrants.

Parents are obliged to teach appropriate **sex education** according to the ideals of Islam. This should be done at appropriate stages, paying due consideration to the physical and emotional developments of the children. Parents should not feel shy or embarrassed about providing necessary information about sex to their children, as it is
their obligation to provide the religious context, example and primary teaching is this matter (Noibi, in Thomas, 1993:36 and Halstead, 1997:319).

The effect of this knowledge should not be to awaken desire or encourage experimentation but to affirm for the student that following Islamic teaching will confer protection from emotional and physical damage. Islam does not encourage the study of the sexual matters at a very young age (four to eleven years), although, in practice, children should be brought up to abide by the various Islamic rules relating to sex differences. Information relating to sex education should be provided later on and ideally soon before marriage.

It is suggested by Noibi (in Thomson, 1993:57), that the following details be considered when schools teach sex education:

- The full backing, consent and co-operation of parents.
- The option of single sex classes.
- Not to encourage secrecy from parents.
- Pupils to be supported when their views differ from those of their peers and to be acknowledged and respected.

Noibi (in Thomson, 1993:57) also provides recommendations in terms of content:

- All information relating to sex, sexuality and relationships must be presented within the context of married family life.
- Explicit videos depicting nude men, women and children are to be avoided.
- Diagrams of the human form and biological models can be used under specific circumstances with adequate sensitivity.

Finally, in terms of knowledge, skills and attitudes, Noibi (in Thomson, 1993:57) suggests that the following should be included in a sex education program:

- Confidence that sex is not a ‘bad thing’ provided it is only within marriage.
- An understanding of how the body functions, using Quranic teachings as a starting point.
An appreciation of the fact that the body cannot be and is not detached from feelings and emotions.

Respect for oneself and others.

Avoidance of bad company and dangerous situations.

Awareness of sexually transmitted diseases.

Halstead (1997:322) goes on to say that Islamic ideal places extraordinary value on sexuality, but only within marriage. He points out two complicating factors:

The first is the diversity, which is not only possible but also seems to be practised across the Muslim world. In some Muslim societies divorce and polygamy are widespread, in others they are rare. Similarly, family structures and methods of bringing up children may vary widely. From a sociological rather than a religious perspective, it is hard to make generalisations about sexuality in the Muslim world, since every Muslim society or social grouping is likely to be a unique mixture of the 'invariant' (i.e. the unchanging Islamic teaching) and the 'variables' (i.e. the diversity of behaviour which is permitted in practice with Islam). Any discussion of sexual behaviour in Islam must therefore take account of "the three-termed dialectic of the sexual, the sacral and the social".

The second complicating factor is that Muslims have not always lived up to the high Islamic ideals in the past. In this regard Halstead (1997:322) Bouhdiba as stating that "only a naïve or dishonest mind could be surprised at the gaps that exist in any society between its ideals and its practices".

Islam acknowledge that human beings have a tendency to go astray. The attitude of Muslims to these 'lapses' is often ambivalent. Some may be subject to severe punishment under Islamic law, but on other occasions they may be seen as examples of human weakness which do not actually undermine the faith. Some deviations from the ideal (such as temporary marriage) have actually been considered acceptable in some Muslim societies.
3.4 Overview

In a multicultural society like South Africa, one culture cannot exist in isolation from others. Against this background, it is evident that the major forces of modernisation, industrialisation, urbanisation, education, increased geographical mobility and the expanding occupational structure have all contributed to social change, and a further away from traditional standards of life in the Indian community.

The South African Indian youth is exposed to ‘Western’ and ‘modern’ atmosphere and is introduced to novel ideas pertaining to different normative patterns of behaviour.

People can serve as a barometer to assess the changes in the family structure, nature of relationships, life styles and behavioural patterns in the Indian community.

3.5 Synthesis of the literature review

As pointed out by Cobb (1992:172), it may appear self-evident, but it is important to state that the sexual behaviour of young people takes place in the context of adult attitudes and behaviour. The impression held by ‘adults’ is that adolescents/teenagers are somehow cut off or detached from what is going on in the rest of society. Adolescents are blamed for having permissive attitudes, or for indulging in casual sex without considering the consequences. The fact is, however, that the sexual development of young people is affected in a fundamental sense by what is taking place around them. Today we live in a society which is remarkably open about sexuality. Many of the taboos, which operated thirty years ago, have disappeared, with the result that sex is pervasive in our lives.

Young people are exposed to sexual material on television, on film and video, in advertising and in teenage magazines. They are conscious about adults around them, whether in the family or in the neighbourhood, who are having sexual relationships outside marriage. They observe that adults pursue sexual gratification without always considering the consequences. They can see that adults place sexual satisfaction high
on their list of personal goals, and not surprisingly, young people are influenced by such experience. To believe that adolescents somehow live in a world of their own is unrealistic and unhelpful. We will not be able to understand adolescent sexuality unless we acknowledge the context in which it occurs and acknowledge the major influence that adult society has on it.
CHAPTER 4

RESEARCH DESIGN AND METHODOLOGY

4.1 Introduction

In this chapter, the research method, population, sample, instruments and research procedure used in the present study are discussed.

4.2 Location of the study

The study was conducted under the auspices of the Family Life Centre, Johannesburg. A public high school situated in the suburb of Lenasia, which is in the southern part of Johannesburg, was selected for this study.

4.3 Research design

The aim of this study was to ascertain whether formal sex education programmes received in Grade 10 would influence pupils' knowledge, attitudes and areas of concern regarding their sexuality.

In accordance with the nature and aims of the research, this study falls within the parameters of quasi-experimental design where the dependent variables are 'knowledge', 'attitudes' and 'areas of concern'. The independent variable is the 'Education for Living' programme. According to Grinnell (1988 : 229) a research study is not a 'true' experiment unless it contains four essential ingredients, namely:

- manipulation of the independent variable
- random sampling
- random assignment
- control of the intervening variables.
“Quasi” means “having some resemblance”. Quasi-experimental, therefore, is an experiment which resembles a true experiment in some aspects but lacks at least one of the four necessary ingredients (Grinnell, 1988:229).

Rubin and Babbie (1997:285) refer to this research design as experimental, specifically the static-group comparison administers the experimental stimulus to one group (the experimental group) and then measures the dependent variables in both the experimental group and the control group. The figure below graphically illustrates the pre experimental research design outlined above:

**Figure 2 - Pre-experimental research designs: The static C-group comparison**

![Pre-experimental research designs: The static C-group comparison](image)

(Rubin and Babbie, 1997,285)

In this study, there is no random selection from the population - the Grade 10 pupils. Only those pupils from these classes having guidance on the particular day that the researcher visits the school will participate in the programme. They constitute the experimental group of respondents.

Furthermore, the control group of respondents comprise Grade 10 pupils who received guidance on a different day from the day on which the experimental group received guidance. Thus, while the experimental group received guidance, the control group continued with other teaching subjects following their respective timetables.
The experimental and control groups were not necessarily expected to be comparable in terms of academic potential, performance, attitudes, behaviour and values as the classes are differentiated according to subject choice.

Thus, generalisation of the results of the present study is limited to the Grade 10 pupils who receive guidance on one of the two specific days of the week, which indicates limited external validity.

Furthermore, the internal validity, i.e. the potential lack of group compatibility on pre-test and the potential lack of control of intervening variables, limits the control of extraneous variables.

The design may, therefore, be considered an elaboration of the ‘pre-test - post-test one group’ research design, as it incorporates a comparison group which receives both the pre-test (O1) and the post-test (O2) at the same time as the experimental group. However, the comparison group does not receive or participate in the treatment (in this case the Education for Living Programme).

The design can be depicted as follows:

- Experimental group: O1 X O2
- Comparison group: O1 O2

Where:
- O1 = First observation of the dependent variable.
- X = Independent variable (Education for Living programme.)
- O2 = Second observation of the dependent variable.

4.3.1 Permission to conduct the study at the school

In order to gain access to the information relating to the study, the principal of the high school was approached. He was informed about the study and asked permission to conduct the study at the school. The principal was given the assurance that confidentiality would be maintained. Permission to conduct this study was not sought.
from parents. The principal assumed the role of authority, giving permission for the research to be carried out and the Education for Living Programme to be implemented at the school.

Once the research tool was submitted to the school principal, verbal permission to conduct the study was granted. The co-operation of the research participants was requested and received. Agreement was reached regarding the time and place for each session.

4.4 Sampling procedure

4.4.1 Population

In this study the target population refers to Indian male and female teenagers attending a particular high school in Lenasia. The study was restricted to this population group for the following reasons:

➤ Different cultural backgrounds are known to influence the development of values, behaviour, knowledge, needs and areas of concern. Other population groups require separate but comparable studies.
➤ Both males and females were included on the basis that both genders are equally responsible for the occurrence of sexual activity.
➤ Logistics and availability of subjects determined the choice of the Lenasia area.
➤ In order to control variations in age and standards of education, only Grade 10 pupils were selected.

4.4.2 Sample

The sampling procedure used in this study is non-probability sampling, specifically ‘availability’ sampling sometimes-called ‘accidental’ sampling (Grinnell, 1988:251). Rubin and Babbie (1997:267) describe the non-probability sampling technique as one in which not every member of the total population has a known probability of being
selected into the sample. And, unlike probability sampling, the non-probability sampling method does not always avoid conscious or unconscious biases in element selection on the part of the researcher. There is a limited estimate of sampling errors. However, it is sometimes not possible to use standard probability sampling methods or even appropriate to do so.

It has been the researcher's experience and knowledge of the population and practical implications which has influenced the use of convenience sampling or accidental sampling.

The total sample comprised 57 pupils of whom 31 formed part of the experimental group and 26 formed part of the control group. Respondents who formed part of the experimental group included two Grade 10 classes that had a guidance period scheduled for the day. I visited the school. Respondents of the control group were two Grade 10 classes who had no guidance period scheduled for that day.

Despite the fact that the Gauteng, Education Department's policies were revised in 1991 to open schools for all racial groups, the particular school from which the sample was drawn had very few "non-Indian" pupils. No non-Indian pupil was available during the availability sampling procedure. Thus the total sample was representative of a particular racial group, i.e. Indian South Africans.

4.5 Method of data collection

The data collection instrument utilised in this study was a questionnaire (see Appendix 1). In view of the nature of the research topic, I thought this instrument would be more effective in eliciting honest responses than other research instruments such as face to face interviews which could be too threatening. A cover letter attached to the questionnaire (see Appendix 1), in which the research was explained and anonymity assured, accompanied each questionnaire.
4.5.1 Development of the questionnaire

The research instrument, i.e. the questionnaire utilised in this study, was not a standardised instrument, but one that had been partly constructed for this research in order to individualise the study for the South African context and to reflect the content of the programme.

The same questionnaire was distributed among male and female pupils. The themes explored were the following:

- Physiology and reproduction.
- Sexual behaviour/activity.
- Areas of concern.
- Values.

While some of the items were close-ended, so the respondent used only an ‘x’ to mark the appropriate response. Other items were open-ended and space was provided for the detailed response.

4.5.2 Pre-testing of the questionnaire

Pre-testing of the questionnaire was done with the purpose of ascertaining validity. The pre-test respondents were requested to respond to the questionnaire to examine the format, style and language clarity and to note the time required to complete the questionnaire.

Eight respondents, four boys and four girls from a Grade 10 class attending a different school in Lenasia, were selected. The purpose of the pre-testing was to see whether the target population would understand it and not find it too unwieldy (Rubin and Babbie, 1997:171).
4.5.3 The design of the questionnaire

The 89-item questionnaire was divided into five sections, namely:

- **Section A: Personal data**
  This part of the questionnaire was intended to elicit the variables that could affect sexual knowledge and behaviour such as gender, age and religion. There were 27 items in this section.

- **Section B: Sexual expression**
  This part of the questionnaire elicited information about sexual expression and behaviour, *interpersonal relationships* and contraception. There were 15 items in this section.

- **Section C**
  This part of the questionnaire explored knowledge of sexual and reproductive system knowledge, and comprised 36 items.

- **Section D**
  This part of the questionnaire explored areas of concern and *values*. There were 23 items in this section.

- **Section E**
  This part of the questionnaire was intended to depict some of the *attitudes* held in terms of *sexuality* and sexual practices. There were 23 statements in this section. The attitude dimensions were formulated by combining the different attitude statements. Thus statements 1, 4, 9, 10 and 19 were combined for *attitudes* toward pre-marital sex. Questions 2, 5, 6, 13, 14, 15 and 18 related to moral *values*. *Attitudes* toward contraception were measured in terms of responses to statements 3, 8, 16, 20 and 22. Statements 7, 11, 12 and 17 combined to measure *attitudes* toward the parent-teenager relationship.

Sections C, D and E form the post test and are compared in the experimental design.
4.5.4 The reasons for using a questionnaire

The reasons for using a questionnaire were as follows:

- Firstly, the number of respondents available made it impractical to carry out individual interviews.
- Secondly, it was economical considering the time factor. A large group of respondents were able to complete the questionnaire in one sitting.
- Thirdly, the relative anonymity that resulted when whole classes completed the questionnaire, should reduce the refusal rate and ensure honest answers.
- Lastly, it seemed unlikely given the intimate nature of the subject matter, that the respondents would have been comfortable with individual interviews.

The last point is borne out by Rubin and Babbie (1997: 362) who believe that self-administered questionnaires are more appropriate in dealing with sensitive issues if the questionnaire offer complete anonymity. Respondents are sometimes reluctant to report controversial or deviant attitudes or behaviours in interviews but are more willing to respond to an anonymous self-administered questionnaire.

4.5.5 Distribution of the questionnaire

4.5.5.1 Experimental group

The school was visited mainly during the time allocated to the researcher to implement the “Education for Living” programme, to avoid disturbing school routine. Once permission had been obtained from the principal and the participants had consented to be part of the study, the questionnaires were administered.

The pupils who were selected, that is, the experimental group came to their guidance class for the session. The researcher then introduced the “Education for Living” programme as well as the study, and expressed appreciation for the respondents’ willingness to participate in the study. The entire purpose of the questionnaire was explained. The researcher emphasised the need for accurate data on the area of
sexuality in order to plan future programmes. Respondents were asked to be honest about their responses and informed that there were no right or wrong answers.

The questionnaires were handed out to each respondent for individual completion. Respondents were assigned a unique secret number by their class captain to ensure matching in terms of pre and post test questionnaires. The list of numbers and names was not made available to the researcher at any stage.

Completion of the questionnaire took 45 minutes. The researcher was present throughout this time. Questionnaires were collected immediately.

Distribution of the post-test questionnaire followed the same format. Respondents were assigned their original unique secret number (as per pre-test questionnaire) by their class captain. The significance of the post-test was explained to the students, and on completion the questionnaires were collected immediately.

The post-test questionnaire was administered 12 weeks after the pre-test questionnaire. These 12 weeks included the 10-week programme and a 2-week holiday period.

4.5.5.2 Control group

Respondents who made up the control group comprised pupils who received guidance on a different day from the experimental group. The researcher discussed the “Education for Living Programme” as well as the study. In addition, it was also explained that in the interest of this particular study, they were not going to participate in the currently scheduled “Education for Living Programme”.

The distribution of the questionnaire for the control group followed a similar procedure as for the experimental group. Permission was obtained from the school principal and the control group consented to be part of the study. Having secured their consent, the questionnaire was administered during the same week as the experimental group. Respondents were assigned a unique secret number by their class.
captain to ensure matching in terms of pre and post test questionnaires. The list of
numbers and names was not made available to the researcher at any stage.

The researcher was also present whilst the control group completed the questionnaire.
This lasted 45 minutes. On completion, the questionnaires were immediately
collected.

As with the experimental group, distribution of the post-test questionnaire followed
the same format. Respondents were assigned their original unique secret number (as
per pre-test questionnaire) by their class captain. The significance of the post-test was
explained to the students, and on completion the questionnaires were collected
immediately.

As with the experimental group, the post-test questionnaire was administered 12
weeks after the pre-test questionnaire. These 12 weeks allowed for the 10-week
programme attended by the experimental group, and a 2-week holiday period.

4.5.6 Limitations of the study

The following limitations should be noted:

- The small sample size limited the representativity of the study in relation to the
  population.
- The research was confined to one high school in a specific geographical area, which
  limited the generalisability of the findings. External validity is threatened. (Rubin
  and Babbie; 1997:277).
- Extraneous variables such as parental, peer, media, religious and cultural input may
  have influenced or contributed to the subjects knowledge, perception, behaviour
  changes, value clarification and areas of concern. Therefore, the findings can, at best,
  only suggest that formal sexuality education programmes are an influencing factor.
  Internal validity is threatened. (Cook and Campbell, in Rubin and Babbie, 1997:
  277).
Limited South African research in this field of investigation and more specifically limited research on the South African Indian community restricted the researcher to rely predominantly on American and other overseas literature. This affected the study in terms of the social and cultural relevance of the theoretical base.

The facilitator presenting the course, collected the data by administering the instrument. As a result the effect of wanting to please the facilitator cannot be ruled out.

4.6 Collection of data

Discussion of the process leading to the collection of data will consider the following issues.

4.6.1 Ethical considerations

As this study is concerned with personal data, ethical considerations were vital. As mentioned earlier, verbal permission to conduct the study was obtained from the school principal. One week prior to the implementation of the “Education for Living” programme and distribution of questionnaires, the researcher visited the school in order to make the necessary arrangements, at which point the guidance periods, times and venues were agreed upon. The sample was selected and the teachers and principal notified.

The respondents’ voluntary consent was secured. Assurances were given to the unpaid respondents that they would be anonymous. They were informed that participation in the study was not compulsory, but that with participation came the obligation to complete both sets of questionnaires. The school was promised a copy of the study’s findings after completion of the study.
4.6.2 Response rate

120 questionnaires were distributed in total. All questionnaires were completed, constituting a 100% response rate. However, 63 questionnaires were spoilt.

4.6.3 Coding of completed questionnaires

Code numbers for each item were made after collection of the completed questionnaires. The responses were coded and transferred on to coding sheets by the researcher.

4.7 Data analysis

Once the data had been collected, it was coded and transferred to spread sheets. The data was analysed and presented quantitatively, using simple descriptive statistics, charts and graphs. Frequency distributions, percentages and measures of central tendency (mean, median and mode), were computed. In addition, aspects of the relationship between the two groups were analysed to test for statistical significance in the differences in scores. In each case a $t$-test of significance was applied.

The analysis of the data is discussed in Chapter 5.

4.8 Overview

Various aspects of research methodology, questionnaire construction and ‘booby traps’ on the path of research have been noted. The ‘pre test – post test’ design was discussed. Aspects of the data collection method and the sample were considered, and a description of the questionnaire and scales used in this study was provided.
CHAPTER 5

RESULTS OF THE EMPIRICAL STUDY

5.1 Introduction

In this chapter, information obtained from each respondent in the sample on a specifically designed questionnaire (Appendix A) is presented statistically, analysed and interpreted. In addition, summaries and discussion for each of the hypotheses will be presented.

The questionnaire consisted of five sections, namely:

- Section A: Descriptive personal data and sexual knowledge source.
- Section B: Sexual and other life-style behaviours.
- Section C: Sexual knowledge.
- Section D: Areas of concern.
- Section E: Values and morals.

The information provided by this questionnaire forms the basis for the analysis.

5.2 Analysis of the data

The questionnaire was completed at pre; and post-test level.

The results of the findings are presented in four broad sections, namely:

- Summarising the descriptive data, which include biographical data.
- Summarising the data relating to sexual behaviour.
- Testing the effectiveness of the programme by formulating hypothesis concerning:
  - changing sexual knowledge
  - changing / improving attitudes
  - changes in reducing “areas of concern”
Comparison of the experimental and control groups in terms of sexual knowledge, attitudes, behaviour and areas of concern.

5.2.1 Descriptive data at pre-test level

The identifying information in this study was drawn mainly from Section A and B. Of the 120 respondents who were involved in this study, the responses of only 57 were analysed. The remaining 63 were ‘spoiled’ as not all the questions were answered or all the available options marked. There were thus 31 respondents in the experimental group and 26 in the control group.

5.2.1.1 Gender of the respondents

For this study both males and females were included as the education and future of the Indian female has been largely determined by cultural factors.

The following graph represents the breakdown of the gender of the respondents:

![Comparison of Males and Female Respondents]

Figure 3 - Comparison of male and female respondents in each group

5.2.1.2 Age of the respondents

The following table represents the breakdown of the age of the respondents in each group.
Table 1 - Age distribution of the respondents

The majority of the respondents in this study were 15 year-old age. This is significant as the respondents are in their teen years. Teenagers are vulnerable to peer influences and are caught up in various conflict situations. Sexuality, therefore, has a direct bearing on them.

The following emerged from the analysis of demographic data in Section A:

- The sample is representative of urban Indian high school pupils in Gauteng.
- The respondents were resident in Lenasia.
- An equitable number of males and females participated in the study: 44% males and 56% females.
- The majority of the respondents (66.1%) fell into the 15-year age group.
- 40% of the respondents were Hindu and 60% were Muslim.

5.2.1.3 Sources of sexuality information

The second half of Section A required that the respondents identify their sources of sexuality education. A summary table of the one place where they learn most about sex is given below.
Since sex is a taboo subject within the Indian community, it was not surprising that only 11 (35%) of the respondents from the experimental group had received some form of sexuality education in school prior to this programme and only 17 (65%) of the respondents from the control group, as indicated in Section A.

5.2.1.3.1 Summary and discussion of findings

The following data emerged for the question, who respondents identified as sources of sexual knowledge.

5.2.1.3.1.1 Parents

Only 12.9% of the experimental group and 3.8% of the control group discussed sex with their parents. It is evident from this data and from the literature study compiled in Chapter 2 that sex is a taboo subject in the Indian community. Indian parents are generally reserved and bashful and may therefore be reluctant to discuss sexuality with their children. Furthermore, parents seem to ‘give-up’ their role of providing values, models, expectations and attitudes concerning sexuality, and seem to opt out of guiding current behaviour and shaping future goals.
5.2.1.3.1.2 Girlfriends

Both male and female respondents ranked girl friends very low as a source of sexuality information.

5.2.1.3.1.3 Other family members

‘Other family members’ ranked at only 12.9% for the experimental group and 3.9% for the control group – exactly the same as for parents. As discussed in Chapter 2, the move towards nuclear family units as well as the geographical separation of families have contributed to relatives / other family members exerting for less influence over the Indian youth.

5.2.1.3.1.4 Clinics

Both groups ranked clinics very low as source of sexual knowledge. The geographical locations of the family planning clinics in Lenasia are considered ‘public’. The youth may, however feel vulnerable when seeking assistance at these venues.

5.2.1.3.1.5 Books

Books were the second most popular source of sexual information - 22.6% of the experimental group and 30.8% of the control group sought information from books. Identifying books as a source of sexuality education ranked higher than ‘parents’ in this study. The Indian adolescent is clearly as bashful as his/her parent with regard to sexuality. Books provide a private, secret information resource. Since the English language is the dominant language of communication and education, pupils are turning to ‘Western’ literature. This leads to the further loss of religious and cultural influence as values and norms are not transmitted to the youth.

5.2.1.3.1.6 Schools

Schools, that is, the presentations on the subject of sexual education delivered by non-school services ranked the highest in terms of sexual information. That is, 25.8% of the experimental group and 57.7% of the control group selected this response.
Members of the City Health Department or social and health workers usually deliver these group discussions.

5.2.1.4 Communication of sexuality issues

5.2.1.4.1 Communication with parents

The following table highlights sexuality issues discussed with parents:

<table>
<thead>
<tr>
<th></th>
<th>Experimental</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>%</td>
</tr>
<tr>
<td>Periods</td>
<td>16</td>
<td>51.6</td>
</tr>
<tr>
<td>Wet Dreams</td>
<td>5</td>
<td>16.1</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>17</td>
<td>54.8</td>
</tr>
<tr>
<td>Birth Control</td>
<td>11</td>
<td>35.5</td>
</tr>
<tr>
<td>Sexually Transmitted</td>
<td>8</td>
<td>25.8</td>
</tr>
</tbody>
</table>

Table 3 – Communication of sexuality issues

5.2.1.4.1.1 Summary and discussion of findings

In the course of exploring specific sexuality issues that were communicated with parents the following emerged:

- 51.6% of the experimental group and 46% of the control group discussed periods with parents.
- Communication with regard to pregnancy also ranked high for both groups: 54.8% of the experimental and 46% for the control group had spoken to their parents in this regard.
- Birth control discussion ranked low for both groups 35.5% for the experimental group and 19.2% for the control group.
The issue least likely to be discussed was wet-dreams, where only 5 respondents (16.1%) from the experimental group and 1 respondent (3.8%) from the control group had spoken to parents in this regard.

5.2.1.4.2 Communication with friends

The following table highlights sexuality issues discussed with friends:

<table>
<thead>
<tr>
<th></th>
<th>Experimental</th>
<th></th>
<th></th>
<th>Control</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>%</td>
<td>No</td>
<td>%</td>
<td>Yes</td>
<td>%</td>
</tr>
<tr>
<td>Periods</td>
<td>24</td>
<td>77.4</td>
<td>7</td>
<td>22.6</td>
<td>23</td>
<td>88.5</td>
</tr>
<tr>
<td>Wet Dreams</td>
<td>15</td>
<td>48.4</td>
<td>16</td>
<td>51.6</td>
<td>19</td>
<td>73.1</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>24</td>
<td>77.4</td>
<td>7</td>
<td>22.6</td>
<td>19</td>
<td>73.1</td>
</tr>
<tr>
<td>Birth Control</td>
<td>16</td>
<td>51.6</td>
<td>15</td>
<td>48.4</td>
<td>15</td>
<td>57.7</td>
</tr>
<tr>
<td>Sexually Transmitted Diseases</td>
<td>14</td>
<td>45.2</td>
<td>16</td>
<td>51.6</td>
<td>14</td>
<td>53.8</td>
</tr>
</tbody>
</table>

Table 4 – Communication with friends

5.2.1.4.2.1 Summary and discussion of findings

Assessment of communication of the same issues with friends yielded the following results:

- 77.4% of the experimental group and 73.1% of the control group discussed pregnancy with friends.
- Approximately half of both groups of respondents discussed contraception with friends. That is, 51.6% and 57.7% of the experimental and control groups, respectively.
- Wet dreams were discussed by only 48.4% of the experimental group but were discussed by 73.1% of the control group.
5.2.1.4.3 Comparison of communication between parents and friends

The following table reflects the differences between issues discussed with parents and those discussed with friends:

<table>
<thead>
<tr>
<th></th>
<th>Experimental</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Friends</td>
<td>Parents</td>
</tr>
<tr>
<td>Periods</td>
<td>51.6%</td>
<td>77.4%</td>
</tr>
<tr>
<td>Wet Dreams</td>
<td>16.1%</td>
<td>48.4%</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>54.8%</td>
<td>77.4%</td>
</tr>
<tr>
<td>Birth Control</td>
<td>35.5%</td>
<td>51.6%</td>
</tr>
<tr>
<td>Sexually Transmitted Diseases</td>
<td>25.8%</td>
<td>45.2%</td>
</tr>
</tbody>
</table>

Table 5 – Comparison of communication between parents and friends

5.2.1.4.3.1 Summary and discussion of findings

A comparison of communication of sexuality issues between parents and friends yielded the following:

- For the control group communication about periods ranked 88.5% for friends and 46.2% for parents. A similar communication trend was shown by the experimental group for whom friends ranked 77.4% and parents a mere 51.6%. Both groups of respondents were clearly not comfortable discussing developmental issues with their parents.

- Communication or discussion with parents about wet dreams yielded the lowest score for both groups: 3.8% for the control group and 16.1% for the experimental group. These findings are lower than discussions about periods. This strongly suggests that parents are ‘kept in the dark’ about ‘nocturnal emissions’.

- Both groups felt more comfortable discussing wet dreams with their friends. The control group were more open as 73.1% had discussed this issue with friends, while only 48.4% of the experimental group had discussed it with their friends.
Of all the sexuality issues discussed with parents, pregnancy scored the highest at 54.8% for the experimental group. This finding is significant because it appears that it was easier for both groups of respondents and their parents to discuss pregnancy in isolation without relating this topic to birth control or STD’s. Could discussion of pregnancy have been one-way with parents focusing only on the threat of becoming pregnant or of making a girl pregnant? All other aspects of adolescent sexuality. If this is the case, the parents seem to be holding on to the idea that STD “happens to other people or other people’s children”. As reflected shown in the literature, education focuses on the prevention of sexual health by discussing issues such as pregnancy and AIDs.

Discussion about pregnancy with friends also yielded very high scores: 77.4% for the experimental group and 73.1% control group, respectively. This area of sexuality received the same amount of attention as discussion on periods. ‘Pregnancy’ appears to be a ‘hot’ topic for this group of adolescents. The content of the Education for Living programme could have also contributed to this high interest topic the “egg-exercise”, for example, may have sparked interest in the issue of nurturing and caring.

As indicated in the above discussion, communication with parents about birth control ranked low for both groups: 35.5% for the experimental group and only 19.2% for the control group. One reason for these low scores could be that Indian adolescents still do not feel comfortable ‘letting their parents’ into their sexual activities. Indian parents may fear that discussing contraception openly may convey a message of acceptance and thus encourage sexual relationships and/or experimentation.

More than half of both groups of respondents i.e. 51.6% for the experimental group and 57.7% for the control group, had discussed birth control with friends.

The discussion of sexually transmitted diseases with parents was clearly a problematic for both groups of respondents: 25.8% of the experimental group and 23.1% of the control group had spoken to their parents about STDs. As noted in the literature study, sex and especially STD’s are not discussed openly within the Indian community. A possible explanation is that the whole area of STD’s may be perceived as ‘dirty’ and scary for most people. Another traditional notion held by both parents and adolescents could be the idea that avoidance of discussion may mean avoidance of the ‘disease’.
Another important finding from the above table is that both the experimental and control groups had communicated more openly with their friends than with their parents. This suggests that communication channels between parents and their adolescent children are far less open than those between friends. Thus peer group plays a significant role in communication around sexual issues.

As supported by the literature study, it seems that young people, during the course of adolescence need to re-define their relationships with significant social entities such as the family, and need to initiate new forms of contact with peers. While it is true that adolescents spend time with their peers for amusement, leisure and fun, meeting friends, sharing meaningful, maturing experiences and talking about one’s problems are essential activities.

### 5.2.2 Data relating to sexual and other lifestyle behaviour

All human beings need love and affection, and sexual or sensual expression forms one basic psychological need, particularly during adolescence (Ferron, 1990:177). The findings of several research surveys indicate that males are generally more active in all spheres of sexual behaviour and that boys are preoccupied with sexual fantasies and feelings. Girls, on the other hand, respond to a more “romantic” approach to love (Moore and Rosenthal, 1992:434).

In this study, Section B of the questionnaire elicited information about the respondents' sexual and other lifestyle behaviours. Behaviours which were explored included dating, curfew times, masturbation, sex, number of sexual behaviours and contraception.

#### 5.2.2.1 Dating

At the commencement of the study, 15 (26.3%) of the respondents were dating and 42 (73.7%) were not. The modern generation of teenagers socialises to a greater extent than did their counterparts several decades ago. As found in the literature study, most public schools are coeducational. That is, it includes both boys and girls (Schoombee and Mantzaris, 1987:54). It is common practice today to go in groups to the movies,
to parties and to other social functions. As Ramasar (1997:122) found the peer group exerts a great deal of influence on youth.

5.2.2.2 Masturbation

With respect to masturbation, 13 (22.8%) responded positively while 42 (73.7%) responded negatively. Two (3.5%) of the respondents failed to answer the question. Masturbation is clearly not a favoured form of sexual expression or outlet by these adolescents. This may also be linked to the imposed religious prohibition - “not to waste the seed of life” in both the Hindu and Islamic faiths.

5.2.2.3 Sexually active

Of the total sample, five (8.8%) responded that they were sexually active and 52 (91.2%) that they were not. The age at which sexual intercourse commenced ranged between 12 and 18 years for the 8.8% who were sexually active. Although this percentage may appear to be small, it is alarming considering that these Grade 10 pupils need guidance about contraceptive methods.

5.2.2.4 Contraception

Of the 57 respondents, 52 (91.2%) had not been to a doctor or clinic for contraception, and five (8.8%) of the respondents did not answer the question. As discussed earlier, the Indian youth is as bashful as his/her parents, with the result that asking for or buying contraception openly is not a public practice.

5.2.2.5 Parental awareness

Eleven (19.3%) of the respondents were comfortable about having their parents know about their having sexual intercourse, whilst 40 (70.2%) expressed discomfort. Six (10.5%) subjects did not respond at all. As reflected in this study’s findings, open communication between parents and their teenage children, especially relating to
sexuality, is limited. Thus most adolescents will experience discomfort in sharing their "sex life" with parents. This reluctance to discuss such issues is also a "sign" of respect for one's elders.

5.2.2.6 Embarrassment

In respect of the issue of purchasing contraceptives at a store, 29 (50.9%) of the respondents were embarrassed to do so. 24 (42.1%) of the respondents indicated that they were not embarrassed, and four (7.0%) did not respond to the question.

5.2.2.7 Petting

12 (38.7%) of the respondents participated in moderate petting, and one (3.2%) in heavy petting. Two (6.5%) experienced sexual intercourse and 16 (51.6%) failed to answer the question. Adolescent sexual behaviour is best cast within the framework of 'traditional' behaviour. Some behaviours may be 'age graded' and most respondents in this study drew the line at moderate petting.

5.2.2.8 Number of dating partners

Six failed to respond to the question regarding dating partners. Of those who did respond, 11 (35.5%) reported that they had had one dating partner. A further 45.2% had had between two and seven partners.

5.2.2.9 Time frame prior to sexual intercourse

In exploring the time frame in which respondents would engage in sexual intercourse, three respondents did not answer. 19 (61.3%) stated that they would engage in sexual intercourse after one to three months. Four (12.9%) of the respondents wanted sexual intercourse only after marriage and 16.2% ranged between three months and an engagement.
5.2.3 Data obtained from testing of the hypotheses

5.2.3.1 Testing Hypothesis 1

Hypothesis 1: that the experimental group of respondents would show a greater increase in knowledge of sexuality from pre-test to post-test than would the control group. In order to test this hypothesis, information was solicited regarding respondents’ knowledge of human physiology, sex, contraception and pregnancy.

Knowledge of sexual matters (Section C of the questionnaire, Appendix A) was divided into three subsections. A knowledge score was calculated for items 1 to 11, called C1, ‘true’ and ‘false’ and ‘don’t know’ for Question 12 was added to create C2 and finally Question 13 required respondents to match body parts to either male, female or both genders, which created C3. For all these items a knowledge score was calculated on the following basis: a correct response scored “1”, an incorrect response scored “0”. A total score of each of the subsections was calculated and averaged to provide a total index of the respondents’ “knowledge” of sexual matters.

A comparison between the experimental and control groups for the variables C1, C2 and C3 at pre- and post-test level revealed no significant difference. The paired t-test for comparison of two groups (i.e. the pre-test and post-test) was used.
The mean value for the difference of pre-test – post-test was calculated separately for each variable (C1, C2 and C3), as well as separately for the two different groups. All the means are negative, suggesting that they gained knowledge, although the gains are not significant. For C2, the experimental group almost showed a significant increase in knowledge.

A summary of the statistical computation is given in the next table.
Independent Samples Test

### Levene’s Test for Equality of Variance

<table>
<thead>
<tr>
<th></th>
<th>F</th>
<th>Sig.</th>
<th>$T$</th>
<th>Df</th>
<th>Sig. (2-tailed)</th>
<th>Mean Diff.</th>
<th>Std. Error Diff.</th>
<th>95% Confidence Interval of Diff.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equal Variance Assumed</td>
<td>6.020</td>
<td>0.017</td>
<td>-0.010</td>
<td>55,000</td>
<td>0.992</td>
<td>0.000496</td>
<td>0.4811</td>
<td>Lower Upper</td>
</tr>
<tr>
<td>Unequal Variance Assumed</td>
<td>-0.011</td>
<td>39.429</td>
<td>0.991</td>
<td>0.000496</td>
<td>0.4497</td>
<td>-0.0142</td>
<td>0.9043</td>
<td></td>
</tr>
</tbody>
</table>

### t - Test for Equality of Means

|        | Equal Variance Assumed | 4.341 | 0.042 | 1.330 | 55,000 | 0.189 | 0.5918 | 0.4448 | -0.2996 | 1.4833 |
|        | Unequal Variance Assumed | 1.367 | 54,006 | 0.177 | 0.5918 | 0.4328 | -0.2759 | 1.4595 |

|        | Equal Variance Assumed | 0.130 | 0.720 | -0.157 | 55,000 | 0.876 | -0.1179 | 0.7491 | -1.6192 | 1.3835 |
|        | Unequal Variance Assumed | -0.159 | 54,566 | 0.875 | -0.1179 | 0.7432 | -1.6075 | 1.3717 |

Table 7 - Summary of the test statistics for knowledge differences

### 5.2.3.1.1 Summary and discussion of findings: Hypothesis 1

It was encouraging to note that the respondents are well informed with regard to knowledge of sexual matters. Both the experimental and control group yielded high scores in all pre-test variables. These scores can be attributed to two factors: firstly, both groups identified books as their second most popular source of sexual information. Secondly, both groups had biology as one of their teaching subjects. Biology at Grade 10 level includes human physiology and conception. Thus the Education for Living Programme had little impact in terms of improving the knowledge base of the experimental and control groups respectively.
A comparison between the experimental and control groups on each of the variables (C1, C2 and C3), at pre-and post-test levels revealed no significant difference. None of the p-values were below 0,05 (significant level in Table 7). This implies that both groups were at the ‘same knowledge level’. Thus, Hypothesis 1 was not confirmed.

5.2.3.2 Testing Hypothesis 2

Section D of the questionnaire enabled testing of Hypothesis 2, which stated that the experimental group of respondents would show a greater decrease in the number of ‘areas of concern’ than would the control group on the post-test.

In order to test this hypothesis, three sets of scores regarding areas of concern were investigated, namely: ‘past concern’ (D1) ‘still a concern’ (D2) and ‘never a concern’ (D3). The differences between pre and post-test scores was calculated for both the experimental and the control groups. Using a paired t-test, no significant mean differences were found.

<table>
<thead>
<tr>
<th>Group Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Experimental / Control Group</strong></td>
</tr>
<tr>
<td>Past (D1)</td>
</tr>
<tr>
<td>Control</td>
</tr>
<tr>
<td>Experimental</td>
</tr>
<tr>
<td>Still (D2)</td>
</tr>
<tr>
<td>Control</td>
</tr>
<tr>
<td>Experimental</td>
</tr>
<tr>
<td>Never (D3)</td>
</tr>
<tr>
<td>Control</td>
</tr>
<tr>
<td>Experimental</td>
</tr>
</tbody>
</table>

Table 8 - Summary of mean differences for the ‘areas of concern’
Table 9 - Summary test statistics for the ‘areas of concern’

5.2.3.2.1 Summary and discussion of findings: Hypothesis 2

As discussed in Chapter 2, the literature search for this study, adolescents are faced with many confusing adjustments during this developmental stage. These include both physical as well as psychological adjustments. Appropriate sex education can help adolescents feel comfortable with their bodies, assimilate the changes, clarify misconceptions and formulate their own value system in short, reduce the ‘areas of concern’.
From the Table 8, it is clear that the experimental group had low (i.e. close to zero) mean difference (pre – post-test) scores: -0.4333 for ‘past concerns’, -0.4667 for ‘still a concern’ and 0.7333 for ‘never a concern’. Similarly, for the variable D1, low mean scores were also yielded by the control group: 0.7200 for ‘past concerns’, 0.0080 for ‘still a concern’ and -1.0400 for ‘never a concern’. This can be attributed to the fact that the respondents generally were well informed through their biology lessons, communication with friends as well as through reading books for sexual information.

As a second step, comparison of the difference between pre and post test scores found no significant difference between the experimental and control groups. Both groups were on a similar level. It is apparent from Table 9 that there are no significant \( p \)-values.

Hypothesis 2 could not be confirmed, since the areas of concern for both groups of respondents were already low at pre-test level. Thus there was no decrease in the number of ‘areas of concern’ for each group and between the two groups.

5.2.3.3 Testing Hypothesis 3

New variables were created by combining questions from different sections. The test for Hypothesis 3 was drawn primarily from Section E. These questions were combined because their combination best fitted each attitude. Hypothesis 3 reads as follows:

“The experimental group of respondents will show a greater change towards more mature attitudes from pre-test to post-test than will the control group.”

In order to test this hypothesis, four attitude dimensions were formulated and computed for each respondent, namely:

- Pre-marital sex (V1)
- Moral value (V2)
- Use of birth control (V3)
To measure attitudes toward pre-marital sex, Questions 1, 4, 9, 10 and 19 from Section E were selected and combined to create V1. Similarly, V2 was created to measure moral values by combining Questions 2, 5, 6, 13, 14, 15 and 18 from Section E. For the third attitudinal dimension relating to birth control, Questions 3, 8, 16, 20 and 22 from the same section were selected and combined to create V3. To measure the parent-teenager relationship Questions 7, 11, 12 and 17 from Section E and Question 6 from section A were selected and combined to create V4.

Thus in order to measure the change, the following four variables were created:

\[
\begin{align*}
    E_1 &= V_1 \text{ pre-test} - V_1 \text{ post-test}. \\
    E_2 &= V_2 \text{ pre-test} - V_2 \text{ post-test}. \\
    E_3 &= V_3 \text{ pre-test} - V_3 \text{ post-test}. \\
    E_4 &= V_4 \text{ pre-test} - V_4 \text{ post-test}. \\
\end{align*}
\]

The scores obtained at pre-test level were subtracted from those obtained at post-test level for both the control and experimental groups in order to investigate any changes. However, there was no significant difference either within the groups at pre- and post-test level, or between the two groups. The following four tables summarise these results:

<table>
<thead>
<tr>
<th>One-Sample Statistics for the EXPERIMENTAL GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Number</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>Sex Pre – Post (E1)</td>
</tr>
<tr>
<td>Moral Pre – Post (E2)</td>
</tr>
<tr>
<td>Birth Pre – Post (E3)</td>
</tr>
<tr>
<td>Parent Pre – Post (E4)</td>
</tr>
</tbody>
</table>

Table 10 – Experimental group - Summary of mean differences for the four attitudinal dimensions
### One-Sample Statistics for the CONTROL GROUP

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex Pre – Post (E1)</td>
<td>26</td>
<td>0.0219</td>
<td>0.2126</td>
<td>0.0417</td>
</tr>
<tr>
<td>Moral Pre – Post (E2)</td>
<td>26</td>
<td>-0.0110</td>
<td>0.4406</td>
<td>0.0864</td>
</tr>
<tr>
<td>Birth Pre – Post (E3)</td>
<td>26</td>
<td>-0.0962</td>
<td>0.2871</td>
<td>0.0563</td>
</tr>
<tr>
<td>Parent Pre – Post (E4)</td>
<td>26</td>
<td>0.0384</td>
<td>0.4346</td>
<td>0.0852</td>
</tr>
</tbody>
</table>

Table 11 – Control group - Summary of mean differences for the four attitudinal dimensions

### One-Sample t-test for the EXPERIMENTAL GROUP

<table>
<thead>
<tr>
<th></th>
<th>T</th>
<th>Df</th>
<th>Sig. (2 tailed)</th>
<th>Mean Difference</th>
<th>95% Confidence Interval of the Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Upper</td>
</tr>
<tr>
<td>Sex Pre – Post (E1)</td>
<td>-0.087</td>
<td>30</td>
<td>0.932</td>
<td>-0.0092</td>
<td>-0.2265</td>
</tr>
<tr>
<td>Moral Pre – Post (E2)</td>
<td>2.001</td>
<td>30</td>
<td>0.054</td>
<td>0.2166</td>
<td>-0.0044</td>
</tr>
<tr>
<td>Birth Pre – Post (E3)</td>
<td>0.460</td>
<td>30</td>
<td>0.649</td>
<td>0.0483</td>
<td>-0.1666</td>
</tr>
<tr>
<td>Parent Pre – Post (E4)</td>
<td>0.818</td>
<td>30</td>
<td>0.420</td>
<td>0.0903</td>
<td>-0.1353</td>
</tr>
</tbody>
</table>

Table 12 – Experimental group - One-sample t-test.
### One-Sample $t$-test for the CONTROL GROUP

<table>
<thead>
<tr>
<th></th>
<th>T</th>
<th>Df</th>
<th>Sig. (2 tailed)</th>
<th>Mean Difference</th>
<th>95% Confidence Interval of the Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex Pre – Post (E1)</td>
<td>0.527</td>
<td>25</td>
<td>0.603</td>
<td>0.02198</td>
<td>(-0.0639, 0.1079)</td>
</tr>
<tr>
<td>Moral Pre – Post (E2)</td>
<td>-0.127</td>
<td>25</td>
<td>0.900</td>
<td>-0.1098</td>
<td>(-0.1890, 0.1670)</td>
</tr>
<tr>
<td>Birth Pre – Post (E3)</td>
<td>-0.171</td>
<td>25</td>
<td>0.866</td>
<td>-0.0961</td>
<td>(-0.1256, 0.1063)</td>
</tr>
<tr>
<td>Parent Pre – Post (E4)</td>
<td>0.451</td>
<td>25</td>
<td>0.656</td>
<td>0.0384</td>
<td>(-0.1371, 0.2140)</td>
</tr>
</tbody>
</table>

Table 13: Control group - One-sample $t$-test

### 5.2.3.3.1 Summary and discussion of findings: Hypothesis 3

As discussed in the literature study (Chapter 2), unlike many other attitudes, those surrounding sex are not likely to be openly discussed. The literature suggests that adolescent attitudes really influence their actions.

From Table 10, it is clear that the experimental group’s yielded mean value of – 0.0092 on attitudes toward pre-marital sex, pre-test post-test score is not significant, and is negative. On average the pre-score was numerically lower than the post-test score. Numerically lower means ‘liberal’ in other words the lower the score, the more liberal the attitude. Thus there is a tendency for the experimental group to hold a more liberal attitude toward pre-marital sex.

For the score on morals held by the experimental group, the mean value of 0.02166 on the moral pre-test – post-test (E2 – Table 10) is not significant, but is positive. On average the pre-test score was numerically higher than the post-test score. Numerically higher means ‘more clearly’, that is, the higher the score, the less confusion there is regarding standards of behaviour. From this result, the experimental group appears to be clear about their principles of right and wrong standards of behaviour.
For the attitude toward the use of contraception, the mean value of 0.0403 on birth control pre-test – post-test (E3 Table 10), is not significant, but is positive. On average the pre-score was numerically higher than the post score. The higher numeric score means ‘conservative’. The higher the score, the less liberal the attitude. Thus these respondents hold a conservative attitude towards the use of contraception. This is further supported by other data found in this study, that is, that 91.2% of the respondents had not been to a doctor or a clinic for contraception.

With regards the attitude of a healthy, positive, open relationship between teenager and parent, the mean value of 0.0903 on pre-test score – post-test score (E4 Table 10) is not significant, but is positive. On average the pre-score was numerically higher than the post score. The higher numeric score here means ‘positive’. A higher score means a less ‘negative’ attitude toward parents. Thus this score showed that the respondents held a more positive attitude toward their relationship with their parents.

Results of scores on attitude toward premarital sex yielded by the control group are found in Table 11. The mean value of 0.0219 on premarital sex pre-test – post-test scores (E1 Table 11) is not significant, but is positive. On average the pre-test score was numerically higher than the post-test score. Numerically high means ‘conservative’, that is, the higher the score, the less liberal the attitude. Thus there is a tendency for the control group to hold more conservative attitudes toward pre-marital sex.

The mean value of -0.0110 on the moral pre-test – post-test score (E2 Table 11) is not significant, but is negative. On average the pre-test score was numerically lower than the post test score. Numerically low means ‘low clarity’ or more confusion, in other words, the lower the score, the more confusion respondents have with regard to moral standards. The control group are less clear about their principles of right and wrong standards of behaviour.

Results of the attitudes toward the use of contraception show a mean value of – 0.0962 on the pre-test – post-test score (E3 Table 11). This is not significant, and is negative. On average the pre-test score was numerically lower than the post test score, where numerically low mean ‘liberal’, that is, the lower the score, the less
conservative the attitude. Thus there is a tendency for the control group to hold more liberal attitudes towards the use of contraception.

In terms of the attitude relating to the importance of a close parent-teenager relationship, the mean value of 0.0384 on the pre-test – post-test score (E4 Table 11), is not significant, but is positive. On average the pre-score was numerically higher than the post-test score, where numerically higher means ‘positive’. That is, the higher the score, the less ‘negative’ is the attitude towards parents. This result showed that for this study the control group hold positive attitudes towards a healthy, open parent-teenager relationship.

According to Tables 12 and 13 there are no significant differences between pre- and post-test scores on any of the composite variables. The significant probabilities are all very large.

5.3 Analysis of qualitative data.

Qualitative data is discussed in the terms of immediate response to topics, observation of verbal and non-verbal behaviour and of themes that emerged during the implementation of the sex education programme. These are discussed for each of the 10 sessions.

5.3.1 Session 1

Three separate but related ‘exercises’ were implemented to fulfil the objectives of Session 1. These included ‘introduction ice-breakers’, setting objectives and priorities and setting group rules.

The immediate response when pupils first entered the classroom was one of curiosity and uncertainty. The pupils expressed relief once the facilitator had introduced herself. – their posture seemed more relaxed, although they watched the facilitator closely.
Their immediate reaction to the icebreaker was one of holding-back, as though shy and embarrassed to introduce themselves with a positive adjective. Further evidence of the pupils’ initial reluctance was the slow, staggered starting rate - that is, no one volunteered to start. This behaviour is predictable as adolescents are inhibited and embarrassed when placed in the spotlight. The facilitator broke the ice by providing more examples of the positive introduction game.

The facilitator observed that the pupils were not very familiar with each other. They did not know each other’s names. This situation was the result of the fact that pupils at the end of Grade 9 choose different subjects that make up different courses in Grade 10. There were also a few pupils from other high schools in the group.

The exercise of setting objectives and priorities provoked noticeable reaction from the group. Pupils were clearly not used to choosing the content of their subjects. According to the philosophy of the Education for Living programme as well as the literature survey, if any programme is going to be experienced as relevant to the pupils, it must take their opinions regarding what they need and would like to learn through the guidance programme into account.

There was little, group discussion and much hesitation around reading out the composite group list - non-verbal behaviour included laughing and giggling and two group volunteers said “These aren’t my ideas ma’m, this is what they made me write!” The participants were thus embarrassed to own some of the topics suggested.

The facilitator had to reassure pupils of the confidential nature of the programme, and was required to prompt ideas from the group.

After prioritising the list of objectives, the following emerged as the broad needs of the group:

- Why do girls get periods?
- Wet dreams.
- What is sex?
- Masturbation – is it a sin?
Once this list was written on the board, the atmosphere in the class changed. Pupils were clearly more relaxed – particularly the boys. Most of the girls were more reserved, an attitude reflected in non-verbal behaviour of pressed lips, simply looking at the boys and generally looking unimpressed – perhaps indicating shyness. On the other hand these responses may reflect the argument that girls mature more quickly than boys.

The exercise on group rules ‘normalised’ the excitement somewhat. The girls participated more during this exercise and contributed to most of the suggestions.

Finally, the themes that emerged from this session were that ‘this’ was going to be different but good:

- During this programme we count - we are important.
- We can voice our opinions.
- This is exciting.

Pupils were clearly interested and happy at this process and anticipated the forthcoming sessions.

5.3.2 Session 2

The objective of this session was the completion of the questionnaire.

The immediate responses to the ‘request’ to be part of a study was one of acceptance, all the pupils were happy to participate and were co-operative in the discussions.
There was little interaction among the pupils and between the pupils and the facilitator once the instructions were given. Pupils appeared to be comfortable with and trusting of the class captain who assigned each a unique ‘secret’ number for the questionnaire.

The themes that emerged included:

- A sense of ‘trust’ towards the facilitator.
- An enthusiasm to participate in the study.

5.3.3 Session 3

The content of this session included human physiology, menstruation and nocturnal emissions.

The immediate response to the diagrams of the reproductive system was one of embarrassment. This was evidenced by non-verbal behaviour – laughing and giggling – which came primarily from the boys. Some of the girls even blushed, while some looked disapprovingly at the boys. All the non-verbal behaviours suggested discomfort with the diagrams. This behaviour is ‘almost’ understandable, given the cultural taboos on sexuality, and the fact that sex is not discussed openly (Ramasar, 1997:117).

Pupils labelled the diagrams of both the male and female reproductive systems, with great accuracy, indicating that they were knowledgeable in some areas of sexuality. This knowledge may be related to their studying biology as a subject at school.

The second topic for this session, that is, menstruation and nocturnal emissions, yielded similar responses and feelings among the group. However, the girls were quick to correct and criticise the boys when they presented myths regarding menstruation. The boys had some sympathy for the girls – one pupil said “Now I understand why girls are sometimes so moody, because they are in pain.”
The boys were rather shy when discussing nocturnal emissions. They were disappointed that the ‘emission’ only measured approximately one tablespoon. The girls just cringed in response to this.

Pupils showed great interest in the topics and actively participated in the discussion. This session also provoked much interest in the form of debate over these two developmental realities.

An important feature of this session was to normalise these “awkward” feelings and encourage participation as well as putting into context all the sex-related slang terms used by the pupils.

An important learning curve of this session was the inclusion of the specific cultural prohibitions on behaviour whilst menstruating and on nocturnal emissions. For example, one Muslim pupil imparted the information that during the menstruation cycle Muslim females were not allowed to touch the holy prayer mat or Koran. Similarly, a Hindu female is prohibited from entering the temple or home-prayer room and is not allowed to light the holy lamp. Muslim males are prohibited from masturbating on the ground that they are “wasting the seed of life”.

Themes that emerged during this session included:

- Normalising sexual slang.
- The importance of respect for the “other” genders’ “experiences” and practices.
- The growing awareness that Indian adolescents are not ‘really’ comfortable with sexuality.

The content of this session fulfilled the objective of “why do girls get periods”.

5.3.4 Session 4

Topics for this session included the concept of sexuality and contraception.
At first pupils appeared to be uncertain about what sexuality meant, although this changed as the small groups continued discussion. This process of “small groups” formation helped stimulate interaction between pupils. This also assisted in breaking down the barriers of unfamiliarity.

At first participation levels were low, but these increased as the larger group discussion moved onto the influence of culture on sexuality. Things began to get really intense when issues of sexist assumptions were expressed. The boys and girls challenged each other on their ideas. Girls were more emotional as evidenced by some standing up to address the boys, while a few pointed fingers, accusing the boys of holding sexist assumptions and practices.

The facilitator had to refer to the group rules and encouraged the girls to give the boys a turn and to give them a hearing. The group agreed to adhere to the following group rule: “we will respect each other as individuals and not make generalisations”. This was expressed verbally.

The facilitator then brainstormed the question “What is sex?”. Once again, there was lots of giggling and laughing and talking under their breath – not sharing openly and directly with the group, but small group sharing. This exercise drew out all the slang terminology and elicited a factual description of sexual intercourse. Several pupils – primarily boys – expressed disappointment at the flat ‘dry’ explanation. This was evidenced by raised eyebrows, lifting of shoulders and verbal questions such as “Is that it, ma’m?”.

The demonstration of the different forms of contraception as well as the discussion introduced and enabled the pupils to clarify misconceptions. The pupils’ immediate response to the lesson on contraception was open excitement. The boys in particular were very curious, and they wanted to see and handle the various types of contraception. The girls on the other hand took a back seat and simply listened.
The cultural taboo of ‘openly’ handling contraceptive devices became apparent. There were a few awkward moments when the facilitator held up the condom and diaphragm. Many pupils, particularly the females, refused to touch these devices.

Themes that emerged from the session were:

- An understanding between sex and sexuality.
- Cultural and religious influences on sexuality.
- Personal awareness of sexist assumptions held by individual group members.
- The realisation and conclusion that we are all sexual beings by virtue of being male and female.
- The opportunity to see, handle and receive accurate information about method of contraception.

As found in the analysis of the quantitative data, contraception was discussed with friends by only half (51.6%) of the respondents and with parents by 35%. Another important finding was that 91.2% of respondents had never been to a doctor or clinic for contraception, while the other 8% did not even respond to the question. This reluctance is reflected in the literature survey around the cultural and religious constraints on the use of contraception but not stated publicly (Noibi, in Thomas, 1993:60).

There appeared to be more acceptance of the facilitator by both boys and girls. Verbal feedback “Ma’m, you’re okay” was received from a group of pupils.

5.3.5 Session 5

The focus of this session was on relationships entitled “What is a relationship?” and “Can you handle it?”

The facilitator encouraged the pupils to join persons they had not sat with before. This process was intended to encourage new relationships to emerge. This proposal was greeted by some hesitation, followed by physically moving chairs and tables to form
“new” groups. The immediate response to the topic was one of openness. The level of participation and interaction was high as evidenced by more talking among pupils in small group discussions.

Themes that emerged:

➤ Pupils became aware that relationships are a ‘two way road’ (using their terminology).

➤ The pupils explored different types of relationships, such as friendship, teacher – pupil, fellow school pupils, parent – child, sibling relationships, relationships with neighbours, other family members and of course boyfriend – girlfriend relationships.

➤ The qualities that build healthy relationships were discussed.
   • Ideas of what qualities contributed to healthy relationships included: listening, just being there, being trustworthy, helping, caring and being honest and open.
   • Disruptive characteristics included: the opposite of the above, not being honest, gossiping about friends, holding back, two-timing your boy/girlfriend, being rude to parents and/or teachers, being unhelpful, “acting like a jerk”.

The second exercise for this session was “Can you handle it” referring to a baby.

Pupils were both curious and interested in the issue of “What’s the story with the egg?” The facilitator reassured them that it was not an exercise to smash on their least favourite teacher’s head. Pupils were happy to participate and there was lots of excitement as pupils went around talking about “my baby”. A few pupils even paired off as couples and decided to have twins. In addition, two boys paired off as a homosexual couple. This exercise was clearly lots of fun for both boys and girls. There was further affirmation of facilitator – “Ma’m, this is good stuff, we like your classes”.

The pupils demonstrated the following feelings:

➤ Excitement
A sense of fun.
Testing behaviour – homosexual couple.
More acceptance of the facilitator.

Themes that emerged included:

- The awareness that “babies” are a reality – pregnancy of self or a partner is quite possible.
- The realisation that with babies come responsibilities.
- The idea that this programme is further fulfilling their original needs, according to priority list.

5.3.6 Session 6

This session dealt with communication and the second exercise entitled “My parents”.

Immediate responses:

Since this was one of the identified needs of this group, the exercise on communication was well received, with pupils showing a great deal of interest in the topic. There was some teasing among some pupils who were more familiar with each other, such as “Ja, you always interrupt when I’m talking to you . . “. One girl said to her friend “And you always tell me not to feel like this or that . . “. A few boys had ‘oops’ experiences, for example, “You mean when I’m not looking at the other person – it’s a roadblock to communication -- gee-whiz!”; “I always tell people, so what’s your point Broc? And they just say, no point and then we don’t talk”; “No wonder I can’t talk to my father, he finishes all my sentences for me . . ”.

“Someone or something turned on the lights . . ” - the intensity towards the subject increased and pupils really began ‘getting into’ the exercise and owning their favourite ‘roadblocks’ to communication. Verbal links were made to the previous session, linking roadblocks to poor relationships. There was also some proud
acknowledgement of aids to communication that individuals used. For example, really
that listening, looking directly at the speaker and not just advising or giving solutions.

Themes that emerged:

- An awareness of the difference between effective and ineffective communication
  skills.
- The importance of effective communication skills.

The second exercise entitled “My parents” required pupils to complete dialogue in the
empty speech bubbles of a sketch. The immediate response to this exercise was
involvement. That is, a few pupils volunteered and this session turned into role­
playing. The atmosphere was light and relaxed. The pupils who played the role of
parent chose to be rather strict, punitive parents who clearly did not hear or listen to
their child and screamed at the child/ren regularly. The mother who found condoms in
the daughter’s bag even began to cry! The scenario in which the son was “sleeping on
the phone” almost turned violent! The children barely got a chance to defend
themselves.

Themes that emerged:

- Teenagers do take advantage of situations, especially of the telephone at home.
- Parents clearly do not listen to or understand their teenage children. More so, they
  are in two completely different worlds.
- It is difficult to talk to parents.
- Teenagers also need to be sensitive to their parents.
- Pupils were able to show empathy to parents in relation to some of their (the
  pupils’) own behaviours.

5.3.7 Session 7

There was lots of excitement as pupils came into the class room - they were carrying
their “babies” in little soft padded baskets and in boxes. All the ‘babies’ had faces,
and few had bottles beside them. One even had sunglasses on. In addition, they had all been given names. The facilitator joined in the fun of “ooing” and “aahing” over the babies, and praised the group for their full involvement and participation in the exercise.

This session focused on sexually transmitted diseases and the immediate response was one of silence and withdrawal. Participation was high as pupils were clearly interested in the topic, although the atmosphere was more reserved. As the discussion on what they called “vuilsiekte” (‘dirty disease’) progressed, the pupils became more and more silenced, particularly the boys. They shook their heads, pulled faces and closed their eyes, particularly the girls. This non-verbal behaviour strongly suggested real fear in response to this topic. The silence was clearly not characteristic of this group of pupils. They clearly felt “dis-eased” by the factual information on sexually transmitted diseases.

The second part of this session explored some of the myths surrounding STD’s. The atmosphere at this time was less reserved, but nevertheless serious. There was open participation in the discussions and there was a real need to separate the facts from myths particularly around contracting diseases.

Themes that emerged:

➢ STD’s are a reality that does not only happen to “dirty” people.
➢ Pupils become more aware of the values surrounding their own sexual behaviour.
➢ Pupils increased their understanding STD’s.
➢ Pupils received confirmation that STD’s may be dangerous.

5.3.8 Session 8

The immediate response to the topic was one of openness. As found in the literature study adolescents are often unclear about what constitutes appropriate and inappropriate behaviour because of the influence of various conflicting factors. This
emerged during the session as they recognised that certain situations which were okay or “cool” for the adolescent, would cause their parents or society to “freak out”, “this does not happen in our community”.

There was healthy debate when consensus could not be reached. The pupils nevertheless listened to others and showed respect for differences of opinion. The group enjoyed a few light moments, when one of the boys wanted to know which beach the topless ladies were visiting (referring to the sexual situation listed in the session notes in Appendix 2).

Themes that emerged:

- **Sexuality** is expressed in behaviours.
- An awareness of what constitutes appropriate or inappropriate behaviour for self.
- There are conflicts between individual and community definitions of what constitutes appropriate versus inappropriate behaviour.

One pupil had an “accident” during this week and lost his “baby”. As a consequence silence was observed and he was to follow a two-day mourning period, after which he was to replace the “baby”. The girls in the class accused him of being a careless parent and threatened to report this incident to the ‘welfare’. Other pupils confided that they were having difficulty finding “free” baby sitters. This showed an awareness on the pupils’ part of the social and economic realities of parenting. They also reflected on the lack of co-operation and sympathy from parents in this situation. This finding is not supported by the literature study, which portrays Indians abandoning their traditional values and disappointment toward their own children, and embracing the new “grand child” into the family (Ramasar, 1997:131). In this context, however, it would appear that the parents were not very supportive.
5.3.9 Session 9

How to say “NO” or “YES”.
The immediate response:

Pupils responded favourably to the introduction of this topic. There was good interaction among the same gender groups, especially among the girls. They seemed to have more fun than the boys as evidenced by their talking and laughing more. An atmosphere of “us against them” emerged “Ja, and the guys like to say ..., oh! And the favourite one they use is ...”.

Feelings that emerged:

The girls appeared to feel stronger and more united while the boys were embarrassed and insisted that they were smart and used unique lines.

Exposure to some of the lines often used by young men to pressure young women into sexual activity, as well as providing female pupils with the opportunity to practice assertive responses to these everyday lines were the main discoveries of this session.

The role-play evoked a fun “boys versus girls” competition. Initially the girls had difficulty vocalising “No” in a strong, loud and assertive fashion, but with coaching from the facilitator, this skill was learnt.

Themes that emerged:

- Male embarrassment and difficulty in coping with rejection - this reveals unsureness of their male assertiveness.
- Females need to learn assertive versus aggressive skills.
- The initial fun surrounding the “baby” turned to irritation and feeling stuck – “What to do with this child?”
- The couple began fighting because the “twins” were far too demanding and the “father” did not play his part, but continually dumped the “kids on mum”.
- The homosexual couple were ostracised and teased.
The overall response to this exercise was fun. It certainly attracted lots of attention from other pupils, teachers, family and parents.

The facilitator reminded the group that this was the second last session. More feedback from pupils was encouraged, particularly with regard to their experiences new role of as “parent” (referring to the “egg” exercise). As the group discussed feedback, it became clear that they did not want to have babies – certainly not just yet.

Themes that emerged from the egg exercise:

- The initial fun surrounding the ‘baby’ turned to irritation and a feeling of being stuck – “what to do with this child?”
- The couple began fighting because the twins were far too demanding and the ‘father’ did not play his part, continually ‘dumping’ the kids on mum.
- The homosexual couple were ostracised and teased.

5.3.10 Session 10

Immediate response:

This termination session dealt with the evaluation of and conclusion to the Education for Living programme. The pupils’ immediate reaction was one of sadness, expressed by statements like “can’t we carry on” - “this was too short”. The facilitator reminded pupils of the original contract of 10 weeks. Pupils co-operated and participated in completing the evaluation exercise.

Responses to the evaluation statements included the following:

What I enjoyed most about the programme . . .

Some of the responses were:

- All the topics were covered
- Openness of sessions
➢ Respect they perceived from the facilitator  
➢ The role playing  
➢ Free sharing of ideas and information  
➢ Most female pupils enjoyed the “baby” exercise  
➢ Males enjoyed the session on contraception.

**What I least enjoyed . . .**

Some of the responses were:

➢ Sessions together with the boys (a few female pupils were very uncomfortable).  
➢ Session on STD’s.  
➢ Duration too short.

**What I’d like different . . .**

Some of the responses were:

➢ Different venue (outside school grounds).  
➢ Separate the boys and girls.  
➢ Boys not to behave so childishly.

**How would I rank the facilitator out of ten . . .**

➢ The average rating assigned to the facilitator was an eight.

**Any other suggestions . . .**

➢ Requested that the programme be implemented every year.  
➢ Thanked the facilitator for an enjoyable programme.

The facilitator used the flow chart (see Appendix 2) as a graphic outline of the Education for Living programme as presented to this group. The original outline as agreed upon at the first session was also examined. Pupils confirmed that all their requests had been fulfilled. The atmosphere during this session was sombre.
Themes that emerged:

- The pupils' needs were fulfilled.
- The programme was clearly meaningful and enjoyable for the pupils. The exercises were fun, yet informative. The experiential approach of the programme conveyed respect for the individual and also fostered opportunity for insight into issues of personal sexuality, family values and community/cultural constraints.

5.3.11 Session 11

Permission was obtained from the principal to include an additional session purely for the completion of the post-test questionnaire.

Once again, those pupils who had participated in the Education for Living programme attended their guidance class in order to participate in this session. The purpose of the second questionnaire was explained. The researcher emphasised the need for accurate and honest responses.

The questionnaires were handed out to each respondent for completion. These were numbered according to the numbering system assigned by their class captain. This ensured that pre-post test questionnaires could be matched to each individual respondent.

The researcher was present throughout the 45 minutes that it took to complete the questionnaire. Completed questionnaires were immediately collected.

Respondents were thanked for their time, contribution and involvement in the research and the Education for Living programme. The same procedure was used for the experimental group.
5.4 Overview

In this study the empirical data collected by means of a questionnaire were analysed and interpreted. The data were divided into five categories:

- Section A: Descriptive personal data and sexual knowledge source.
- Section B: Sexual and other life-style behaviours.
- Section C: Sexual knowledge.
- Section D: Areas of concern.
- Section E: Values and morals.

The main findings of the investigation were summarised in each section.

The qualitative data and information gathered from this study emerged most clearly in the discussion and summary of each of the ten sessions of the Education for Living programme.
CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

Jack and Jill went up the hill
To do what they shouldn't ought;
They both came down with smiles on their faces
They didn't go up for water!
(And soon they'll have a daughter!!).

Rodgers.

6.1 Introduction

This study was a response to a thorough review of the literature on adolescent sexuality. The aims of this study were to evaluate the Education for Living programme and to make a contribution to the body of knowledge with regard to the sexual knowledge, attitude and areas of concern of South African Indian adolescents.

The primary aim of the study was to evaluate a sex education programme in terms of changes precipitated among respondents, namely, knowledge, attitude and areas of concern, and to endeavour to differentiate between an experimental and control group.

In this chapter a synthesis is provided of some of the broader issues which emerged during the analysis of the questionnaire. The objectives which serve as a guide for the study, and will be restated as sub-headings. Finally, certain recommendations are made with a view to improving the findings of this study, and suggestions for future research are presented.
6.2 Objectives of the study.

The following objectives were set of this study:

- To address the theoretical issues of adolescent sexuality which form the basis for the need for sex education.
- To highlight and discuss possible negative attitudes surrounding sexuality within the South African Indian community and the conflict that this creates for adolescents.
- To identify sources of sexuality information.
- To investigate South African Indian adolescents' knowledge, attitudes, behaviour, values and areas of concern regarding sexuality.
- To evaluate, by measuring changes in sexual knowledge, the impact on attitudes, behaviour and areas of concern before and after participants receive the Education for Living programme.
- To make recommendations for further research into the influence of sex education programmes on adolescent insights into sexuality, in order to improve planning and implementation in the field of sexuality education.

6.2.1 To address the theoretical issues of adolescent sexuality with specific reference to the need for sex education.

This study was supported by South African, American and European research into the viability of sex education programmes in schools as evidenced in the literature study.

This has revealed that there is a trend towards integrating sexuality education as an integral part of the education programme in every school.

Many people working with adolescents have viewed sexuality education as a partial solution to the numerous social and sexual problems experienced by youth. Of great concern is the high rate of teenage pregnancy, the high rate of sexually transmitted diseases and the fear that the AIDS virus may spread among teenagers.
As highlighted in the literature review of this paper, as young people approach and attain puberty, many may feel confusion and anxiety about their changing bodies and their changing relationships with members of the opposite sex. They may feel vulnerable and succumb to peer pressure or exploitation. Many engage in sexual activity and end up feeling dissatisfied and guilty.

In response to these problems, sexuality educators and the researcher of this study have tried to:

- Increase knowledge about sexuality.
- Facilitate insights and clarity with regard to personal, familial, religious and societal values.
- Improve decision making, communication and assertiveness skills.
- Enhance self-esteem.
- Increase communication with parents, and boy- or girlfriends.
- Reduce unprotected and irresponsible sexual activity and reduce unintended pregnancy and sexually transmitted diseases.

6.2.2 To highlight and discuss possible negativism concerning sexuality within the South African Indian community and the conflict that this creates for the adolescents.

The fact that 22.6% of the experimental respondents and 30.8% of the control group respondents of this study have identified schools and books as their primary source of sexuality education indicates a level of discomfort with this topic. This data was obtained from Section A, Question 4 of the questionnaire. Additionally, behaviours observed include giggling - some girls not even looking at physiological pictures - and limited participation in group discussions during sessions. All these point to discomfort experienced by the Indian adolescent.
As discussed in Chapter 3, Indian traditions have not kept pace with the changes in a rapidly advancing Indian society. For example, parents have advocated and upheld conventional morally acceptable sexual behaviour such as chastity before marriage and fidelity within marriage. In this study 5% of the adolescents are sexually active.

The Indian culture has been severe in controlling and repressing adolescent sexuality by frowning upon dating and by propagating early marriage. In this way parents have deliberately kept the young sexually ignorant. The youth have therefore created their own sexual moral codes in keeping with the times. Miller (1990:5) states that moral values and sexual behaviour have become the source of contemporary problems in most societies.

The Indian adolescent is not adequately prepared to deal with this situation. He/she needs to be educated in the basic life skills so that he/she is equipped to make decisions about sexual behaviour.

6.2.3 To identify sources of sexuality information

Most children do not, approach their parents with sexual issues as they have already gauged their parents’ attitude on this matter. Not surprisingly, this study revealed that the relationship between Indian children and their parents is rather strained when it comes to discussing sexual matters.

This study showed that the principal source of obtaining adolescent sexual insights and information is through schools and clinics. These sources rank higher than parents as a reliable means of sexual information at both pre and post test level - for both the experimental and control groups.

Another finding that arose from this study is that 25,8% of the experimental and 57,7% of the control group have benefited from primary school talks on sexuality.
6.2.4 To investigate South African Indian adolescents' knowledge, attitude, behaviour and areas of concern regarding sexuality

The present study sought to collect empirical information on various aspects of the sexuality of Indian pupils by administering questionnaires to an availability sample of 57 Grade 10 boys and girls.

In exploring the knowledge base of respondents, test scores were high, both for the experimental and control groups. The number of correct responses may reflect knowledge already imparted during biology lessons (confirmed by the biology teacher) as most questions concerned sexual physiology and the reproductive system.

Bearing in mind that the administered sex education course did not necessarily set out to change moral values but rather to create an awareness of personal sexual attitudes and their consequences, it is interesting to note that approximately 50% of the respondents had unfavourable attitudes toward contraception. At post-test, this attitude remained stable.

Males were found to be consistently more in favour of pre-marital sex than females in all testing situations and these attitudes tended to remain stable. This programme did not facilitate clarity of sexual values. This is related to adolescents being exposed to conflicting societal messages – where on the one hand sexual prowess could be admired, while on the other hand, the possible negative consequences of this behaviour (pregnancy, sexually transmitted diseases) are not sanctioned by his/her society.

This study highlighted some of the following sexual and other lifestyle behaviours of participants. Dating occurred in a very small percentage of respondents. The majority responded negatively to masturbation. Moderate petting was more popular than heavy petting and only two respondents had experienced sexual intercourse.
6.2.5 To evaluate, by measuring changes in sexual knowledge, the impact on attitudes, behaviour, and areas of concern before and after participants receive the Education for Living programme.

The overreaching question addressed by this study, centred around the changes in various areas of sexuality as a result of the Education for Living programme, specifically for the experimental group.

The knowledge scores of respondents were found to be high at both pre- and post-test level – revealing the fact that the programme was not responsible for increasing the knowledge base of the respondents. The biology syllabus at Grade 10 level does include human physiology and anatomy.

Adolescents have many questions and experience significant discomfort around their emerging sexuality. However the ‘areas of concern’ investigated in this study yielded low scores at pre-test level.

Four attitude dimensions were formulated:

- **Attitudes** relating to premarital sex.
- **Moral values**.
- **Attitudes** towards the use of birth control.
- **Attitudes** towards the parent – teenager relationship.

The respondents who participated in the Education for Living programme in this study held a fairly liberal attitude toward premarital sex. They showed greater clarity regarding their moral attitudes. That is, they were clear about their principles of right and wrong standards of behaviour. A more conservative attitude was shown with regards the use of birth control. Positive attitudes were shown toward their relationships with their parents.

There were no changes in the attitudes relating to these dimensions as a result of the Education for Living programme. That is, their attitudes remained the same through the programme.
Although there is a lot of mixing of the genders, an unexpected finding of this study is that 73.7% of the respondents were not dating, while only 26.3% were dating.

Other sexual behaviour patterns that emerged were that 22.8% of the respondents had masturbated, while 73.7% claimed not to have masturbated. Masturbation patterns did not change from pre- to post test level.

On the basis of the preceding discussion and findings, the hypotheses may be assessed as follows:

- Since there was no difference in knowledge scores between the experimental and control groups from pre-test to post-test, Hypothesis 1 (H01) is rejected.
- Since the programme did not enable a decrease in the number of areas of concern between the experimental and comparison groups, Hypothesis (H02) is rejected.
- Since the experimental group did not show a more mature sexual attitude than the comparison group, Hypothesis 3 (H03) is rejected.

Although the results from the hypotheses are inconclusive, the qualitative data clearly suggests that the Education for Living programme provided meaningful experience for the experimental group:

- The respondents of this study are aware of their respective cultural and religious values, and are aware that their culture has changed in certain practices and beliefs surrounding the issue of sexuality.
- The relationship between parents and teenagers in this study is close, that is, parents do count but adolescents are selective in what they present about themselves. Communication with parents around sexuality issues appears limited.
- The various behavioural patterns displayed by the respondents of this study are age appropriate. As discussed in the literature study (see Chapter 2: 2.3.1 Sexual expressions), dating, petting, kissing, masturbating and sexual intercourse are within the ‘normal’ range of behaviours.
- During the sessions, the respondents were co-operative, participated fully, interacted well with each other and they showed a great sense of humour.
Their response rate varied according to the topic under discussion. Some topics provoked more intensity than others.

Group members were receptive, showed warmth and acceptance towards the facilitator and were generous in their compliments toward the Education for Living programme.

6.2.6 Recommendations

In conclusion, I propose various recommendations regarding further research and sex/sexuality education:

6.2.6.1 Further research:

- The present micro study was confined to one school. It might be replicated with a larger sample, which would facilitate generalisation.
- The degree of influence that extraneous factors such as family, the media, religion and peers have on an individual's acquisition of sexuality insight needs to be tested in order to determine the degree of association between sex education programs and such insight.
- More extensive research into gender independent variables could inform the planning of sex education programmes where males and females are educated separately.

6.2.6.2 For sex/sexuality education

- A comprehensive and balanced sexuality education programme should be developed and implemented in all primary and secondary schools in South Africa with the aim of teaching students about their sexual responsibilities in society.
- The media has to fulfil an important social responsibility in presenting realistic images of sex.
Conduct a workshop to investigate parents’ attitudes towards sex and to assist them in adjusting to the realities of children’s sexual experiences.

Establish a joint youth and parent group so as to “level” the playing field.

Encourage parents and schools to work together in the planning and development of sexuality education programmes.

6.2.7 Conclusion

This study has gone some way towards drawing attention to the sexualisation of Indian adolescents, and illuminating the knotty relationship between sexual knowledge, attitude, behaviour and South African Indian culture.

The aims of the Education for Living programme include the provision of accurate information about human development and reproduction, encouraging pupils to talk about relationships and feelings, enabling pupils to be more assertive, reducing embarrassment, and helping pupils to think for themselves about their sexuality and sexual behaviour.

It is accepted in this study that youth benefited from ‘sex education’ they received. Communication about human sexuality should not be left to chance, hearsay, myths, superstitions or the sensational images projected by the media.
Bibliography


Appendix 1 – Questionnaire
Dear Grade 10 Pupil

You are one of sixty Grade 10 pupils who have been chosen to take part in a research study.

The research study is entitled: THE IMPACT OF SEX EDUCATION ON INDIAN ADOLESCENTS. The programme that is being referred to is the Education for Living programme given by an outside service, Family Life Centre.

In order to see whether the Education for Living programme influences sexuality insights, two groups have been selected. Out of all the sixty pupils chosen, thirty of you would participate in the programme given by an outside educator and thirty would not participate.

Your co-operation in the present study will help to assess whether there is a difference in knowledge, perception (how you see things) and understanding of sexuality between those pupils who participated in the Education for Living programme and those who have not. Your results will assist in guiding future programmes.

Before you begin to answer, please read the introduction very carefully.

INTRODUCTION

1 This questionnaire is strictly confidential and will only be used for research purposes. Please do not write down your name.

2 It will not take you long to complete this questionnaire.

3 Some answers are considered either right or wrong and others just ask for you perceptions which is neither right or wrong. All this is important is that you express the views that best describe what you think.

4 Answer every question in accordance with the instructions. Please read each question carefully before giving your response.

THANK YOU FOR YOUR CO-OPERATION.

Shiela Naran
SECTION A

Please mark the appropriate box with an "X"

1 Gender:  
- Female  
- Male

2 How old are you?  

3 What is your religion?  
- Jehovah's Witness  
- Catholic  
- Hindu  
- Muslim  
- Other .. Specify

4 Where is the one place you learned most about sex and birth control?  
- Parents  
- Girlfriend  
- Other family members  
- Clinic  
- Books  
- School  
- Other .. Specify

5 Did you ever have a sex education course in school?  
- Yes  
- No  
If yes, which school?

6 Have you ever talked with one of your parents about these things?  
- Yes  
- No

A girl having periods.  
Boys experiencing wet dreams.  
The risk of a girl becoming pregnant.  
Different kinds of birth control.  
VD or S.T.D.

7 Have you ever talked with one of your friends about these things?  
- Yes  
- No

A girl having periods.  
Boys experiencing wet dreams.  
The risk of a girl becoming pregnant.  
Different kinds of birth control.  
VD or S.T.D.
SECTION B

You are not going to be judged. Please mark the appropriate answer with an "X"

1 Are you dating?
   If yes, How long have you been going out? How old is your date?

2 How many of your friends have had sex?

3 Have you experienced :-

<table>
<thead>
<tr>
<th>Moderate</th>
<th>Heavy Petting</th>
<th>Very Heavy</th>
<th>Sexual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petting</td>
<td>Petting</td>
<td>Petting</td>
<td>Intercourse</td>
</tr>
</tbody>
</table>

4 How many partners of the opposite sex have you been dating in the past year?
   0 1 2 3 4 5 6

5 Have you ever masturbated?

6 After what duration of time lapse in a relationship would you place sexual intercourse?

| 1 - 3 Months | 3 - 6 Months | 6 - 12 Months | Engaged | Married |

7 If you go out, by what time do you have to be home at night?

<table>
<thead>
<tr>
<th>Time (pm)</th>
<th>5</th>
<th>6</th>
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<td>Weekdays</td>
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<td>Weekends</td>
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</table>

8 Have you ever had sexual intercourse (gone all the way)?

9 If you answered yes to the previous question, I) How old were you the first time? II) How old was your partner? III) Did you or your partner ever do anything to prevent pregnancy when you had sex?

10 Have you ever been to a clinic or a doctor to get birth control?

11 Is it difficult to talk to your parents about using birth control?

12 Would you want your parents to know if you were having sex with your boyfriend / girlfriend?

13 Is it easy to talk to your parents about sex?

14 Would you be embarrassed to buy any kind of birth control?

15 Do you want to get married some day?
SECTION C

This is not a test. Please mark an "X" for the one best answer for the questions numbered 1 to 11.

1 During menstrual periods, girls
   a are too weak to participate in sports or exercise.
   b have a normal, monthly release of blood and lining from the uterus.
   c are dirty.
   d should not shower or bathe.

2 Masturbation.
   a will stunt your growth.
   b is a waste of sperm.
   c is common in all societies, and is a normal sexual outlet.
   d can reduce the chances of a satisfying sex life.

3 When a girl is physically mature
   a each female ovary releases one egg each month.
   b each female ovary releases millions of eggs each month.
   c each female ovary releases two eggs each month.
   d no eggs are released from the ovary.

4 The physical changes of puberty
   a happen in a week or two.
   b happen to different teenagers at different times.
   c happen quickly for girls and slowly for boys.
   d happen quickly for boys and slowly for girls.

5 For a boy, nocturnal emissions (wet dreams) means he
   a has a sexual illness.
   b is fully mature physically.
   c is experiencing a normal part of growing up.
   d is different from most other boys.

6 When men are physically mature
   a male testes produce one sperm for each ejaculation (climax).
   b male testes produce millions of sperm for each ejaculation (climax).
   c They lose their baby fat.

7 If a couple has sexual intercourse and use no birth control the woman might get pregnant
   a any time during the month.
   b only one week before menstruation begins.
   c only one week after menstruation begins.
   d only two weeks after menstruation begins.
8 Teenagers who choose to have sexual intercourse may possibly

- have to deal with pregnancy.
- feel guilty.
- become more close to their partner.
- become less close to their partner.

9 It is possible for a woman to become pregnant

- the first time she has sexual intercourse.
- if she has sexual intercourse standing up.
- if sperm gets near the opening of the vagina, even though the man's penis does not enter her body.
- all the above.

10 Ova (eggs)

- are produced in the testes.
- are produced in the in the ovaries, and can join with the sperm after intercourse to form a baby.

11 Rape

- happens only to very friendly girls.
- some girls ask for it.
- is about power and violence rather than sex.
- only strangers rape.

12

<table>
<thead>
<tr>
<th>a</th>
<th>The birth control pill is safe if it is prescribed by a doctor after a check-up.</th>
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<tbody>
<tr>
<td>b</td>
<td>Condoms (rubbers) can be used without foam or jelly.</td>
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<tr>
<td>c</td>
<td>Using a condom can prevent V.D.</td>
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<tr>
<td>d</td>
<td>Withdrawal or &quot;pulling out&quot; can help prevent V.D.</td>
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<tr>
<td>e</td>
<td>Pulling out prevents pregnancy only if the man pulls out before he comes.</td>
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<tr>
<td>f</td>
<td>An abortion can be done safely and easily by a doctor during the first 12 weeks of pregnancy</td>
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<td>g</td>
<td>A 12 year old girl can get pregnant right after she has had her first menstrual period.</td>
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<td>h</td>
<td>Douching (washing out of the vagina) is an effective method of birth control.</td>
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<tr>
<td>i</td>
<td>The rhythm method only works if a woman knows the safe time of the month and have sex only then.</td>
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<tr>
<td>j</td>
<td>A woman can get pregnant even if she has sex only once.</td>
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Page 4
The following are parts that make up the male and female reproductive system. Indicate which parts are found only in males, those only in females and those parts that are common to both reproductive systems.

Place an “X” in the correct box.

M - male reproductive part.
F - female reproductive part.
B - both male and female reproductive parts.

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Example

1. Penis
2. Legs
3. Breast

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1. Scrotum
2. Anus
3. Vagina
4. Ovary
5. Bladder
6. Prostate Gland
7. Uterus
8. Pubic Bone
9. Fallopian Tubes
10. Testis
11. Hymen
12. Urethra
13. Clitoris
14. Sperm
15. Pubic Hair
The following are thoughts which may be of concern to you. There are no right or wrong answers. I am only interested in what is relevant to you.

Example

If one of the following questions used to trouble you but no longer does (mark a "X")
If it never troubled you:
If it has troubled you in the past and still does.

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<th>Past</th>
<th>Still</th>
<th>Never</th>
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## SECTION D

This is NOT a knowledge test. We are interested in what you believe about some important issues. Please rate each statement according to how much you agree or disagree with it. Everyone will have different answers. Your answer is correct if it describes you very well.

Mark an "X"  
1 - If you **STRONGLY DISAGREE** with the statement.  
2 - If you **SOMewhat DISAGREE** with the statement.  
3 - If you are **NEUTRAL** with the statement.  
4 - If you **SOMewhat AGREE** with the statement.  
5 - If you **STRONGLY AGREE** with the statement.

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<tbody>
<tr>
<td>1</td>
<td>Unmarried people should not have sex.</td>
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<tr>
<td>2</td>
<td>I have my own set of rules to guide my sexual behaviour (sex life).</td>
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<tr>
<td>3</td>
<td>Birth control is not important.</td>
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<td>4</td>
<td>I believe my future partner should have sexual experience before marriage.</td>
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<tr>
<td>5</td>
<td>People should not have sex before marriage.</td>
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<tr>
<td>6</td>
<td>I know for sure what is right and wrong sexually for me.</td>
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<td>7</td>
<td>I would not want my parents to know if I were having sex with my partner.</td>
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<tr>
<td>8</td>
<td>Birth control is not as important as some people say.</td>
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<td>9</td>
<td>It is difficult to go against natural sexual instinct.</td>
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<td>10</td>
<td>I have trouble knowing what my values are about my personal sexual behaviour.</td>
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<tr>
<td>11</td>
<td>My parents play an important part in the way I behave.</td>
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<td>12</td>
<td>More parents should be aware of the importance if birth control.</td>
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<tr>
<td>13</td>
<td>People should have sex only if they are married.</td>
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<tr>
<td>14</td>
<td>I'm confused about my personal sexual values and beliefs.</td>
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<td>15</td>
<td>A girl should be a virgin when she marries.</td>
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<tr>
<td>16</td>
<td>Two people having sex should use some form of birth control if they are not ready for a child.</td>
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<tr>
<td>17</td>
<td>What my parents say is worth listening too.</td>
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<td>18</td>
<td>It is all right for two people to have sex before marriage if they are in love.</td>
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<tr>
<td>19</td>
<td>I'm confused about what I should and should not do sexually.</td>
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<td>20</td>
<td>If two people have sex and are not ready to have a baby, it is very important that they use birth control.</td>
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<td>21</td>
<td>I can make the right decisions in an emergency.</td>
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<td>22</td>
<td>My parents should teach me sex education.</td>
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<tr>
<td>23</td>
<td>It is right for two people to have sex before marriage.</td>
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**Page 7**
Appendix 2 - Sessions

Session 1a: Introduction

Objectives:
- To get to know each other.
- To break the ice.

How you accomplish these:
- The facilitator introduced herself / himself and the organisation which s/he represents and gives an outline of the philosophy underlying the programme.
- The facilitator than begins to introduce the icebreaker – each person introduces themselves using a positive adjective. For example, smiling Sam, adventurous Ajay, trustworthy Tejal, artistic Akira, etc.
- The facilitator emphasises that the process and discussion held during the sessions are confidential and that no feedback would be linked to individual pupils.

Session 1b: Setting objectives and priorities

Objectives:
- To gain information from the group for programme planning.
- To make the content of the programme relevant to as many group members as possible.

How you accomplish these:
- Ask each person to write down privately what she or he would like to learn and know more about during the next ten guidance periods they have together. Explain to the group that this might include how the class will operate, class rules and the content of sessions.
Allow enough time for each person to finish and then move people into smaller groups of three or four. Have each group nominate a person to act as recorder. The task is now to make a list of objectives and to select priorities.

Emphasise that individuals do not have to read out their private lists unless they choose to do so.

When the list is complete, ask the group to mark those most mentioned, prioritise, realistic and unrealistic comments.

Bring the small groups back together, and ask a volunteer from each group to read out their list. Develop a list of topics for the whole group.

Use the list in planning the rest of the programme.

Pupils keep their own private lists for personal reference during the programme.

At the end of the programme have the group and individuals check what has been achieved against their original objectives and priorities.

Session 1c : Group rules

Objective:

To establish group rules.

How you accomplish this:

The facilitator summarises a tentative outline of the suggested programme for the next ten weeks.

The facilitator then introduces “rules” and encourages ideas and suggestions from the group. Some of the suggested group rules are :

- Confidentiality
- Respect for each other.
- One person speaks at a time.
- To share as little or as much as one feels comfortable.
- Not to interrupt each other.
- To trust.
- To participate fully in sessions.
Session 2 : Questionnaire

Objective:
➢ The completion of the research questionnaire.

How you accomplish this:
➢ The facilitator explains to the group that this is a private exercise and that the information from this study will be used to improve programmes of this nature.
➢ The class captain assigns a number to each pupil, which is recorded on the questionnaire and used for pre-post reference.
➢ It is explained that since the questionnaire is to be repeated at the end of the programme, it is important to remember the number assigned. As a precautionary measure, the class captain has recorded the number on a class list, which only he/she has access to.
➢ Pupils complete their questionnaire during this session and hand them over to the facilitator.
Session 3a : Human Physiology

Objectives:
➢ To identify the group’s level of knowledge about the reproductive system.
➢ To provide an opportunity for group co-operation.
➢ To share knowledge in a “safe” setting.

What you need – Pre-requisites:
➢ Diagram / chart of both the male and female reproductive system.

How you accomplish those:
➢ Have the group form smaller groups of three or four persons.
➢ Ask each group to label all the parts shown on the diagrams.
➢ Share the results and have pupils correct their diagrams.
➢ The facilitator then presents a description of the physical and emotional changes that take place during adolescence.
➢ The facilitator then initiates a discussion of menstruation and nocturnal emission with an emphasis on the normalcy of different rates of growth and development and of differences in the size and shape of sexual body parts.

Session 3b : “Monthly” myths and misconceptions – Nocturnal emission myths and misconceptions

Objectives:
➢ To clarify the myths and misconceptions about menstruation that exist in a community.
➢ To separate the myths and misconceptions about menstruation from the facts.

How you accomplish these:
➢ Outline the rules of brainstorming. Then ask pupils to brainstorm all the things they have ever heard about menstruation, including all the myths, misconceptions, do’s and don’ts.
➢ Write these up on the board.
➢ Explore the basis and origin of these myths and misconceptions, and the effect these have on our thinking about menstruation.
➢ Clarify any questions and uncertainties.

Please Note: This exercise is also used for the nocturnal emissions.
Session 3 - Diagram 1 – Pelvic Girdle

- Internal reproductive organs
- Pelvic cavity
- Pelvic Girdle
DIAGRAM OF THE INTERNAL FEMALE REPRODUCTIVE ORGANS
Session 3 - Diagram 3 – Male genitalia

DIAGRAM SHOWING THE MAIN ORGANS IN THE MALE CAVITY AND THE EXTERNAL GENITALIA (CROSS SECTION)
Session 4a: What is sexuality?

Objectives:

➤ To reach a working definition of the concept of sexuality.
➤ To stimulate discussion and share different points of view about sexuality.

How you accomplish it:

➤ Divide the group into smaller groups of three or four, and give each group paper and a pen.
➤ Encourage pupils to form different groups from those formed during the last session.
➤ Ask the groups to discuss the question “What is sexuality?” They should attempt to reach consensus about a definition. Ask them to keep a record of their discussion.
➤ Allow a few minutes for them to re-form the larger group. Ask each group to share its definition and other important aspects of the discussion, comparing similarities and differences.
➤ Some points included for discussion:
  • The cultural constraints on our sexuality.
  • The relationship of our self-esteem to our expressions of sexuality.
  • The range of expressions of sexuality including celibacy, bisexuality, homosexuality and heterosexuality.
  • The sexist and heterosexist assumptions expressed in the definitions.

Session 4b: Contraception

Objectives:

➤ To identify the level of knowledge in the group about contraception.
➤ To introduce accurate information about contraception.
➤ To enable the pupils to see and handle contraceptive devices.

What you need – Pre-requisites:

➤ A contraceptive kit consisting of:
• A packet of combined oestrogen and progestagen pills.
• A packet of mini pills – progestagen only.
• A diaphragm.
• A packet of condoms.
• An intra-uterine device.
• A tube of contraceptive gel and cream.

How you accomplish those:

➢ Explain to the group that the facilitator will describe each method of contraception.

➢ Demonstrate one method at a time, commencing with those that are less effective. Ensure that everyone has had an opportunity to ask questions and handle the device used in one method before commencing explanation of the next method.

➢ For each method it is necessary to discuss:
  • How it works.
  • Who takes prime responsibility.
  • The degree of effectiveness of the method.
  • Any advantages.
  • Any disadvantages.
  • Cost.
  • Where to get it.
Session 4 – Diagram 1 - Pregnant male

Would you be more careful...

If it could happen to you?
Session 5a: What is a relationship?

Objectives:

- To facilitate discussion surrounding relationships and the range of relationships.
- To reach a common working definition of the term relationship.

How you accomplish these:

- Divide the group into smaller groups of five or six.
- Ask each to nominate a recorder for the session.
- Issue one instruction at a time and allow a few minutes between each instruction. Ask each group to discuss, each of the following questions:
  - What is a relationship?
  - What types of relationships are there?
  - What are the components of a positive relationship?
  - What are the components of a negative relationship?
- When each topic had been discussed, the smaller groups return to the initial group.
- The recorders report on findings from each smaller group.
- The facilitator then draws out the similarities and differences between all the findings.
- Conduct a general discussion about the points which emerge and agree upon a working definition.

Session 5b: Relationships – Can you handle them?

Objective:

- To provide an opportunity for the pupils to learn about some of the responsibilities associated with having a baby.

What you need – Pre-requisites:

- A raw egg for each person. (Pre-arranged at previous session.)
How you accomplish this:

➢ Explain that this exercise is about practice in caring for an imaginary baby. The egg will represent the baby.

➢ Issue the following instructions and rules for the care of the baby (egg).
  - Assume total responsibility for the egg.
  - Keep it warm and give it fresh air daily.
  - If the egg has been left, it must be in the care of another responsible person and payment arranged, either monetary or a reciprocal agreement.
  - Should any disaster befall the egg, a pre-arranged fine must be paid, and a period of mourning observed for two days. At the end of this period the egg must be replaced.
  - A daily diary must be kept on all activities the caregiver, and how the participant felt about the egg and the experiment.

➢ Explain that the experiment will continue for three full weeks, and that pupils are expected to act responsibly and take the activity seriously.

➢ An opportunity is set aside for reporting back to discuss and evaluate the activity.
Session 6a: Aids and barriers to communication

Objectives:

➢ To assist pupils to identify the ‘road blocks’ or problems in interpersonal communication.
➢ To promote an understanding of effective communication.
➢ To discuss the skills needed for effective communication.

How you accomplish these:

➢ Divide the group into smaller groups of three or four.
➢ Instruct the small groups to find a working space where they can talk and write comfortably.
➢ Explain that without discussion of each point, they are to list all the ‘road blocks’ to communication – things that make communication difficult.
➢ On another piece of paper they are to list all aids to communication – those things that make communication easier.
➢ Allow time for each group to discuss their list and clarify the points made.
➢ Ask each group to share their list and compile a composite list.
➢ Ask individuals to identify areas which they would like to pursue through further discussion or practical examples.

Session 6b: My parents

Objectives:

➢ To facilitate discussion on relationships between young people and their parents.

How you accomplish these:

➢ Hand out copies of the sketches.
➢ Ask each participant to make up the dialogue for the empty bubbles.
➢ Focus discussion on what pupils write in the bubbles.
Suggested discussion topics:

- What are the important factors for effective communication with parents?
- Why do parents try to control and discipline their children’s lives?
- Do parents have different expectations for girls and boys?
- What are some ways for young people to make their parents see their point of view?

Variation:

- These cartoon sketch situations and their outcomes may be role-played instead of completing the dialogue bubbles.
Session 7a: Sexually Transmitted Diseases (STDs)

Objectives:
> To allow the educator to gain insight into the knowledge of and attitudes about STDs within the group.
> To provide an opportunity for pupils to become aware of their knowledge of and attitudes about STDs.

How you accomplish these:
> Use several large sheets of paper with the following information on it.
  - STD name:
  - Where you get it from.
  - Description (How can you tell if you’ve got it?)
  - How you can get rid of it.
  - What the effects are if you don’t do anything about it.
> Have pupils form smaller groups and issue each with the different sheets: ask the groups to write down their responses.
> The most common STDs covered include:
  - Chlamydia
  - Gonorrhoea
  - Syphilis
  - Genital herpes
  - Hepatitis B
  - Pubic lice
  - Genital warts
  - Penis infections
  - Vaginal infections
  - Cystitis
> When all groups have completed their task, reform the larger group.
> Read the information and clarify facts from fiction, myth and misconception.
Session 7b: Myths and Facts

Objectives:

- To explore the myths, and validate knowledge of STDs.
- To promote group discussion about related issues.

How you accomplish these:

- The following statements about STDs are written on large sheets of paper:
  - You would know if you had an STD.
  - Only dirty people catch STDs.
  - You can’t get an STD the first time you have intercourse.
  - You catch it from toilet seats.
  - You can get an STD more than once.
  - You can’t have more than one STD at a time.
  - Condoms stop you getting STDs.
  - Kissing spreads STDs.
  - There’s a cure for STDs.
- Display each piece of paper for general access.
- Have the pupils move around the room and write down their responses to the statements on the paper. Encourage free expression.
- When everyone has had an opportunity to write on every sheet, reform the initial group.
- Read the comments and discuss such things as fiction and facts, myths and misconceptions.
Session 8: Sexuality situations

Objectives:

➤ To explore how sexuality is expressed in behaviour.
➤ To discuss the concept of appropriate and inappropriate behaviour.
➤ To provide the opportunity for group members to clarify behaviour which is acceptable to them.

What you need – Pre-requisites:-

➤ A set of 16 cards for each group, containing the sexuality situations outlined below.

• A 14-year-old boy is in the shower and his sister comes into the bathroom to clean her teeth. His mother then comes in to shout at his sister.
• A young man returns from overseas. He greets the men meeting him with hugs and kisses and shakes hands with the women.
• A group of friends are on a beach together. The females remove their bikini tops.
• Parents are in bed together having sexual intercourse when their three-year-old enters the room. They include the child in their embrace.
• A couple is making out in the back seat of a car. One urges the other on saying, “let’s go all the way”. The other says “no”.
• A woman is breast feeding her baby on a bus.
• Two female friends are walking through the park holding hands.
• A middle-aged woman and a young man are cuddling in the back row of the cinema.
• A mother is changing her baby son’s nappy. He shows by giggling, that he enjoys having his penis touched. She continues to touch him all over, including his penis.
• Two elderly people are booked into a hotel for a pensioners’ conference. They demand a room with a double bed; the clerk had reserved a room with two single beds.
• Two men are talking. One is obviously distressed. After some time the other has to leave and kisses his companion goodbye.
• Two young women are being introduced. They shake hands.
• In the office, a woman is constantly teased about the size of her breasts by the men who work with her.
• A group of three-year-old children are playing “doctors and patients”. The boys, who are the patients, show their penises to the girls who are the doctors.
• A boy sits on his grandfather’s knee. His grandfather strokes his hair.
• A thirteen-year-old girl is masturbating in her room. The door is shut but not locked.

How you accomplish these:

> Divide the large group into smaller groups of three or four.
> Explain that the groups will be given a set of cards, each of which describes a different situation.
> Hand out a set of cards to each group.
> As a member of the small group reads out each card, individuals note whether or not the situation is acceptable to them personally and then whether or not they feel it is acceptable to the community or to broader society.
> The group then attempts to reach consensus on whether the behaviour is appropriate or inappropriate and place these in two different piles. Where agreement can not be reached the cards are placed in a third pile. When all the situations have been assessed, the third pile is discussed in a further attempt to reach consensus. Emphasise that consensus does not mean forcing people to change their views.
> Allow time to complete this activity. Each group then return to the initial group.
> Ask a member of a small group to read the pile of cards designated appropriate by his/her group. Other groups then match any of their appropriate pile to this list. By doing this, the large group have an appropriate pile. Use the same procedure for the inappropriate items.
starting with a different small group. The remaining undecided or non-agreement cards could provide the start for general discussion. Some questions for general discussion could include:

- Why is certain behaviour appropriate or inappropriate?
- Is age an important factor?
- How do you feel if behaviour is acceptable to you but unacceptable to the community?
- Have your views on these things changed over the last few years?
- Would you like to discuss or know more about certain situations?
Session 9: How to say no – or yes

Objectives:

➢ To expose the lines often used by young men to pressure young women into sexual activity.
➢ To give female pupils the opportunity to practice assertive responses to these everyday lines.

How you accomplish these:

➢ Divide the group into smaller, single-gender groups of three or four.
➢ Using the technique of brainstorming, generate a list of all common lines that pupils have heard.
➢ Ask each group to read out their list and then display these around the room.
➢ Divide the group into pairs, but not necessarily female and male. One of the partners selects a line from the list and the other devises an impromptu response.
➢ Allow a few minutes to practice, then role-play in front of the larger group.

Suggested lines are:-

• You’re the only person I’ve ever done this with.
• You won’t get pregnant if we do it standing up.
• You might as well do it – I’ll tell everyone you did it anyway.
• This is the way to prove you really love me.
• You’ve got me all excited, now it’s up to you to do something about it.

➢ Discussion in the larger group focuses on the following points:

• Coping with rejection.
• Decision making on sexual matters.
• Sex roles.
Cultural Influences

religion ... peers ... family ... law ... school ...
media ... customs ... economics ...
friends ... neighbourhood ...

Self
Esteem

Communication
Skills

Decision
Making
Skills

Me

STD & AIDS

Sexually active

Not sexually active

Sexual Intercourse

No contraception

Pregnancy

Birth

Termination of pregnancy

Keep the child
Adoption
Fostering

Alone
With a partner

No need for contraception

Pill, IUD, withdrawal,
rhythm method, condom,
spermicide, diaphragm

Contraception

Method
Session 10a : Evaluation

Objectives:
➢ To elicit feedback from the pupils on their reaction to the programme.
➢ To evaluate the programme.

How you accomplish these:
➢ Explain that you would like to find out how the pupils feel about the programme. They may or may not wish to sign their evaluation. Encourage pupils to be honest, ensuring anonymity.
➢ Write up evaluation statements on the board and ask the pupils to complete them.
➢ Explain that this a private exercise.
➢ When all are finished, ask the pupils to hand in their completed sheets.
➢ Suggested statements for the evaluation:
   • What I enjoyed most about the programme.
   • What I enjoyed least about the programme.
   • What I’d like to be different.
   • How I would rank the facilitation.
   • Any other suggestions.

Session 10b : Conclusion

Objective:
➢ To conclude the program.

How you accomplish this:
➢ Present the programme outline as discussed and proposed at the first session.
➢ Match needs of pupils to the sessions covered.
➢ Ask pupils if there are still any unfinished issues for them.
➢ Address the above.
➢ Thank pupils for their participation.
Where appropriate, the facilitator could supply contact telephone numbers for future reference.