UNIVERSITY OF KWAZULU-NATAL

TEACHERS AND HEALTHCARE WORKERS' PERCEIVED REPRODUCTIVE HEALTH CHALLENGES FACED BY SECONDARY SCHOOL ADOLESCENTS IN THE LOW RESOURCE COMMUNITIES OF KWAZULU-NATAL, SOUTH AFRICA

By

LONDIWE MBATHA

213507208

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Supervisor: DR O. Akintola

Co-Supervisor: DR N.B Gwelo

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DECLARATION

I hereby declare that this dissertation, unless otherwise indicated in the text, is original work. All citations, references and borrowed ideas have been acknowledged. This research work has not been submitted to any other University for any degree or examination purposes.

Name: Londiwe Mbatha

Student Number: 213507208

Date: April 2021

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DEDICATION

To God Almighty and to my mother Thembekile Mbatha.

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ACRONYMS AND DEFINITIONS

The following critical terms are used in this study. In the context of the study, the terms are defined as follows:

Reproductive health - a state of complete physical, mental, and social well-being and not merely the absence of disease, in all matters related to the reproductive system and to its functions and process (Feleke & Samuel, 2018).

Adolescence – a period marking the transition from childhood to adulthood, historically this span from 12 to 18 years of age (Jaworska & MacQueen, 2015).

AYFS – Adolescent Youth Friendly Services (Erulkar, Onoka & Phiri, 2015).

Sexuality – It is the social construction of a biological drive, it is defined by whom one has sex with (Gupta, 2016).

STI's – Sexually Transmitted Infections, it is an infection you can get by having intimate sexual contact with someone who already has the infection (World Health Organization, 2016).

STD's – Sexually Transmitted Diseases, the term refers to a variety of clinical syndromes and infections caused by pathogens that can be acquired and transmitted through sexual activity (Workowski & Bolan, 2015).

VMMC –Voluntary Medical Male Circumcision, which is the permanent removal of the foreskin by cutting it away from the rest of the penis (World Health Organization, 2018).

Sexual reproductive Health - a state of complete physical, mental and social well-being, it is not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes (Glasier, Gülmezoglu, Schmid, Moreno & Van Look, 2016).

CHAPTER 1

INTRODUCTION

1.1 Background of The Study

Savage-Oyekunle and Nienaber (2015) report that according to statistics adolescents start to engage in sex at a progressively younger age which contributes to increased teenage pregnancies and sexually transmitted infections (STIs). Dellar, Dlamini and Karim (2015) argue that the key populace in South Africa is young people between the ages of 15 and 24 years, who count as approximately 30% of all new Human Immunodeficiency Virus (HIV) infections in the region. Female adolescents constitute an enormous percentage of the 34 million individuals infected with HIV globally (Savage-Oyekunle & Nienaber, 2015). In essence, both young adults and adolescents contribute to the statistics of the population affected by sexually transmitted infections.

Enormous factors contribute to the reproductive health challenges that young people face such as lack of adequate information about contraceptives and safe sex practices. The reproductive health challenges that adolescents face impact negatively on their lives with regards to their physical, psychosocial, and academic development. A lot of adolescents lack access to sex and sexuality education as well as related information, which is likely to increase their reproductive health challenges (Jana, Mafa, Limwame, & Shabalala, 2016). It is therefore important to equip adolescents with the necessary information on condom use, contraceptives, STI's as well as HIV and AIDS. This will empower adolescents to make informed decisions about sex and sexuality.

Dumontheil (2016) defines adolescence as the period of transition from childhood to adulthood. During the transition from childhood to adulthood, adolescents battle with making lifestyle choices and are most likely to engage in behaviours that will affect their health currently and, in the future (Achhab et al., 2016). Slavin (2018) asserts that adolescence is characterized as a "role confusion against developing identity" period by Erikson, the "genital" period by Freud, as well as the "formal operations" period by Piaget. The developmental approach looks at adolescents' risky behaviours as behaviours that have an impact on an adolescent's life (Savi Çakar & Tagay, 2017). Due to the negative sexual health outcomes of sexual risk behaviours, there is a need to focus a great deal of attention on reproductive health promotion and education (Shoveller & Johnson, 2016).

Jana et al. (2016) assert that adolescents' sexual health challenges are compounded by unfriendly health services in general and in particular by health workers, unfavourable policies, poor parent-child communication as well as the media. Thus, the unfriendly health services pose a challenge to the youth in utilising the available health services. Poor parent-child communication one way or another influences adolescent to seek advice from peers which then leads to poor decision making. Jana et al. (2016) argue that adolescents prefer to communicate with their peers about sex and sexuality related issues irrespective of the fact that the information they get from them might be inadequate or misleading.

Department of Health and Department of Basic Education (2016) argue that to overcome the health challenges that adolescents are faced with, South Africa launched its National School Health Policy (NSHP) in 2003. Shung-King, Orgill, and Slemming (2015) stipulate that the NSHP was under-resourced and prioritized district level implementation of health services over school and student inclusion, in turn that had an impact on the poor outreach. Due to the poor implementation of the NSHP, in 2012 the Department of Health and the Department of Basic Education launched the Integrated School Health Policy (ISHP) (Department of Basic Education, 2018). The aim of the ISHP was to enable adolescents to access Sexual Reproductive Health (SRH) care services and information within the school setting (Savage-Oyekunle & Nienaber, 2015).

According to Department of Health and Department of Basic Education (2018) in 1999, the Department of Education presented the School Health Program by propelling the National Policy on HIV and AIDS for Learners and Educators in Public Schools just as Students and Educators in Further Education and Training Institutions. Therefore, the HIV and AIDS Life Skills Education Program was executed in 2000 with the aim to reduce the susceptibility of adolescents to HIV and AIDS meanwhile improving their knowledge so that they make responsible sexual behaviour decisions. A study by Ahmed, Flisher, Mathews, Mukoma and Jansen (2019) stipulate that incorporation of sex education into the school curriculum has been considered favourable by many countries, including South Africa. On the other hand, Savage-Oyekunle and Nienaber (2015) argue that the unavailability of a fixed educational program for reproductive health education in South Africa brings about an absence of consistency as the topics taught vary from school to school, therefore achieving different results.

Roux (2017) argues that Life skills education that focuses on HIV and AIDS education does not only equip learners with the knowledge and skills they need to make informed life

decisions, however it additionally assists to reduce stigma and discrimination towards people living with HIV and AIDS, as it disperses misleading information which may cause fear and stigmatization. Therefore, teaching adolescents about HIV and AIDS assists them to better understand the disease and have a different perspective towards people living with the disease. Despite some literature in this regard, little is known about the healthcare workers and teachers' perspectives of the reproductive health challenges that school-going learners are faced with and the measures taken by the Department of Health and Department of Basic Education to address those challenges.

This study aims to explore teachers and healthcare workers perspectives regarding reproductive health challenges that school-going learners are faced with and the measures taken to address these challenges by the Department of Health and the Department of Education Department. It was envisaged that this study would assist policy makers to understand the reproductive health challenges faced by secondary school learners. This study possibly will make known of ways to improve access to reproductive health care services for school-going learners. The information that will be gained may possibly assist the Department of Health, the Department of Education Department as well as other organisations in developing appropriate interventions and strategies that will improve reproductive health education and delivery of adequate reproductive health care services to adolescents.

Objectives of the study

1.2.1 To explore how reproductive health education is being implemented in secondary schools participating in the Integrated School Health Programme (ISHP).

1.2.2 To explore participants' perceptions of reproductive health challenges facing school going adolescents.

1.2.3 To understand participants' perceptions of ways to deal with reproductive health challenges facing school-going adolescents.

1.3 The key questions that this research attempts to answer are as follows:

1.3.1 How is reproductive health education implemented in secondary schools participating in the Integrated School Health Programme?

1.3.2 What are the participants' perceived reproductive health challenges that school-going adolescents are facing?

1.3.3 What are the ways of dealing with reproductive health challenges faced by school-going adolescents?

1.4 **Structure of the dissertation**

Chapter One: This chapter briefly introduces the study. It provides background information to the study, outlines the problem statement, study objectives and the key questions that the study seeks to answer. Lastly, it summarises the significance of the study.

Chapter Two: This chapter presents a review of literature on reproductive health education and the reproductive health challenges that secondary school learner's face. The literature review included a broad commentary of previous studies on primary health care and school health, health education and health promotion in schools, reproductive health education, and reproductive health challenges faced by school-going adolescents. This chapter also includes a timeline of policies related to health education and reproductive health. The theoretical framework that guides this study, which is the ecological systems theory, is also discussed.

Chapter Three*:* This chapter is a journal manuscript, and it consists of six different sections which are: the abstract, background to the study, methods, results, discussion, and the conclusion.

CHAPTER 2

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

2.1 Introduction

Adolescents face difficulties during their development due to lack of information regarding their physical and sexual development (Parwej, Kumar, Walia & Aggarwal, 2015). Providing adolescents with sexual health education is an important means of promoting healthy sexual development and reducing negative outcomes of risky sexual behaviours (Lindberg, Maddow-Zimet & Boonstra, 2016). This chapter reviews literature that is relevant to the study. The section will accordingly examine how reproductive health education is implemented in the school curriculum, the reproductive health challenges that secondary school learner's face and ways of dealing with those challenges. Lastly, the integrated school health policies and primary health care policies are presented.

2.2 Understanding of Adolescence

Situmorang (2018) defines adolescence as progression from the onset of secondary sex characteristics to sexual and reproductive maturity, development of adult mental processes and adult identity as well as the transition from socio-economic dependence to relative independence. Therefore, adolescence is a vulnerable phase in human development as it represents a transition from childhood to physical, psychological, and social maturity. Adolescents are individuals aged 10-19 whose body mass index (BMI) is less than 2 standard deviations below the median (Gagné, 2019). During this period, adolescents learn and develop knowledge and skills to deal with critical aspects of their health and development while their bodies mature (World Health Organization, 2020).

2.2 Reproductive Health Challenges Faced by Adolescents

The youth, especially adolescents, are faced with challenges of discovery about sex and sexuality which places them at high risk of contracting sexually transmitted infections (STIs) as well as unplanned and early pregnancies (Jana, Mafa, Limwame, & Shabalala, 2016). It is therefore important that young people are well educated about condom use, contraceptives, STIs, HIV and AIDS as well as other reproductive health issues. This will aid them in making informed sexual and reproductive health decisions.

Worldwide, the youth constitute approximately half of the population with 1.8 billion people aged between 10 and 24 years, 16 million girls aged between 15 and 19 give birth each year, which is approximately 11% of all births worldwide (Morris & Rushwan, 2015). However, this indicates that the youth is sexually active, and they are therefore susceptible to facing reproductive health challenges. Morris and Rushwan (2015) argue that young people aged between 15 and 24 are currently the group that is most severely affected by HIV and AIDS and they account for 41% of all new infections.

Unwanted pregnancy, abortion and STIs, are major public health problems among young people that are reported globally (Warenius, 2018). This means that South African adolescents are faced with the same reproductive health challenges that are reported globally. Dellar, Dlamini and Karim (2015) argue that South Africa is at the epicentre of the global HIV epidemic, bearing almost 40% of the global burden of infections despite being home to less than 2% of the global population. Denno et al. (2015) stipulate that poor and marginalised youth suffer the highest burden of disease. For example, homeless adolescents face higher risks of HIV infection, adolescents with disabilities are particularly vulnerable to sexual abuse and resulting in unplanned pregnancies and STIs including HIV. Therefore, vulnerable adolescents are at higher risk of unplanned pregnancy and being infected with STIs including HIV.

Aransiola, Asa, Obinjuwa, Olarewaju, Ojo and Fatusi (2017) argue that the most noticeable and most common reproductive health problem that adolescents face is teenage pregnancy. According to a study by Mchunu, Peltzer, Tutshana and Seutlwadi (2016) teachers indicated that pregnant learners are normally dismissed from the school as a deterrent to their peers. Therefore, pregnant girls in schools are perceived as bad influence on their peers and are therefore dismissed from school because they might influence their peers, this is done as a warning to the other peers who are not pregnant (Mchunu, Peltzer, Tutshana & Seutlwadi, 2016). Willan (2018) reports that only around one third of teenage girls return to school following childbirth. Furthermore, dismissing pregnant girls from school negatively affects the future of both the girl and her child, however, the punishment is biased as it only affects the pregnant girl and absolve the male counterpart.

2.3 Factors That Contribute to The Reproductive Health Challenges Faced by Adolescents

Mothiba and Maputle (2016) stipulate that several factors are strongly associated with and contribute to the reproductive health challenges faced by adolescents, these factors include the developmental phase of adolescents and experimentation, peer influence or peer pressure, early sexual debut, and poor parent-child communication. In addition, poverty, unfriendly health-care services and access to the health-care services are among factors affecting teenagers (Willan, 2018).

Developmental traits form part of the factors that contribute to the reproductive health challenges that adolescents face. Landry, Turner, Vyas, and Wood (2017) argue that adolescence is a phase of rapid physical, emotional, and cognitive development. This period is marked by an increased importance on social relationships when adolescents are focused on developing a sense of self and personal identity. During this phase adolescents are experimental and tend to engage in risky behaviours since they are trying to find themselves. Adolescent sexual risk-taking has been conceptualized as a behavioural strategy aimed at increasing self-esteem, physical pleasure, gaining social status and dominance in peer groups (Lemelin, Lussier, Sabourin, Brassard & Naud, 2018). In light of this, adolescent sexual risk-taking behaviour has an impact on the reproductive health issues that they are facing.

As children make the transition from childhood to adolescence and engage in the process of identity formation, their reliance on parents and siblings as the sole sources of influence in decision-making begins to change (Sieving et al., 2016). Aransiola et al. (2017) stated that ***peer pressure*** or influence, influence of the media through movies, music, internet, and poor parent-child relationship contribute to the reproductive health challenges. The influence of friends and others in the same age group plays an increasing role in shaping behaviour in middle and late adolescence. At times peer influence conflicts with, the influence of parents and families, faith principles and community expectations (World Youth Report, 2018). Therefore, peer pressure contributes to the reproductive health challenges that adolescents may face. Adolescents are frequently characterized as excessive risk takers, overly self-focused, and highly susceptible to social pressure (Landry, Turner, Vyas & Wood, 2017).

Xu, Dai, Zhao, Tu, Yang, Wang and Feng (2016) argue that ***early sexual debut*** may be related to many subsequent risky sexual behaviours, such as having more sexual partners, improper or less condom use during sexual intercourse. Thus, individuals with who are sexually active at an early age, as early as 12 or 13 years, may be more susceptible to HIV infection than those who are not sexually active. Early sexual debut has an impact on the reproductive health issues

that adolescents are faced with. Early sex initiation may be costly and trigger a chain of events resulting in immediate negative outcomes such as sexually transmitted infections and unplanned pregnancy (Lemelin, Lussier, Sabourin, Brassard & Naud, 2018).

Parents have an important role to play in terms of guiding and providing sex education to their children to enhance their ability to make informed decisions. Literature shows that ***parent-child communication*** can delay adolescents' sexual activity, increase levels of contraception and other forms of protection like condom use during sexual intercourse (Odimegwu & Mkwananzi, 2016). This implies that if parents communicate more about sex and sexuality to their children it will minimize the odds of engaging in risky sexual behaviours. When parents are open, skilled, and comfortable in their discussion about sex-related topics with their children, the children's sexual risk is most likely to be reduced (Jerman & Constantine, 2018).

Mathewos and Mekuria (2018) report that adolescents who have good parent-child interaction may get a good opportunity to have free discussion about sexuality and reproductive health issues, thereby transfer of life skill is possible to protect themselves from possible reproductive health risks. Therefore, poor parent-child communication has an impact on the reproductive health challenges that adolescents are facing. Due to the inadequacy of sex education by parents, it has been argued that the school as a health promoting setting also has a role to play in reproductive health education as outlined in the next section.

Amongst others, ***poverty*** is one of the factors that contribute to the reproductive health challenges that adolescents face. Mchunu, Peltzer, Tutshana and Seutlwadi (2018) state that several studies have argued that young schoolgirls engage in sex with older partners and have transactional sex, whereby money is exchanged for sex. Considering the nature of the relationship and the age gap it can be argued that the young girls would find it difficult to initiate safe sex with their older partners. Mchunu et al. (2018) argued that such relationships result in young women having little or no negotiating power with their partners to insist on condoms usage. This situation results in high risks of becoming pregnant and contracting sexually transmitted infections (STIs). In light of this, poverty has an impact on teenage pregnancy, sexually transmitted infections, and other reproductive health issues that adolescents are faced with.

The reproductive health challenges that young people face are partly a result of youth or adolescent ***unfriendly health-care services***. Furthermore, the provision of youth friendly services will help minimize the number of reproductive health challenges that young people

face. The World Health Organization developed an Adolescent Friendly Health Services approach in 2001. The focus of the model was to provide a package of health services that effectively addresses the specific health needs of adolescents (World Health Organization, 2016). In South Africa the Department of Health developed the National Adolescent and Youth Health Policy in 2017. According to the National Adolescent and Youth Health Policy (2017) its aim was to improve the health status of young people through prevention of illness, promotion of healthy lifestyles, and the improvement of health care delivery system by focusing on the accessibility, efficiency, quality, and sustainability of the Adolescent Youth Friendly Services (AYFS).

Braeken and Rondinelli (2018) assert that young people's access to health-care services is affected by many factors, including ethnicity, attitude, and behaviours of professionals. In addition, the lack of privacy and confidentiality, laws and policies that may restrict their access to affordable services and useful information may affect young people's access to health-care services. Denno, Hoopes and Chandra-Mouli (2015) argue that efforts in recent years have focused not only on ensuring health service availability but also making its provision adolescent friendly. However, the efforts include implementation of the latest 2013 policy which addresses youth sexual reproductive health in the Department of Health integrated strategy on HIV, STIs and TB. The National Adolescent and Youth Health Policy gives guidance on interventions to reproductive health issues that adolescents face (Davids, Kredo, Gerritsen, Mathews, Slingers, Nyirenda & Abdullah, 2020). This implies that health services must be accessible, acceptable, equitable, appropriate, and effective to everyone. Denno et al. (2015) further argue that these efforts should aim to increase the ability and willingness to obtain health services.

2.4 The Integrated School Health Policy

To combat the reproductive health challenges, reproductive health education can be used as a tool to eradicate the several challenges mentioned above. Epstein et al. (2017) argue that early sexual initiation is one of the most significant predictors of STIs among adolescents and young adults, making this an attractive target for prevention efforts. The developmental, physiological, and behavioural changes that adolescents go through at their age can contribute to an increased risk of contracting STIs and unplanned pregnancy (Doyle, Mavedzenge, Plummer & Ross, 2018). In essence, adolescents are the most vulnerable group that can be affected by STIs and unplanned pregnancy.

To redress the inequitable school health services established by the apartheid regime, South Africa launched its National School Health Policy (NSHP) in 2003 (National Department of Health, 2017). Beksinska, Pillay, Milford, and Smit (2017) argue that the 2003 National School Health Policy (NSHP) was implemented as a health promotion and preventive school-based initiative for the youth. Some of the shortfalls identified with the implementation of the NSHP included low service provision, suboptimal and inequitable nurse-to-school ratios, and the absence of referral services to respond to problems identified through screening assessments (Savage-Oyekunle & Nienaber, 2015). The policy did not translate to adequate coverage at sub-district, school, and learner levels. The NSHP was then reviewed in 2012 and this led to the development of the Integrated School Health Policy (ISHP) in the same year.

The ISHP focused on addressing both the immediate health problems of learners and implementing interventions that can promote their health and well-being (Beksinska, Pillay, Milford & Smit, 2017). The Integrated School Health Programme is a combination of services that ensure the physical, mental, and social well-being of learners to maximise their learning capabilities (Department of Health & Department of Basic Education, 2018). Moreover, Wei, Szumilas and Kutcher (2015) argue that traditionally the focus of school health programmes has been on physical health and the delivery of programmes which are designed to enhance healthy eating habits, encourage physical activities, prevent tobacco and substance use, and promote sexual health. The above mentioned are essential aspects since they also affect the learner's academic performance, therefore they must be promptly addressed.

Unlike the 2003 National School Health Policy, the 2012 Integrated School Health Policy did not only focus on the district level health services (Department of Health & Department of Basic Education, 2018). Instead, it focused on the sub-district level making it easy for everyone to access health facilities (Department of Health & Department of Basic Education, 2018). Failure to successfully implement the 2003 National School Health Policy (NSHP) was due to the lack of proper collaboration of the main stakeholders. Fundamental principle of the 2012 ISHP was the collaboration of the National Department of Health, Department of Basic Education as well as Department of Social Development (Shung-King, 2019). For example, the political support on the implementation of the NSHP in 2003 was little from the Minister of Health and none from the Minister of Basic Education (Shung-King, 2019). This however made it difficult to have a successful collaboration of the Department of Basic Education and Department of Health.

Many developing countries are facing a challenge of fighting STIs, HIV and AIDS amongst learners, and so is South Africa (Coovadia et al., 2019). The Integrated School Health Policy (2012) suggested that whilst poverty-related illnesses such as childhood infectious diseases and malnutrition remain widespread, many children face barriers to best health because of the HIV and AIDS epidemic as it gets more attention. However, these health and social challenges have a negative impact on the academic development of learners, but they are not given the same priority equally as HIV and AIDS is.

School health falls under the concept of Primary Health Care (PHC). The Alma-Ata Declaration of 1978 emerged as a major milestone of the twentieth century in the field of public health, and it identified primary health care as the key to the attainment of the goal of Health for all (Watkins et al., 2018). World Health Organization (2018) argued that Alma-Ata positioned primary health care as a philosophy, a level of care and a set of services. This implies that the Alma-Ata put primary health care as a principle that can be used to ensure provision of quality health care to everyone but at a community level. Primary health care is also considered as the strategy to achieve health for all and to ensure universality, quality, equity, efficiency, and sustainability of essential services (World Health Organization, 2018).

Thomas-MacLean, Tarlier, Ackroyd-Stolarz, Fortin and Stewart (2017) define Primary Health Care (PHC) as a conceptual model which refers to both processes and beliefs about the ways in which health care is structured. PHC can be defined as health care that is provided primarily in the community-by-community members and relatives. For example, taking care of a family member that has tuberculosis (TB) or HIV and AIDS by helping them take their medication can be regarded as primary health care.

In developing countries, people in rural areas face many challenges in accessing health care, that include poor infrastructure, walking long distances to seek for health care assistance, financial challenges, and unavailability of resources. Visagie and Schneider (2018) argue that in Africa, travelling distances are worsened by poor road infrastructure and non-existent public transport, thus in seeking health care, rural residents often experience an increased cost burden through travel and accommodation costs.

The introduction of PHC came as a ‘helping hand’ to overcome those challenges facing people in rural areas thus making sure that everyone has access to quality healthcare. Equity must be ensured for all geographic, economic, and ethnic groups as well as for the elderly and special groups (World Health Organization, 2018). This, however, means that health care provision

should not favour other groups of people while disfavouring others. King (2019) argues that the main concern for early action of primary health care is to reduce the barriers, particularly financial barriers, for the groups with the greatest health need.

There are a number of policies that were developed as a strategy to overcome the reproductive health challenges that adolescents are facing. Pillay and Barron (2019) argue that as part of the health sector's contribution to the overall government strategy called *A Long and Healthy Life for All South Africans* in 2012, the minister of health signed a performance agreement with the president. In the performance agreement he committed himself and the members of the executive council to four main outputs, which are, increasing life expectancy, decreasing maternal and child mortality, combating HIV and AIDS, and decreasing the burden of disease by strengthening the effectiveness of the health system. Therefore, in the implementation of the policy of *Primary Health Care Reengineering* in 2012, the government committed to make the health care system better and effective in order to improve the populace quality of life. This was established through the implementation of different policies and systems that help improve health care provision in communities. Table 2.1 below shows the list of policies and developments that serve as strategies to addressing the reproductive health challenges that adolescents are facing.

Table 1

Timeline of policies

YEAR	POLICY AND RELATED DEVELOPMENTS
1978	International conference on primary health care and declaration of Alma Ata.
1994	World Health Organization declaration on 'education for all', meeting learning needs.
1994	President Nelson Mandela announces the introduction of free health care in public health facilities for pregnant women and children under the age of 6 years.
1999	National policy on HIV and AIDS for learners and educators in public schools in further education and training institution.
2000	National HIV and AIDS Life Skills education programme.
2002	Department of Health adopts the health promoting school's initiative.
2003	Department of Health develops the first National School Health Policy and implementation guideline.

2005	South African Children's Act.
2006	The Youth Friendly Services (YFS) programme, managed by Love Life was taken over by the Department of Health.
2009	Revised HIV and AIDS life skills education programme.
2011	Department of Basic Education guidelines for the implementation of peer education programmes for learners in South African schools.
2011	Publicly funded family planning facilities were surveyed to assess accessibility and provision of contraceptive for teenagers and young adults.
2012	Integrated School Health Policy.
2012	ANC Education and Health Policy Discussion Document.
2013	Department of Basic Education Integrated strategy on HIV, STIs and TB (2012-2016).
2013	Latest policy addressing youth sexual reproductive health in the Department of Health integrated strategy on HIV, STIs and TB.
2017	National adolescent and youth health policy.
2017	National policy on HIV, STIs and TB for learners, educators, school support staff and officials in all primary and secondary schools in basic education sector.

2.4 Health Promotion in Schools

Young people spend most of their developmental years in school with their teachers where they learn most of the behaviours through interacting with other learners. Adolescence is a time of rapid transition, a time of significant emotional, physical, and psychological changes and these changes influence behaviour as well as decisions to engage in risky behaviour, including sexual activity, alcohol consumption and taking drugs (Beksinska et al., 2017). The school context is the environment where positive behaviours are promoted as opposed to "risk" behaviours. Therefore, it is crucial that the health promotion in schools focuses on relevant health education to impart knowledge about health risk behaviours so that adolescents are able to make informed decisions. Kolbe et al. (2015) claim that schools have the potential to do more than any other single agency in the society to help young people live healthier, longer as well as more satisfying and productive lives.

The terms health education and health promotion are often used interchangeably yet they do not mean the same thing. Raingruber (2016) argues that health promotion includes health education, empowerment, identification and reduction of health risks, preventive health care

for selected individuals and populations, as well as health policy development. Health promotion goes beyond providing knowledge about a certain health risk but designing interventions which are aimed at reducing health risks for selected individuals and it also empowers people to take charge of their lives. Jourdan (2016) stipulates that health promotion is important both as a way of improving health and as a way of helping adolescents succeed in education. Health issues can constitute learning barriers, therefore improving their health through health promotion in schools will help them perform well in school.

Jourdan (2016) argues that health education is thus not the realm of specialists, it is one of the daily tasks for adults in charge of children's education, foremost among whom are parents and teachers. Therefore, health education is not only the responsibility of health specialists like nurses and doctors but also that of children's primary caregivers and those in charge of providing guidance and education to children. Aransiola et al. (2017) argue that teachers occupy a central role in the lives of students not only because of the need to develop the academic potential of young people but also because of the influence they have in shaping and reshaping behaviour and the life course in many areas of life.

The World Youth Report (2018) identifies school curricula and extra-curricular activities as ideal means to promote health and adolescent development. Schools are now used extensively for promoting health messages to children. Health is promoted where people live, work, love, and play (O'Connor-Fleming & Parker, 2016). It is important for health to be promoted where people co-exist and spend most of their time to ensure a healthy lifestyle and change in behaviour. Seffrin (2018) argues that school health education programmes can reduce health risk behaviours such as tobacco use, poor nutrition, lack of physical activity, drug and alcohol use, as well as actions that increase stress, and risk of injury, and violence. This will improve the health of young people therefore giving them a better future.

For the vast majority of those working in schools, health education remains an activity that is not at the heart of what they must do (Jourdan, 2016). In other words, teachers are not working for the Department of Health rather they are working for the Department of Education to educate learners in schools and not to necessarily deliver health services in schools. Therefore, health education ends up being an extra pile of work on top of the duties assigned to teachers. The school has its own curriculum that is designed for the teachers to use when teaching and it rarely includes health education.

Although the school already has its own curriculum, health education is important, and it must be delivered to the learners. The development of a school health education programme needs to recognise the importance of placing health education within the scale of values which the school itself has developed (World Health Organization, 2018). This however means that there is a need to recognise how health education can be supported by the broader beliefs of the school itself. Health education exists to achieve certain goals which are to improve the health status of individuals, to enhance the quality of life for all people, to reduce premature deaths, to reduce the costs spent on medical treatment by focusing on prevention (World Health Organization, 2018).

By achieving the above-mentioned goals of health education, people's health would be improved and therefore improving their lives as well. Health Education practitioners cannot achieve these goals on their own, instead, they need community participation as well.

2.6 Reproductive Health Education

In Health Promotion, people are empowered with knowledge through health education so that they can change their health behaviour. Aransiola et al. (2017) argue that poor reproductive health knowledge is one of the factors indicated in the relevant literature as contributing to early and unprotected sex and other risky adolescent sexual behaviours. Several studies indicate that parents find it not only taboo to discuss sex with their children, but they also embarrassing (Svodziwa, Kurete, & Ndlovu, 2016). When parents or guardians do not give adolescents the correct and appropriate sex education, adolescents tend to seek for it from their peers and end up with misleading information. The World Youth Report (2018) argues that the responsibility of parents to educate their children about the personal, physical, and social aspects of sexuality, pregnancy, sex roles and sex-related matters is a major concern in most societies and can be considered an obligation in many traditions.

Parents play a vital role in providing the right information to the adolescents, since they are the primary care givers to the adolescents. There is evidence suggesting that parent-child communication about sex related matters is not very common, and most of the times it is fraught with discomfort especially communication with fathers in Sub-Saharan Africa (Awusabo-Asare, Bankole & Kumi-Kyereme, 2018). This however means that most African parents find it unpleasant to talk about sex related matters with their children which in turn makes the adolescents uninformed about such matters. Aransiola et al. (2017) argue that reproductive health information and services are rarely available for the learners in the school

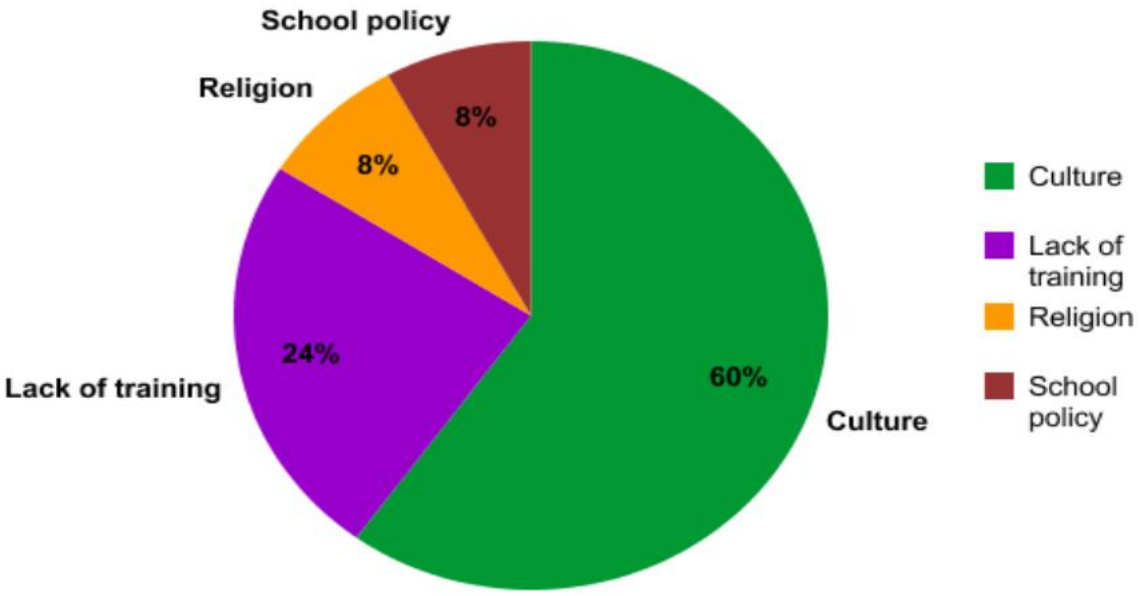
setting, and the only source of such information available for the learners in the schools is what the teachers teach in Biology and Integrated sciences. Therefore, the reproductive health information provided in schools is inadequate.

Aspy et al. (2017) argue that parental openness and communication will reduce the likelihood of adolescents engaging in risky sexual intercourse. If parents are open enough to talk about sex related issues with their children, the likelihood of adolescents engaging in risky sexual intercourse will decrease. When the parent-child relationship is hierarchical and authoritarian, it can have an adverse influence both on how adolescents feel about themselves and the choices they make about behaviours that affect their health (Svodziwa et al., 2016). This is because they find it hard to bridge the age gap between them and their parents and talk about everything and anything. Besides the parent-child relationship there are many social barriers to sexuality or reproductive health education that are socially constructed.

Svodziwa et al. (2016) argue that culture, religion, gender as well as education level are the social barriers that hinder reproductive health education, Figure2.1 shows the barriers to reproductive health education. In terms of gender, parents fail to communicate with their children of the opposite sex on issues related to sexuality such as physical development, STIs, puberty and condom use (Svodziwa et al., 2016). Some fathers find it difficult to talk about menstruation and pregnancy to their girls while some mothers also find it difficult to talk about circumcision and safe sex to their boys because it is socially out of the norm. Lastly, the education levels of parents tend to be a barrier to parent-child communication regarding reproductive health issues. Svodziwa et al. (2016) argue that parents with a high level of education, although they fail to communicate with their children orally, they decide to use other means of communication such as books to ensure that their children understand and get all the information about reproductive health issues compared to others with low education who have not seen other options to communicate with their children.

Figure 1

Barriers to Reproductive Health Education



Source: Beech and Sayer (2018)

South Africa's Department of Education initiated the school health programme by establishing the National Policy on HIV and AIDS for Learners and Educators in 1999. Consequently, the HIV and AIDS Life Skills Education Programme was implemented in 2000 with the aim of reducing the vulnerability of young people to HIV and AIDS and enhancing their knowledge and skills for responsible sexual behaviour decisions (Beksinska et al., 2017). However, this means that there are programmes in place that are designed to deal with reproductive health issues in schools. The programme was implemented through Life Orientation (LO) subject across all grades, however, evaluation studies identified challenges to this programme, such as insufficient life orientation teachers and lack of integration into the schools' system and policies (Beksinska et al., 2017).

There are many challenges faced by teachers when delivering reproductive health education to adolescents. The big challenge is knowing the right age at which an adolescent is ready for sex or reproductive health education. Naz (2017) argues that sex education remains a provocative topic with vigorous debate about whether it is appropriate for young people by both its many detractors and supporters. Another challenge is that even teachers have their

own values and reproductive health education challenges those values and attitudes. In certain schools there are policies that may be deemed as a barrier to successful reproductive health education. McCamant (2020) argues that in faith-based schools it is assumed that reproductive health education encourages young people to engage in premarital sexual activity. Furthermore, teachers may not easily identify some challenges to successful sexuality teaching, especially regarding their own personal attitudes to diverse sexualities, patriarchy, gender relations and the power relations inherent in both society and the school environment (Harrison & Ollis, 2019).

2.7 Conceptual Framework

Grant and Osanloo (2017) argue that the conceptual framework is the foundation from which all knowledge is constructed for a research study and it serves as the structure and support for the rationale of the study, the problem statement, the purpose, the significance, and the research questions. Conceptual framework is the structure that can support a theory of a research study. Rocco and Plakhotnik (2019) argue that the conceptual framework provides a grounding base for the literature review, and most importantly, the methods and analysis. Conceptual framework provides a foundation for the research methodology and data analysis.

This study is set within the Social Ecological Model (SEM) which falls under the Ecological theory for human development by Urie Bronfenbrenner that was first introduced in the 1970s (Bronfenbrenner, 1994). Bronfenbrenner (1994) argues that the ecological model incorporates an evolving body of theory concerned with the processes and conditions that govern the lifelong course of human development in the actual environments in which human beings live. The ecological model has human development theories that govern human development in their co-existence with their surrounding which in one way or the other influence their health behaviour. Bronfenbrenner's theory explains the impact that the different layers of the ecological theory have on the behaviour of the individual.

Okoye (2016) stipulates that the social ecological model (SEM) is defined as a graphic description of the ecological theory of a given health behaviour or outcome. It provides a useful framework for achieving a better understanding for factors and barriers that impact health behaviours and outcomes (Okoye, 2016). Bronfenbrenner et al. (2016) argue that the social ecological model is a theory-based framework for understanding the complex and interactive effects of personal and environmental factors that determine behaviours, and for identifying behavioural and organisational influence points and intermediaries for health

promotion within organisations. In other words, this means that the social ecological model is a framework that seeks to understand the impact of different structures in an individual's life.

The social ecological model as shown in *Figure 3* (social ecological model) below has five levels of influence which are, the individual level, the interpersonal level, the community level, the organisational level as well as the policy/enabling environment level of influence. Okoye (2016) argues that the individual level of influence includes personal factors or attributes that increase or decrease the likelihood of behavioural change. These factors can include knowledge, attitudes, and behaviours taking risks in addition to age, and gender (Okoye, 2016). This however means that one's knowledge or attitude about something can impact their behaviour, for example being well educated or well informed about the risks associated with a certain behaviour decreases the likelihood of the behaviour being carried out. This is to say that at the personal level, individuals construct meaning and develop behaviours in relation to others and to larger collective ideals, shared symbols, and beliefs (Okoye, 2016).

Ryan (2019) argues that the interpersonal level examines the close relationships and influences that may directly affect behaviours of individuals. This includes the immediate physical environment and social networks of an individual, including family, friends, peers, local facilities and services, and colleagues and co-workers (Ryan, 2019). Throughout the development of an individual, their immediate relations have an influence of their behaviour and it could be bad or good effect. The organisational level of influence incorporates organisations or social institutions with rules and regulations for operations that affect how an individual or group behaves (UNICEF, 2017). For example, working hours of health service providers could affect service delivery to the people. This is to say that pre-existing organisational rules and regulations have an impact on, it could be good or bad. Okoye (2016) argues that the individual does not play any role in constructing this system or these rules and regulations, but they experience direct impact on their mood and affect.

Okoye and Okolie (2017) stipulate that the community level of influence incorporates the community factors that involve collectives of people identified by common values and mutual concern for the development and well-being of their group or geographic area (villages, neighbourhoods). This may however involve culture, norms, and shared values. The last level is the public policy level of influence which Winch (2018) defines as local, state, federal policies and laws that regulate or support healthy actions and practices. These are policies and laws that either encourage healthy behaviour or have an impact on healthy behaviours, for

example, the Liquor Policy Mission Statement which says that they "are committed to the safe and responsible sale of all alcoholic beverages to only those patrons who are 21 years of age" (Toomey & Wagenaar, 2015, p.192)

Figure 2

The Social Ecological Model

Source: Sallis, Owen and Fisher (2015, p43-64). Ecological models of health behaviour.

2.8 Application of the Social Ecological Model to the Current Study

This study aimed at understanding the different reproductive health challenges that secondary school learners face as well as the factors that contribute to those challenges. Robinson (2018) argues that the social-ecological model provides a useful framework for achieving a better understanding of the multiple factors and barriers that impact behaviours, and therefore can provide guidance for developing culturally appropriate and sensitive intervention strategies. There are different factors that have an impact on the different reproductive health challenges that school-going adolescents face and the impact of those structures can be understood using the social ecological model. The Social Ecological Model further advances that health promotion programmes focus on behavioural change through educational activities or other intrapersonal level change strategies (Robinson, 2018).

On the individual level, it is the individual characteristics that influence behaviour, such as knowledge, attitudes, beliefs, and personality traits. Therefore, the beliefs, knowledge, attitudes and personality traits of adolescents themselves impact on the way they behave. For example, if adolescents have enough knowledge about reproductive health and know how to protect themselves from risky sexual behaviours, it is most likely that they are less susceptible to the existing reproductive health challenges that other adolescents face. This indicates that the intrapersonal individual characteristics have an impact on how individuals behave.

The second level of influence is the interpersonal level. This level is concerned with the influence that the Interpersonal processes, and primary groups including family, friends, peers, that provide social identity, support and role definition organizational rules, regulation, policies, and informal structures, which may constrain or promote recommended behaviours (Robinson, 2018). This level looks at the external relations that the individual has and which in turn has an influence on their behaviour. It can either be negative or positive influence. Aransiola et al. (2016) argues that amongst other factors that contribute to reproductive health issues faced by adolescents' peer influence, influence of the media through movies, music and internet and poor parental upbringing form part of those factors.

The community level of influence involves the community social networks and norms, or standards, which exist as formal or informal among individuals, groups, and organisations. The community level of influence involves relationships among organizations, institutions, and informational networks within defined boundaries, including the built environment (e.g. parks), village associations, community leaders, businesses, and transportation (UNICEF, 2017). In other words, the community structures and way of living also has an influence on the health behaviours of individuals, for example early, marriage for young people exposes them a lot of reproductive health issues. Hindin and Fatusi (2019) argue that early marriage and early marital sexual activity present reproductive health risks for young women. This however shows how the community structures can have a negative impact on the health and well-being of adolescents.

The organisational level of influence focuses on the organisations or social institutions with rules and regulations for operations that affect how services are provided to an individual or group (UNICEF, 2017). Robinson (2018) argues that organisational rules, regulation, policies, and informal structures, may constrain or promote recommended behaviours. Lastly, at the policy/enabling environment level of influence the local, state, national and global laws and

policies, including policies regarding the allocation of resources and access to healthcare services, restrictive policies (e.g., high fees or taxes for health services) have an impact on the health of individuals.

These policies can either promote healthy behaviours or negatively impact healthy behaviours. For example, the lack of provision of free pap-smear in public hospitals as well as its age restriction can result to undetected reproductive health conditions and consequently lead to an increased incidence of reproductive health cancers among adolescents. Another example would be that of section 27(1) (a) which states that "everyone has the right to have access to health care services, including reproductive health care". This act has a positive impact on promoting healthy behaviours because it promotes accessibility of healthcare by giving everyone the right to access healthcare.

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CHAPTER THREE

Journal manuscript

Perceived Reproductive Health Challenges Faced by Secondary School Adolescents in the Low Resource Communities of Kwazulu-Natal, South Africa

Authors' contributions

I (Londiwe Mbatha) was responsible for the conception and design of this study with guidance from my supervisor (Dr. Olagoke Akintola) and co-supervisor (Dr. Netsai Bianca Gwelo). I collected data for the study with the help of Dr Netsai Bianca Gwelo. I conducted the data analysis and drafted the article under the guidance of my supervisor who reviewed and provided comments and suggestions on various drafts of the paper. I also received assistance on a draft from Dr Musbau Titiloye.

ABSTRACT

Background:

Adolescents' early sexual debut contributes to the number of sexual and reproductive health challenges that they are faced with. In trying to deal with these reproductive health challenges that adolescents are facing South Africa recently adopted the Integrated School Health Policy, which enables adolescents to access sexual reproductive health care services and information in the school context. This study explored reproductive health challenges from the perspective of the life orientation teachers and school health nurses.

Methods:

Qualitative in-depth interviews were conducted with 15 participants in some low resource communities in Durban, KwaZulu-Natal, South Africa. Four of the participants were school health nurses and 11 of the participants were life orientation teachers.

Results:

The results of this study show that when it comes to reproductive health education teachers and school health nurses face numerous challenges. At the macro and exo level the Department of Education provides life orientation teachers with limited teaching resources and the life orientation curriculum covers the minimum number of reproductive health topics. On the other hand, the Department of Health does not have enough school health nurses, therefore leaving the available school health nurses with a load of work that is beyond their capacity.

At the meso level parents find it difficult to communicate with their children about sex-related topics, this however is influenced by culture, religion, and tradition. Due to poor parent-child communication, children find themselves subjected to peers as their source of information and that leaves room for peer pressure or peer influence. At this level of influence families are confronted with poverty which impacts the behaviour of adolescents getting married at a young age and also being sexually active at a young age for transactional sex. This exposes the adolescents to teenage pregnancy, STI's & STD's as well as other reproductive health challenges. At the Micro level adolescents are less informed about reproductive health and by the onset of their sexual debut they engage themselves in an act that they are less informed about.

Conclusion:

Although the Department of Education and the Department of Health implemented strategies to deal with the reproductive health issues that adolescents are facing, the study suggests that key challenges such as shortage of teachers and school health nurses are critical for effective implementation. Community outreach support by health workers in reproductive education of the community will further support adolescent's reproductive health decisions.

Keywords:

Reproductive health, integrated school health policy, life orientation, school health, adolescents, low resource, Durban, KwaZulu-Natal, South Africa.

Background

Adolescents' early sexual engagement contributes to a huge burden of sexual and reproductive health challenges. It is important to note that female adolescents constitute a large portion of the 34 million people living with HIV worldwide (Oyekunle & Nienaber, 2015). This means that adolescents are more susceptible to most of the reproductive health illnesses and challenges like unplanned pregnancy, Sexually Transmitted Infections (STIs) and many more, than the rest of the population. Statistics indicate that adolescents start engaging in intimate sexual relations at a progressively younger age, and this behaviour has been associated with an increase in teenage pregnancies and STIs (Oyekunle & Nienaber, 2015). Adolescence (age 10-19 years) is a time of opportunities but also one of risk, a period where health problems that have serious immediate consequences are most likely to occur or where problem behaviours that could have serious adverse effects on ones' health in the future are initiated (World Health Organization, 2018).

Young people between the ages of 15 and 24 are an important key population in the South African setting as they contribute nearly 30% of all new HIV infections in the region (Dellar, Dlamini & Karim, 2015). However, there are many factors that contribute to the reproductive health challenges that young people face, for example, lack of adequate information about contraceptives and safe sex practice, which may lead to teenage pregnancy and STIs including HIV and AIDS. The aforementioned adolescents' reproductive health challenges impact negatively on their lives, physically, socially, and academically. It is therefore important to equip adolescents with the necessary information on condom use, contraceptives, STIs as well as HIV/AIDS. This will empower them to make informed decisions about sex and sexuality.

Jana, Mafa, Limwame, and Shabalala (2016) argue that the challenges are influenced by unfriendly health services, from health worker and patient communication dynamics and unfavourable policies, poor parent-child communication, and the double-edged sword nature of the media. This however means that the fact that health services are not youth friendly and this makes it difficult for the youth to utilise the services, hence they are susceptible to the reproductive health challenges that they are faced with. A relationship between the parent and a child that lacks communication drives the child to seek advice from peers which leads to bad decision making. Jana et al. (2018) argue that the evidence also suggests that adolescents opt to talk to their peers about issues of sex and sexuality even though the information they get from them (peers) is either misleading or inadequate.

Having parent-child sex talks would help ward off the fear of sexually transmitted infections, for it has been noted that adolescents have the highest risk of becoming infected, because they are quite doubtful about listening to or accepting information related to sex (Kamangu, John, & Nyakoki, 2017). This however means that having sex talks common among adolescents by their parents will help them familiarise themselves with some of the reproductive health issues that are there and have appropriate ways of protecting themselves against those issues.

In an effort to deal with the reproductive health challenges that the youth is facing, South Africa introduced the Integrated School Health Policy, which enables adolescents to access Sexual Reproductive Health (SRH) care services and information in the school context (Department of Health and Department of Basic Education, 2012). This means that the learners get access to reproductive health education in a school setting. Ahmed, Flisher, Mathews, Mukoma and Jansen (2019) argue that integration of sex education into school curricula has been considered favourable by many countries, including South Africa. However, the lack of a fixed curriculum for teaching sexuality education in South Africa results in a lack of uniformity as the topics taught vary from school to school, resulting in different outcomes (Savage-Oyekunle & Nienaber, 2015).

Learners spend most of their time in the school premises with their teachers (educators), therefore teachers know the challenges learners face and it makes them suitable for delivering such programs to learners (Integrated School Health Policy, 2012). However, little is known about the educators perceived reproductive health challenges that secondary school learners are facing and the measures that are taken by the Department of Education and the Department of Health to deal with these challenges. The purpose of this study therefore is to explore the perceived reproductive health challenges that secondary school learners' face and the measures taken by the Department of Education and the Department of Health to deal with these challenges from the perspective of the gatekeepers.

Methods

Study Setting and Context

The study was part of a larger research project which aims of assess the process of implementing the integrated school health policy (ISHP) in South Africa. This component of the larger project was carried out in 11 schools of the low resource communities in KwaZulu-Natal province namely Zwelibomvu, Kwandengezi, Itsh'elimnyama as well as St Mary's

Mission Hospital. These communities are located within the eThekwini and Harry Gwala districts. These communities are characterised by high poverty rates, high unemployment rates. The schools in these communities fall within the quintile 1-3 categories which public schools that do not pay school fees because they are believed to have the most disadvantaged learners (Department of Education, 2016).

Study Design

This study used a qualitative research design to provide an in-depth understanding of the reproductive health challenges that secondary school learners face as well as ways in which reproductive health education is implemented in the school curriculum. Sarantakos (2018) argues that the research design explains in some detail how the researcher intends to conduct the work. This means that a research design is a detailed explanation of how the researcher intends to conduct the study considering that the design will help achieve the aim and objectives of the study.

Kumar (2017) argues that a study is classified as qualitative if the purpose of the study is to describe a situation, a phenomenon, and problem or event. The use of a qualitative research design in this study assisted in achieving the aim of the study and in collecting rich data. A qualitative research design enables the researcher to get a deeper understanding of the participant's experiences. A qualitative study design approach was adopted in this study for its ability to allow for a deeper understanding of the participants' perceived reproductive health challenges facing secondary school learners in the resource constrained peri-urban communities of KwaZulu–Natal, South Africa. The use of a qualitative research design assisted in getting deeper perceptions of the participants. It also created a platform for the participants to share their experiences.

Sampling Technique

Purposive sampling was used to recruit participants for this study. Latham (2017) defines purposive sampling as selecting a sample based on the researcher's knowledge of the population, its elements, and the nature of the research aims. Precisely, the population is non-randomly selected based on particular characteristics. In addition, the researcher is then able to select participants based on internal knowledge of said characteristic (Latham, 2017). Therefore, in this study, Life Orientation teachers and the school health nurses were selected based on characteristics like, qualification and reproductive health knowledge. Participants

were selected based on their knowledge on reproductive health education in secondary schools as, Life Orientation teachers and school health nurses. These are the people responsible for the implementation of reproductive health education in schools.

Study Participants

In qualitative research, only a sample of a population is selected for the study and the study's research objectives determines the sample and sample size based on certain characteristics (Mack, Woodsong, MacQueen, Guest, & Namey, 2015). The main participants of this study were four school health nurses who were all females (as shown in table 3) and 11 life orientation teachers (four males and seven females as shown in table 2). The participants are responsible for the successful implementation of reproductive health education in schools and they are dealing with the reproductive health challenges faced by secondary school learners. Moreover, the school health nurses are part of the integrated school health policy initiative that was implemented in 2012.

The targeted areas were disadvantaged public schools in the rural areas of Durban. The participants who participated in the study were people who have experience and relevant knowledge in terms of reproductive health education in secondary schools. Choosing participants based on their knowledge and experience assisted in enriching the data that was collected and it helped in terms of collecting relevant information to answer they study's key research questions.

Table 2

Research participants: Life orientation teachers

Name of the school	Location	Number of Participants interviewed
Secondary School A	Township (peri-urban area)	1
Secondary School B	Township (peri-urban area)	1
Secondary School C	Township (peri-urban area)	1
Secondary School D	Township (peri-urban area)	1
Secondary School E	Township (peri-urban area)	1
Secondary School F	Township (peri-urban area)	1
Secondary School G	Township (peri-urban area)	1

Secondary School H	Township (peri-urban area)	1
Secondary School I	Township (peri-urban area)	1
Secondary School J	Township (peri-urban area)	1
Secondary School K	Township (peri-urban area)	1

Table 3

Research participants: School health nurses

Name of the hospital	**Location**	**Number of participants interviewed**
Hospital A	Township (peri-urban area)	4

Data Collection Instruments

Data was collected using in-depth interviews. Boyce and Neale (2016) argue that in-depth interviewing is a qualitative research technique that involves conducting intensive individual interviews with a small number of participants to explore their perspectives on a particular idea, program, or situation. In other words, in-depth interviews are not brief, but the researcher goes deeper with the questions asked to the participant in order to get intense information. Boyce and Neale (2016) argue that in-depth interviews are useful when the goal is to obtain detailed information about a person's thoughts and behaviours or when you want to explore new issues in depth.

The in-depth interviews were guided by an interview guide with open-ended questions. Open-ended questions allow the participants to contribute as much detailed information as they desire, and they also allow the researcher to ask probing questions as a follow-up (Turner, 2018). The questions in the interview guide were designed in English and translated into isiZulu. To record the participants' demographic information, a short questionnaire with closed-ended questions was used. An audio recorder was used to record the information from the interviews conducted with the research participants.

In-depth interviews were conducted with teachers and school health nurses regarding their understanding of reproductive health education, the roles that they play in reproductive health education and lastly the reproductive health issues that secondary school adolescents face. In-

depth interviews also may provide a more relaxed atmosphere in which people may feel more comfortable having a conversation with you about their program as opposed to filling out a survey (Boyce & Neale, 2016). Conducting in-depth interviews assisted in establishing rapport and it made it easier for the participants to be comfortable and talk freely, that was beneficial to the study because more useful information was collected.

To create comfort and free space, the interviews were conducted in the participants' first language which is IsiZulu and, in settings that the participants were comfortable in. The duration of each interview was about 25 to 30 minutes long. This study used in-depth interviews to ensure that the participants were comfortable, and a good rapport is developed. If there is a good relationship and understanding between the participants and the researcher, it is highly likely that more rich data will be collected. Importantly, in-depth interviews allow participants to explore issues of interest to the study and have the potential to bring out some aspects that the researcher may not have thought of.

Data Analysis

Vosloo (2018) defines data analysis as the process of bringing order, structure and meaning to the mass of collected data. Therefore, data analysis is described as a process of organising collected data into a certain order. Vosloo (2018) argues that qualitative data analysis can be described as the process of making sense from research participant's views and opinions of situations, parallel patterns, themes, categories, and regular similarities. Thematic analysis was used in this study to analyse the data that was collected and transcribed. Braun and Clark (2016) define thematic analysis as a method for identifying, analysing, and reporting patterns (themes) within data.

In this study 6 steps of analysing data were used as suggested by Braun and Clarks (2016). The first step in analysing the data for this study involved familiarising oneself with the data to be analysed. This allowed for engagement with the data collected to identify the emerging themes. The second step involved generating initial codes. Braun and Clark (2016) argue that codes identify a feature of the data that appears interesting to the researcher. Codes can have an impact on the generation of themes. After the audio recorded interviews were transcribed, codes were generated from the transcripts. The third step involves searching and identifying themes. The identification of themes was more than simply summarising the transcripts. The fourth stage involved reviewing the themes, in this stage each theme was examined and refined so as to discover views and perceptions of the participants. The fifth theme involves defining

and naming themes, therefore, each theme was then elaborated in more detail. The sixth step involved putting together the interpretation of the data, and checking it (Blanche et al., 2016).

Ethical Considerations

Ethics approval was obtained from Social Science and Humanities Ethics Committee of the University of KwaZulu-Natal. In addition, ethical permission was also sought from St Marys Community Based Organization. Throughout the data collection stage, it was ensured that participation of the participants was voluntary and participants had a right to withdraw from the study. Participants were given the informed consent after the aim of the study was clearly explained before each interview session commenced, and participants had to sign an informed consent if they agree to be part of the study. The intention was to ensure that the participants were informed about the interview in order to decide whether to participate in the study or not. The researcher signed declaration of confidentiality and assured to maintain privacy in handling data by the using pseudo names. To proceed with audio recording, permission was requested from the participants.

3.10 Trustworthiness of The Study

Shenton (2018) asserts that in addressing the issue of reliability, the positivist employs techniques to show that, if the work was to be repeated in the same context, with the same methods and with the same participants, similar results would be obtained. However, this means that in qualitative research, for dependability to be ensured, the methods and techniques must be clearly explained so that if the study was to be repeated the same findings will be obtained. Gunawan (2015) stipulates that trustworthiness has been further divided into credibility, which corresponds roughly with the positivist concept of internal validity, dependability, which relates more to reliability, transferability, which is a form of external validity; and confirmability, which is largely an issue of presentation.

Credibility

Trochim (2016) argues that the credibility criteria involve establishing that the results of qualitative research are credible or believable from the perspective of the participant in the research. Therefore, credibility entails ensuring that the results are convincing or credible. In ensuring credibility in this study participants were chosen based on their knowledge and experience, which ensured that the information gathered was authentic and believable. The

fact that the participants were from different departments and similar information was gathered, makes the data collected credible.

Dependability

Shenton (2018) argues that to address the dependability issue more directly, the processes within the study should be reported in detail, thereby enabling a future researcher to repeat the work, if not necessarily to gain the same results. This means that for the researcher to address dependability of the research the method and how the study was carried out should be thoroughly explained in a sense that the same results can be obtained if the study was repeated by another researcher.

In this study, the method used to collect data, analyse data, and select participants as well as the research design was well explained in full detail. This however ensures that if the study was to be repeated by a different researcher, the same results will be obtained. In this study, dependability was ensured by providing thorough explanations of the various steps taken and giving explanations as to why things were done in a certain way when the study was being carried out.

Transferability

Trochim (2016) defines transferability as the degree to which the results of qualitative research can be generalised or transferred to other contexts or settings. From a qualitative perspective, transferability is primarily the responsibility of the one doing the generalising. This means that transferability is a point to which the results obtained in the research study can be applied to a different context or situation. For example, transferability can be seen as the ability to generalize results obtained from a small sample to a larger population.

In this study, participants that were selected were secondary school teachers, school health nurses as well as secondary school principals. They were all working in a rural area. It can be highlighted that the results gathered from the study can be generalised to other rural areas around KwaZulu-Natal and even South Africa.

Confirmability

Confirmability refers to the degree to which the results could be confirmed or corroborated by others. There are several strategies for enhancing confirmability. The researcher can document the procedures for checking and rechecking the data throughout the study. The researcher can

actively search for and describe any negative instances that contradict prior observations. To ensure confirmability is this study, an audit trail was carried out. The process of data collection, data analysis, and interpretation of the data is well detailed. This is evident in the codes that emerged during data collection and their relatability in the study's aim and objectives.

Findings

The findings are presented by first describing the demographic characteristics of the participants. The findings are then presented according to the research questions: knowledge of reproductive health education, duties/roles played in reproductive health education by participants, training/workshop attended to gain knowledge on reproductive health, implementation of reproductive health education in the school curriculum, perceived reproductive health challenges faced by adolescents and ways to deal with reproductive health challenges faced by adolescents, table 4.1 provides a summary of the themes. All the responses by the participants are represented in italics.

Demographics Characteristics of Research Participants

The majority of the participants were female (70% and 30% males). The age of the participants ranged between 28-70 years while the working experience ranged between 1 - 30 years. The 11 participants were all life orientation teachers, and the other 4 participants were all school health nurses.

Table 4

Summary of themes

Main Theme	**Sub Theme**
1. Knowledge of reproductive health education	**Understanding of Reproductive Health** Limited knowledge for the participants who did not attend any form of training. Clear understanding of reproductive health education for the participants who attended trainings on reproductive health education.

2. Duties/Roles played in reproductive health education by participants	**Role as a life orientation teacher in reproductive health education** Teach the content. Dealing with learner's personal problems. **Role as a school health nurse in reproductive health education** Doing onsite screening in schools Facilitate health talks in schools about teenage pregnancy, STI's and STD's, hygiene as well as medical male circumcision. Assessing and referring the learners.
3. Training/workshop attended to gain knowledge on reproductive health	**Scripted lesson plan training** **Training during the course of study** Bachelor of Education Nursing School **Years of experience as a teacher**
4. Implementation of reproductive health education in the school curriculum	**Reproductive health education in the school curriculum** Life orientation curriculum Scripted Lesson Plan **Reproductive health topics covered in reproductive health education** Teenage pregnancy Circumcision

	Health rights HIV/AIDS, STI's
5. Perceived reproductive challenges faced by adolescents	**Challenges faced by adolescents** Culture /religion Socio-economy Poverty Parenting style Lack of provision of health services Peer influence /peer pressure
6. Ways to deal with reproductive health challenges faced by adolescents	**Involving different stakeholders such as:** The government Department of Education Learners Department of Health **Improving reproductive health education through:** Inviting nurses to schools more often Employing more teachers and nurse Educating parents about reproductive health in school meetings

Knowledge of Reproductive Health Education

Participants were asked about their knowledge and understanding of reproductive health education. Reproductive health education was seen as important by the participants, both the teachers and school health nurses. Reproductive health education was perceived as a way to overcome the reproductive health challenges that secondary school adolescents face. The participants' understanding of reproductive health education leaned more on female reproductive health, focusing on teaching about contraceptives, STI's, teenage pregnancy and genital hygiene.

Understanding of reproductive health

Most of the participants showed understanding of what reproductive health is and reproductive health education when asked about their understanding of reproductive health education. Majority of the teachers focused more on women's health when explaining reproductive health and very little emphasis was on the men's reproductive health.

> *"Well, I think it has everything to do with the well-being of the learners in the school setting. we need to run advocacy training and awareness program to teach precautions they need to take so that they won't get pregnant, but when they are pregnant there is no way we can kick them out of the school .So as a school I understand that we have to advocate for these learner …invite sisters to come and speak to the learners but over and above with the boys as well with the topic of circumcision but they also speak to the boys about the issue of impregnating girls' and safe sex…"* **(Life orientation teacher 7)**.

> *"Hmmmm I think that's where you are talking about reproduction and pregnancy***…"**
> **(Life orientation teacher 2).**

On the other hand, one of the teachers highlighted that reproductive health education focuses on teaching about genital area health.

> *"Ehmmmm Reproductive health … it's like sexual health, it basically keeping your genitals or genital area protected from STI's, STD's and teenage pregnancy*" **(Life orientation teacher 1).**

The school health nurses that were interviewed showed a holistic understanding of what reproductive health is. According to the school health nurses that were interviewed reproductive health education entails having health talks with the adolescents and educating them about reproductive health. One of the school health nurses said that:

"To me it's about doing health and telling the children that they must know themselves, they must know their bodies …. We go as far as talking about teenage pregnancy, abstinence, prevention, contraceptives and we also tell them about the diseases, sexually transmitted diseases" **(School health nurse 2).**

Duties/Roles played in reproductive health education by participants

All the participants were asked about the different roles that they play in reproductive health education. As much as the teachers understand that they have to deliver the content to the learners, they take it upon themselves to be welcoming to the learners so that it can be easy for the learners to open-up to them. One of the teachers said that:

"To be friendly, easy to talk to, be welcoming to the learners so that they will feel free to talk to me and to just give parental care. If we as teachers are not friendly enough our learners find it difficult talking to us" **(Life orientation teacher 2).**

"I teach the subject but at times I find myself having to deal with issues that the children have from home because I also play a role of a parent as well to these kids" **(Life orientation teacher 8).**

Moreover, the school health nurses also take it upon themselves to provide reproductive health education when they do school visits. When asked about the duties and roles school health nurses play in reproductive health education, it was stipulated that school health nurses play a role in delivering health talks as well as doing vital check-ups. One of the school health nurses responded:

*"So as a project nurse we go to the community with the professional nurses but when I go to the schools I go as a parent so that it can be easy for the learners to reach out to me .So we firstly give them health education both girls and boys …we talk about things like pregnancy and make sure that they understand and they even become comfortable with talking about these things and asking questions .so we encourage them to use protection ,prevent and that they should take care of themselves when they are menstruating" (***School health nurse 2).**

"So here as a project nurse we do health talk …we go out to the schools and do to vitals then we refer the child to the sister to assess the child .so we basically do the basics and then refer them" **(School health nurse 3).**

Training/Workshop attended to gain knowledge on reproductive health.

The participants were asked about any form of training or workshop that they ever attended that contributes to their knowledge of reproductive health education. Through the scripted lesson plan, the years of experience as a life orientation teacher as well as the knowledge gained in nursing school the participants showed to have acquired knowledge about reproductive health education.

Most of the teachers who attended the scripted lesson plan training showed thorough understanding of reproductive health and what is expected of them in reproductive health education.

"hmm I did the SLP training… Its scripted lesson plan, which is program that the Department of Education is trying to put in the schools. They are running workshops for the teachers which takes about three days" (**Life orientation teacher 4).**

There are other trainings that the life orientation teachers that were interviewed attended that helped them have knowledge that they have about reproductive health. One of the participants that were interviewed stated that:

"Hmmm… ja …I was workshopped in sex education and we also have USAID which is in partnership with the Department of Education. We were fortunate enough to be part of their pilot study as a school, so that is where I attended a workshop where we were taught about sex education" **(Life orientation teacher 1).**

Apart from other training workshops attended, most of the life orientation teachers referred to their teaching experience as a contributing factor to the knowledge that they have about reproductive health education. One of the teachers when asked about receiving any form of training about reproductive health education responded:

"no not specifically it's just the knowledge I have from reading things about such things as a teacher. Then there is a lesson that we have in first term that is about puberty which helped me get used to talking about such things, that is why then I am

able to teach and I end up going an extra mile to even have one on one sessions with the learners" **(Life orientation teacher 8).**

During the course of study, the nurses are provided with reproductive health education. Majority of the school health nurses that were interviewed have not attended any form training or workshop aside from the education provided in the nursing course. When asked about the form of training that the school health nurse attended to gain the knowledge that she has about reproductive health, she responded:

"hmmmm no in most cases like during nursing general training it is integrated there and it's also in primary health care training …. With the adolescent reproductive health, I have not done it alone it is always integrated with the other things that I go to trainings and workshops for" **(School health nurse 4).**

Implementation of Reproductive Health Education in the School Curriculum

The Department of Education has designed programs that address reproductive health education. To implement reproductive health education in the school curriculum the Department of Education has implemented the scripted lesson plan. Majority of the participants mentioned that reproductive health topics are already available in the existing school curriculum but are summarized.

"I will just put it like this …in the existing school curriculum it is not well discussed or well included so then I just talk about sex education. Because sex education starts by informing the child the things they should do and the things they shouldn't do and also alerts them of the things they should allow to be done to them and what they shouldn't allow" **(Life orientation teacher 1).**

However, the scripted lesson plan explains reproductive health in depth, it fills in those gaps left in the existing curriculum.

"So maybe that is why the government came back with the project that is on pilot right now which goes into deeper details about reproductive health education where they are even activities that allow learners to actively participate so that they learn easily and better other than summarize" **(Life orientation teacher 6)**.

"…it's already there just that now it's clearer with this project that is on pilot. So, in the school curriculum it was already there just that it wasn't this deep" **(Life orientation teacher 7).**

In delivering this type of content the Department of Health works hand in hand with the Department of Education because the school health nurses do also provide heath talks that cover reproductive health topics.

> *"It is part of the existing curriculum but now and again we invite nurses form the clinic to come speak to the children"* **(Life orientation teacher 7).**

Topics that are covered in reproductive health Education.

The topics that are covered in reproductive health education differ with the grades. With the lower grades like grade 7, the focus is more on the body changes as they are entering the puberty stage. This is important because it enables the learners to know more about their bodies and the things they should expect.

> *"ehhh we normally first check the age group of the learners we going to be talking to then select topics that are suitable for them. We teach about menstruation, circumcision and cleanliness …those are the health talks that we cover that are related to reproductive health"* **(School health nurse 3).**

> *"we teach about body changes but it's not much in life orientation because they do not go deeper its much in natural sciences where they talk about menstruation, body changes as well, contraceptives, condom use and all those type of things"* **(Life orientation teacher 5).**

> *"hmmmmm basically we start with menstrual cycle so that they understand how the baby is produced, so luckily I have a biology background. I make sure that they understand their physic and how one gets pregnant"* **(Life orientation teacher 7).**

As the grades progress the topics get deeper and that is where topics on pregnancy, prevention and protected sex, STI's and STD's are discussed. This becomes easier because the learners are at a more matured stage and they understand their bodies better. Most of the teachers place emphasis on the topics of teenage pregnancy and condom use because it is believed that the other issues stem from lack of knowledge on these. One of the nurses mentioned that:

> *"ok we talk about Medical male circumcision, HIV/AIDS, we tell the anatomy of the reproductive structure both the boys and girls so that they can understand themselves, we also deal with the prevention part because we believe that prevention is better than*

cure...we also teach those that have children how to take care of their children" **(School health nurse 4)**

"Well ehhh we have talked about hormonal contraceptives, gender messages that they receive from peers, from family and from society as well, condom usage" **(Life orientation teacher 3).**

Since the school curriculum covers few topics when it comes to reproductive health there is a number of topics that are in the scripted lesson plan.

Perceived Reproductive Health Challenges Faced by Secondary School Learners

Secondary school adolescents face several reproductive health challenges that turn to affect their learning. Teenage pregnancy showed to be the most common reproductive health challenge that most of adolescents are faced with. Majority of the participants mentioned that they are aware of teenage pregnancy as an issue more than STIs because it is easy to see a pregnant person.

"I cannot be sure with regards to HIV or STI, but pregnancy I am sure because we can easily see it, after some months pregnancy starts to show …so it's easy to see it" **(Life orientation Teacher 3).**

"for …. for… them it's not about….im not saying that it doesn't exist but it's mostly teenage pregnancy more than STI's Or HIV .I'm saying this because I've never seen or heard of any child which has HIV or an STI ….but only know of one child who was born with it and I don't know of anyone who has actually contracted the disease but we can't go around asking" **(Life orientation teacher 4).**

"Hmmm it's not easy to tell because it's not easy to see someone with an STI or STD, it's unlike pregnancy" **(Life orientation teacher 6).**

When the school health nurses go to the schools for visits, they come across learners with STI's when they do their assessments. One of the nurses that was interviewed sated:

"In one of the schools that we visited we found that there a learners who have STI's and we referred them to the clinic as a group …the nurse found out that they have the same STI and the nurse assumed that they are sleeping with one boyfriend .The leaners denied sleeping with anyone because they said they go for virginity testing .We then

went to check the toilets and found out that the toilets are very dirty and they get the STI's in the toilet…" **(School health nurse 2).**

"hmmmmm it's the STI's …. STI's are very common and our learners do not understand them. There was one incident where there was a learner who had a bad odour in her private part and I asked the female teachers to help her …only to find that she thought it was witchcraft and she applied traditional medication . STI's are among other issues that we are facing in this school" **(Life orientation teacher 7).**

Amongst other issues that were mentioned by the participants sexual abuse was repeatedly mentioned by majority of the participants as also an issue that adolescents are faced with. There are several cases that school health nurses and life orientation teachers deal with, such as children that are sexually abused by their relatives or people they live with in the neighbourhood. The nurses that participated in the study stated:

"Yes, we do come across children who are sexually abused…but we ask the social workers who would assist those children" **(School health nurse 2).**

"What I can that the challenges that the leaners are faced with I that they get rapped at their home …it's either the uncle or the step farther … We've once had a case like that where the child was even sick now and we didn't know what's wrong because we didn't even know the status of the person who raped the child, it's not even easy to take the case to the parents as well. So, we have that issue of children that are raped but they are so scared to speak up and we can't even intervene, but we try by all means to get the social workers" **(School health nurse 3).**

"hmmmmmm usually its abuse of the learner …you find that the learners are abused but they are afraid of saying but then you can't even tell as a teacher that this child is abused until they come up to you and talk to you. From there you can contact the parents and also involve the social workers. It's quite difficult though to intervene in such issues" **(Life orientation teacher 2).**

"uhmmmmm most important challenges is that we have children that are sexually abused but they do not know that it is not supposed to happen to them. We then notice the child's behaviour in class …others don't even understand that they have to be clean. Sometimes when you notice the child you bring them closer to you and try to

understand their situation you do not just talk to them in public" **(Life orientation teacher 1).**

Factors that contribute to the reproductive health challenges

Culture and religion

Culture and religion play a role in the challenges that are faced by the adolescents. Parents find it difficult to talk to their children about topics of reproductive health simply because it is seen as taboo in their culture or religion.

However, the health provider's beliefs and religion do interfere with the service that they deliver. One of the school health nurses said that:

"hmmmm due to the fact that I believe in not teaching children to use condoms or contraceptives … it's my personal belief because I was born under catholic and worked 46 years under catholic, so we do not believe in that. With that being said it doesn't mean that I can't teach them the disadvantages of using contraceptives and the advantages of using contraceptives, but I stress more on abstaining … Just abstaining" **(School health nurse 1).**

Socio-economic status

Given that the area in which this study was conducted in is peri-urban areas of Durban and that means most families struggle financially. This showed to have an impact on the level of teenage pregnancy in the area. The participants mentioned that some of the learners fall pregnant so that they can get social grant from the government which will end up supporting the entire family. Poverty seems to play a role in these reproductive health issues that adolescents are faced with. This therefore makes them prone to STD's and STI's as well as other diseases caused by engaging in unprotected sex.

"We try to remove the connotation that other have …that others get pregnant for the sake of getting social grant because it's not about getting the grant because raising the child is a process that you will need more than this grant" **(School health nurse 4)**

One of the participants mentioned that some of the parents send their children to get married at a very young age so that they can get Lobola and be able to provide for the family.

"ehhh I want to believe that we are fighting a losing battle because as much as there are awareness programs that we are running at a school level but at a community level you find that parents encourage children to be involved in relationships. Because there is Lobola and because of poverty, parents send their children to get married or be pregnant with that person's child so that they can get the money. So, as we a school we need to integrate with the community as well and not only the children because parents have an impact because they work in opposite direction with us" **(Life orientation teacher 7).**

Lack of provision of health services.

Different health services are offered and are made available by the Department of Health in the communities, but adolescents tend not to use those services because they are not youth friendly. This could be caused by the attitude of the nurses or health providers towards the adolescents, if they are not friendly or welcoming the adolescents end up not going to the clinics to seek help or even open up to them about the health issues they have. One of the life orientation teachers mentioned that the fact that health providers are from the same area as the adolescents and they know them, it makes the adolescents hesitant to go to the clinic to seek help.

"Another thing is that our clinic nurses they are local people therefore you find that when the learner has a problem, they turn to shy out from going to the clinic" **(Life orientation teacher).**

Peer pressure /peer influence

Since the parents find it hard to talk about such topics with their children, children end up going to their adolescents to seek advice and knowledge on these topics. It was mentioned that peer pressure or peer influence is another cause of these reproductive health challenges that the youth is faced with. The culture and religion that creates a barrier between parents and their children leaves room for peer influence to have a big impact on decision making of the adolescents. One of the participants that were interviewed stated:

"Hmmmmm many challenges are that they do not understand …peer pressure that they want to experiment things like their peers only to find that they will get pregnant forgetting that they are from different families" **(School health nurse 4).**

Suggestions to deal with reproductive health challenges faced by adolescents.

In dealing with these challenges that adolescents are faced with, different stakeholders must play certain roles. Majority of the participants mentioned that the adolescents need to be educated more about such things so that they know what to do, how to do and when to do certain things. This however means that the existing reproductive health education also needs to be improved.

> *"I think what can help is adding programs like the SLP …Platforms where we talk and maybe invite specialist from outside to come and talk to the learners"* **(Life orientation teacher 5).**
>
> *"I honestly believe that it's about us being honest with these children because the moment they start teaching each other about these things …that's where the problem starts"* **(Life orientation teacher 4).**
>
> *"I think if maybe people who specialize in these things can come and educate the children it would be better because they are more experienced, and they have the right information. Sometimes I find somethings difficult to teach because I'm not trained enough to talk about these things and if we had a nurse maybe to teach about them it would be much better. Some topics are just difficult …topics like sex for example you find that when you talk about them in class the kids laugh so it would be better in a nurse can come in and talk about all those things"* **(School health nurse 3).**

One of the participants mentioned that dealing with poverty the right way might minimize these challenges and parents should start to value the education of their children.

"if families can move away from poverty because I believe that some of these challenges they stem out from poverty. So, if these learners can attain education at least and get a better life for themselves and their families it would be better. But then again, these children are discouraged because the community and their families do not value education but instead, they value marriage, having children and they see that as success" **(Life orientation teacher 7)**

Involvement of different stakeholders such as:

The government

It was suggested that there should be community meetings where the parents will be taught about these things. In that way the parents will be able to take the right information to their children. Two of the life orientation teachers that were interviewed said:

> *"What the government can do is to teach the parents, so they are aware of all the things that they children go through, the challenges they are facing as well the way they should deal with those things. It will help the parents to be aware of their responsibilities as parents"* **(Life orientation teacher 2).**

> *"(Laughs) hmmm I don't know maybe call community meetings and speak to the parents about these issues like I said"* **(Life orientation teacher 6).**

However, the participants mentioned that the government has done so much the responsibility is now with the communities.

> *"The government is doing a lot … (laughs) you know there are posters about HIV …posters about getting tested for HIV …there is posters everywhere. The government has done a lot …. I mean there is sexuality education now in schools. I think the government has done enough, but us as parents or adults we shield them or don't give them a chance to learn about these things …we say to them 'no you're too young to learn about these things"* **(Life orientation teacher 4).**

Department of Education

Teachers need to be provided with adequate teaching resources. It was suggested that the teachers are doing their best but sometimes they lack enough resources and support. One of the teachers mentioned that the school management team should engage with the Department of Education in dealing with the challenges that the teaches are faced with and also do follow ups.

> *"the first thing that is important is that we as teachers need to be provided with adequate teaching resources as well as support in any way because sometimes in a classroom you wish to do certain things but only to find that you do not have enough resources…secondly from the SMT (School Management Team), they need to engage with the department and tell them about the challenges that we are facing …then they must do a follow up to find out what has to be done about these challenges"* **(Life orientation teacher 3).**

The learners/adolescents

Learners should take it upon themselves to be willing to learn and they should be well informed about their rights. One of the school health nurses stated:

"It's to listen …cooperate…they shouldn't learn through experiencing things. It's so difficult because they do not listen, they always want to experiment" **(School health nurse 1).**

The *Department of Health*

The most challenging thing that was brought forward is that there is a little number of nurses and that makes it difficult for them to work. It was the suggested that the Department of Health needs to employ more staff so that the workload would not be on a limited number of nurses.

> *"ehhhh the Department of Health … must hire more staff …we are short with staff …so you find that sometimes you are pressed with work and you trying to push work and end up not being able to do everything. There's so many children so we need enough staff …"* **(School health nurse 2).**

Perceived role of parents/guardians in reproductive health education?

Parents/Guardians should reach out to their children and be able to talk about such issues. Majority of the participants that were interviewed said that parents should be more present in their children's lives.

> *"I think if the parents can talk to their children and be friendly to them so that they can find it easy to open up to them. This will help them be aware of the things that are happening to their kids because some of these things really affect the child and they end up not performing very well even in school"* **(Life orientation teacher 1).**

Both the life orientation teachers and school health nurses that were interviewed made suggestions on the ways in which reproductive health education could be improved. The school health nurses that were interviewed suggested:

> *"hmmmm I think when they have parent's meetings in schools, they should also invite us as nurses to come and talk to the parents …educate them about these topics. The principal can maybe ask the life orientation teacher as well to teach these things in class and get a slot in parents meeting to talk about these things"* **(School health nurse 4).**

Majority of the participants suggested that in order to improve reproductive health education, nurses or people who are health experts should visit schools more often and teach about these topics to the adolescents.

> *"If there could be the presence of the expert of these things would be better because they are more informed when it comes to these things"* **(Life orientation teacher 8).**

> *"I think if maybe people who specialize in these things can come and educate the children it would be better because they are more experienced, and they have the right information. Sometimes I find somethings difficult to teach because I'm not trained enough to talk about these things and if we had a nurse maybe to teach about them it would be much better. Some topics are just difficult …topics like sex for example you find that when you talk about them in class the kids laugh so it would be better in a nurse can come in and talk about all those things"* **(Life orientation teacher 5)**

> *"Hmmmmm…What's missing…? I think we can have people coming to the schools and speaking to the children… like nurse or maybe people living with HIV"* **(Life orientation teacher 4).**

The school health nurse also mentioned that there should be more nurses who are going to be based in these schools and focus on these issues.

> *"They must hire …they must hire more staff. Sometimes I have an overload of work and you find that I am supposed to assess 1500 learners at the same time …with only 3 months being given to me …I won't be able to finish the work in time. If the government can intervene in terms of hiring more staff it would be better"* **(school health nurse 1).**

Discussion

This section analyses and disuses the findings of the study. The aim of the study was to explore the participants' perceptions of the reproductive health challenges that secondary school adolescents are faced with. In this chapter the findings are presented using the four levels of the ecological systems theory: Individual level, interpersonal level, community level as well as the organisational level.

Participants' Knowledge of reproductive health education

Micro Level

School-going children belong in the micro level. At this level the knowledge that adolescents have about reproductive health has an impact on their behaviour. The findings of this study indicate that the adolescents have limited knowledge when it comes to reproductive health, this however informs their decisions and behaviour. The findings of this study suggest that adolescents face these reproductive health challenges due to the lack of knowledge. Macleod and Tracey (2016) indicate that young women's use of contraceptive methods is limited by several factors including lack of knowledge and concerns over the perceived side effects of family planning methods. Such views suggest that knowledge about reproductive health could help minimize the number of reproductive health challenges that the adolescents are faced with.

Meso Level

The interpersonal level is the level where the family, friends and peers belong to. The findings indicate that parents and guardians lack knowledge about reproductive health. This therefore makes it difficult for them to teach their children at home about these topics. Communication about reproductive and sexual matters within families is limited, forcing adolescents to get information mainly from peers and teachers (Kaphagawani & Kalipeni, 2017). Findings suggest that adolescents turn to their peers for advice and information about reproductive health issues that they are faced with, their peers provide them with misleading information because they also lack knowledge. This goes to show that the primary group that the adolescents interact with have an impact on the perceived reproductive health issues that they are faced with. Widman, Choukas-Bradley, Helms and Prinstein (2016) argue that one consistent factor that impacts adolescents' behaviour is peer influence, peer influence may be related to sexual risk behaviour.

Macro Level

The culture, religion, standard of living as well as the way of living belong to this level. The findings of this study indicate that the parents or guardians find it difficult to educate adolescents about reproductive health topics simply because it is deemed as taboo in their culture and religion. Zhou, Majumdar and Vattikonda (2016) stipulate that because sex is a subject of embarrassment and shame, it is culturally taboo to talk about any of these things. Therefore, religion and culture also limit the amount and quality of knowledge delivered to

the adolescents by the healthcare providers and the teachers because some of the things are culturally and religiously not right. Cultural perception of sex and reproductive health have an impact on the reproductive health challenges that adolescents face because it limits the knowledge delivered to adolescents.

Implementation of reproductive health education in the school curriculum

Meso-Level

At this level, the teachers take it upon themselves to educate the adolescents about reproductive health during life orientation lessons in class. The findings indicate that this is also taken home as well through homework activities. In homework activities adolescents are encouraged to ask parents or guardians to assist them. Breuner and Mattson (2016) argues that parents and caregivers can have an important role as their children's primary sexuality educators. This goes to show that the role that the family plays a role in the implementation of reproductive health education. On the other hand, the school health nurses also conduct health talks in schools whereby they educate adolescents about reproductive health. The findings show that the teachers and the school health nurses try to be friendly and welcoming so that it will be easy to have a two-way interaction with the adolescents when it comes to these topics because they turn to shy away.

Macro-Level

At the macro-level findings suggest that due to cultural beliefs in the community, implementing reproductive health education becomes a bit of a challenge. This is because in some to cultural beliefs some behaviours are encouraged at home while the teachers and nurses in school discourage it. Baku, Adanu and Adatara (2017) argue that some cultures may be more tolerant than others regarding discussions of sexual topics with adolescents. This however shows that cultural beliefs hinder the implementation of the reproductive health education in some communities. For example, girls are encouraged to get married at an early age or get pregnant at an early age because the community believes that to be success. Meanwhile teachers in school discourage that because it places the learners at a risk of being infected with disease, falling pregnant and other reproductive health issues.

Exo level

The Department of Health at the exo level has employed school health nurses. The findings show that school health nurses go to schools and do health talks that cover topics like teenage

pregnancy, circumcision, safe sex, contraceptives, HIV/AIDS as well as STI's. This implies that the Department of Health has influence or plays a role in the implementation of reproductive health education in schools. The Department of Education on the other hand has implemented the scripted lesson plan. The findings show that the life orientation curriculum has topics on reproductive health, but they are not in detail or well explained. Therefore, the scripted lesson plan goes in detail with the reproductive health topics and has activities for the learners.

This implies that at the exo level the government, the Department of Health and the Department of Education have programs in place which assist in the implementation of reproductive health education in the school curriculum. In delivering this type of content to the learners the Department of Health works hand in hand with the Department of Education through health talks and school visits since nurses are experts on these types of topics.

Perceived reproductive health challenges faced by adolescents

This study's findings show that adolescents are faced with a number of reproductive health challenges that affect their learning. Adolescents in secondary schools face reproductive health challenges like teenage pregnancy, sexual abuse and STIs. It was found that other reproductive health challenges that the adolescents face are due to the lack of hygiene in the common restrooms, this however results in urinary infections. When it comes to sexual abuse, the findings show that a number of learners face a challenge of sexual abuse at their households and neighbourhoods. Peterson, Janssen, Goodrich, Fortenberry, Hensel and Heiman (2018) argue that childhood sexual abuse is associated with HIV risk. This places adolescents at a greater risk of being infected with STI's and STD's as well as getting pregnant.

Factors That Contribute to These Above-Mentioned Challenges.

Micro level

At the micro level where the adolescents belong to, the findings show that lack of knowledge about reproductive health is the contributing factor to the number of challenges that they are faced with. Adolescents at their age they are confused about certain things, yet they like to experiment. This nature of adolescents makes them prone to making a lot of mistakes when it comes to their sexual behaviour because they are not well informed. Findings show that some adolescents lack knowledge about things like condom us, how to take care of their reproductive organs, menstruation, circumcision as well as diseases associated with sexual

health. Even though adolescents are not informed about these things they become sexually active at a very early age, this however implies that they engage in sexual behaviour with the misconceptions that they have.

Macro level

Most of the adolescents' behaviour and decisions are influenced by primary surroundings that includes peers and family. Findings show that peer pressure or peer influence is one of the causes of the challenges that the adolescents are facing. Thobejane (2015) argues that another reason for unwanted pregnancies is the peer pressure to become sexually active before one is comfortable. Adolescents turn to their peers for advice and knowledge on reproductive health simply because they find it difficult to talk to their parents or guardians. This study shows that parents are not friendly to their children and they find it difficult to talk to them about these kinds of topics. The findings imply that reproductive health education is not practiced at home. Parents do not find it easy to make time to talk to their children about sex and sexuality, usage of contraceptives and STDs. Studies indicate that parents find it not only taboo to discuss sex education with their children, but they also perceive it as embossing.

The parents' parenting styles contribute to the reproductive health issues that the adolescents are faced with. Parents play a vital role in their children's lives. The study's findings imply that parents fail to create a comfortable environment for their children to turn to them for help when it comes to sex related topics. The study shows that authoritative parenting style have an impact on how the adolescents turn to behave as well as the decisions the take. This type of parenting style makes it difficult for adolescents to ask for advice from their parents, especially with topics that are culturally deemed as taboo.

Ways of dealing with the reproductive health challenges faced by adolescents.

Micro-level

With the knowledge gained on reproductive health it would therefore be helpful for adolescents to educate each other authentic information when it comes to this topic. The study shows that if adolescents show more focus on school it would eliminate chances of them engaging in risky sexual behaviours. Dangal (2016) argues that one of the sexual predators of sexual intercourse during early adolescent years, includes lack of school or career goals and poor school performance. Findings imply that adolescents need to engage in activities that would keep them occupied.

Meso level

Lee, Yuen Loke, Hung and Sobel (2018) argue that regarding parental attitudes and communication, parents' own morals and attitudes towards sex and the way they communicate has a significant influence on children's sexual norms, age of sexual debut and sexual behaviour during adolescence. If parents or guardians reach out to their children, it would make it easier for the children to open up to them when it comes to challenges that they face and get authentic information and guidance. The study's findings imply that to overcome the challenges that the youth is faced with when it comes to reproductive health parents should be more welcoming and talk to their children.

Micro Level

Community members and socio-economic status belong to the micro level. The findings of this study show that the community members are at times not well informed when it comes to reproductive e health topics. The participants that participated in the study suggested that there should be community meetings where the community members will be taught about reproductive health. This would however make it easier for parents and guardians to educate their children at home. It would also make it easier for the teachers to educate adolescents in school because they have already been taught about reproductive health at home.

The findings of this study show that if the community can move away from poverty, some of the reproductive health challenges faced by adolescents would be solved. Oke (2018) argues that poverty is determined as a consequence of teenage pregnancy especially in developing countries, many of the individual and environment risk factors that are determinants of teenage pregnancy may be tied into experiences of poverty.

Exo Level

At the exo level, to overcome reproductive health challenges that the youth is faced with, different stakeholders must be involved and play their different roles. The findings of this study show that equal involvement of different stakeholders (Department of Educational and the Department of Health) would help overcome the challenges that the youth is faced with. Results of this study show that the Department of Education must play its role by equipping the teachers with enough teaching resources like videos, reproductive organ models so that it would be easier for them to visualize and demonstrate reproductive health education to the

learners. It was said that if the education is more visual the learners would grasp the information and it would be more interesting than reading books.

There is a very limited number of school health nurses and that shows to have a negative impact when it comes to the amount of work that they have to do. Results indicate that school health nurses end up visiting a few schools to do reproductive health talks because there is a limited number of school health nurses. This however implies that in some instances some schools are left out, therefore more school health nurses need be employed to overcome the number the reproductive health challenges that the adolescents are faced with. The participants of this study suggested that schools should have mobile clinics so that adolescents can receive efficient healthcare more often. This however calls for both the Department of Education and the Department of Health to play their roles to overcome the reproductive health challenges that the youth is faced with.

Conclusion

The reproductive health education that is implemented in secondary schools through the subject life orientation, has its own challenges experienced by different stakeholders. These challenges include limited teaching resources for the teachers, limited number of school health nurses as well as the fact that the life orientation curriculum covers a minimum number of reproductive health topics in summary. Despite all these challenges, most literature on reproductive health education in South Africa has revealed that reproductive health education plays a vital role in equipping adolescents with authentic information when it comes to reproductive health and eliminates the number of reproductive health challenges that the adolescents are faced with.

The Ecological Systems Theory was used as a theoretical framework to help understand the reproductive health challenges that secondary school adolescents are faced with as, as well as ways of overcoming those challenges. This was achieved using the macro level (Department of Health & Department of Education), Exo level (Culture, religion, socio-economic status and tradition), meso level (Family, Friends, and teachers) and the micro level (secondary school adolescents/adolescents). The ecological systems theory played a huge role in achieving the aims of the study by identifying the levels of influence and how reproductive health education plays a role in overcoming the reproductive health challenges based on the assumption that, when the above-mentioned levels are well connected and influence each other, the way they work improves.

The ecological systems theory best suited this study in that, the data that was collected shows how the different levels play a role in overcoming the reproductive health challenges that secondary school adolescents are faced with. This theory also assisted in identifying possible ways to improve reproductive health education at different levels.

The results of this study show that when it comes to reproductive health education teachers and school health nurses face a lot of challenges. At the macro and exo level the Department of Education provides life orientation teachers with limited teaching resources and the life orientation curriculum covers the minimum number of reproductive health topics. On the other hand, the Department of Health does not have enough school health nurses, therefore leaving the available school health nurses with a load of work that is beyond their capacity.

At the meso level parents find it difficult to communicate with their children with such topics, this however is influenced by culture, religion, and tradition. Since parents fail to communicate with their children, children find themselves subjected to friends and peers as their source of information and that leaves room for peer pressure or peer influence. At this level of influence families are confronted with poverty which impacts the behaviour of adolescents getting married at a young age and being sexually active at a young age. This exposes the adolescents to teenage pregnancy, STIs as well as other reproductive health challenges. At the Micro level adolescents are less informed about reproductive health and by the onset of their sexual debut they engage themselves in something that they are less informed about.

The ecological systems theory was beneficial in providing insight into all the factors that contribute to the reproductive health challenges that secondary school adolescents are facing and different ways of overcoming those challenges.

Recommendations

The following are the recommendations to the reproductive health challenges that secondary school adolescents are facing by school health nurses and life orientation teachers.

Macro level

The Department of Health must employ more school health nurses so that they can be and to reach many schools when doing health talks and screening. There should be mobile clinics in schools so that the learners can receive efficient health care whenever it is needed. On the other hand, the Department of Education has to organize more workshops for the life orientation teachers to equip them with more reproductive health information as well as skills

on how to teach such topics to adolescents. The life orientation curriculum should cover many reproductive health topics and go deeper in terms of explaining them. Lastly the life orientation teacher must be provided with more teaching resources, like video and pictures so that teaching these topics could be more interesting for the adolescents.

Exo & Meso level

Reproductive health education should not be only for adolescents but also for the community as a whole. In community meetings health professionals should be given a slot to educate the community about reproductive health. Educating the community would make it easier for the parents to also educate their children at home since they have enough information, and they are well taught about reproductive health. Reproductive health education should be extended to churches and other social gatherings to reach out to a great number of people.

Micro level

At the micro level the adolescents need to take it upon themselves to be willing to learn about these things and use the internet as their source of information as well to learn about these things. This will help them eliminate their chances of having the reproductive health challenges that the youth is facing. This would however also make it easy for the teachers and the school health nurses to teach them if they are willing to be taught. Adolescents should prioritize education and their careers so that they can stay focused and not be distracted easily. Lastly boredom seems to be one of the reasons why the adolescents find themselves engaging in risky sexual behaviours, participating in many self-developing and educational activities would help keep them away from engaging in risky sexual behaviours.

Limitations of The Study

While the finding of this study provided me with an insight to a number of reproductive health challenges that the youth is facing, it may only represent the views of a limited group of secondary school teachers and school health nurses therefore cannot be generalized to other adolescents or secondary school adolescents in other areas. The study used in-depth interviews to collect data from participants. It is also possible that different findings could have been collected if among other things, the methodology employed for the study was different or sample size was larger. Gender balance was also a challenge because majority of the participants who are life orientation teachers and school health nurses are females. However, this could contribute to the findings of the study being less authentic because the variation is

limited. Although throughout the interviews the views were quite similar, but each interview provided a unique sense to learning something new and therefore also improving the style of interviewing.

Areas for Future Research

Based on the findings of this study, it is recommended that further research should be done on the effectiveness of the scripted lesson plan that the Department of Education has implemented. There is also a need for further research to be conducted on the prevalence of reproductive health cancers amongst adolescents. Lastly more research should be done on the implementation of male reproductive health education such as medical male circumcision.

In conclusion this study explored reproductive health challenges that secondary school learner's face and the measures taken by the Department of Education and the Department of Health to deal with these challenges, from the perspective of the life orientation teachers and the school health nurses. It is apparent from the literature that reproductive health education programs are developed to help deal with high prevalence of reproductive health challenges that the youth is facing. Reproductive health education aims to provide adolescents with authentic information when it comes to reproductive health so that they can make well thought decision pertaining sex and sexuality.

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APPENDIX A

INFORMED CONSENT LETTER - Participant

Dear Participant

PARTICIPATION IN A RESEARCH PROJECT: Educators' Perceptions of Reproductive Health Challenges Facing Secondary School Learners in the scarce resource peri-urban communities of KwaZulu—Natal, South Africa.

My name is Londiwe Mbatha, I am a student registered for the Master of Social Science in Health

Promotion in the Discipline of Psychology, School of Psychology, Howard Campus, University of KwaZulu-Natal in Durban. My supervisor is DR Olagoke Akintola in the Discipline of Psychology, School of Applied Human Sciences, at the University of KwaZulu-Natal.

You are being invited to consider participating in the study on Gatekeeper's Perceived Reproductive Health Challenges Facing Secondary School Learners in the scarce resource peri-urban communities of KwaZulu—Natal, South Africa.

This research study is part of the requirements for my degree mentioned above.

The aim and purpose of this research is to investigate reproductive health challenges faced by secondary school learners. Your input in this study is valuable as it is intended to provide information on the above-mentioned topic.

You are required to participate in an interview discussion that will take about 15 to 20 minutes to complete. It is expected that all information that is shared in this group will be treated as confidential and anonymous by all members of the discussion group.

Please note the following:

- The information you will provide will be treated confidentially and will be anonymous as no name or information can be linked to you personally.
- You have a choice to participate, not participate or stop participating in the research. There will be no negative consequences should you decide not to participate in the study.
- Data will be stored in secure storage in the Discipline of Psychology and destroyed after 5
- Your involvement is purely for academic purposes only, and there are no financial benefits involved.
- We request your permission to audiotape the interview If you are willing to be interviewed, please indicate (by ticking as applicable) whether or not you are willing to allow the interview to be recorded by the following equipment:

	willing	Not willing
Audio equipment		
Photographic equipment		
Video equipment		

This study has been ethically reviewed and approved by the UKZN Human Social Science Research Ethics Committee (approval number HSS/0065/018M). Should you require clarification of further information regarding the study, please do not hesitate to contact me on the contact details provided below.

Contact details Researcher	Supervisor
Londiwe Mbatha	Dr OlagokeAkintola

SAHS, Psychology
Howard College
University of KwaZulu-Natal
E- mail: 213507208@stu.ukzn.ac.za
Cell phone;0769375999

SAHS, Psychology
Howard College
University of KwaZulu-Natal
E-mail: akintolao@ukzn.ac.za
Tel: 031 2607426

University of KwaZulu-Natal Ethics Committee
Ms Mariette Snyman
Research Office: HSSREC - Ethics
Govan Mbeki Building
Private Bag X54001
Durban, 4000

Fax: + 27 31 260 3093
Email:
snymanm@ukzn.ac.za
Tel: +27 31 260 8350

PARTICIPANT DECLARATION

I .....(Full names of participant) hereby confirm that understand the contents of this document and the nature of this research project, and consent to participating in this study.

Signature of Respondent Date

Signature of researcher Date

INCWADI YESIVUMELWANO

Mbambiqhaza

Ukubamba I qhaza ocwaningweni: Imibono yothisha mayelana nezingqinamba abafundi bamabanga aphansi ababhekana nazo mayelana nempilo yokuzalana kulezo zindawo izingenazo izinsiza kusebenza ezanele eThekwini, KwaZulu-Natal.

I gama lami ngingu Londiwe Mbatha, ngingumfundi weziqu eziphezulu zokwezokuhlalisana, ngaphansi kwesikhungo semfundo ephakeme iNyuvesi yakwaZulu Natal,eThekwini. Umphathi wami ngu Dkt Olagoke Akintola ongaphansi kwesikole sobuchwepheshe bezingqondo zabantu eNyuvesi yakwa Zulu Natal.

Uyacelwa ukuba ube yingxenye yalolu cwaningo olumayelana nemibono yothisha mayelana nezingqinamba abafundi bamabanga aphansi ababhekana nazo mayelana nempilo yokuzalana kulezo zindawo izingenazo izinsiza kusebenza ezanele eThekwini, KwaZulu-Natal

Lolucwangingo luyingxenye yeziqu ezibalulwe ngaphezulu.

Injongo nenhloso yalolucwaningo ukutholisisa izingqinamba zezempilo abafundi bamabanga aphansi ababekana nazo .Ukuzibandakanya kwakho kulolu cwaningo kubaluleke kakhulu ngoba kuzosinikezela ngolwazi olunzule mayelana nelesihloko esibalulwe ngenhla.

Uyacelwa ukuba ube yingxenye yenkulumo mpendulwano ezothatha imizuzu eyishumi nanhlanu kuya kumashumi amabili ukuba iphele. kulindeleke ukuthi yonke imininingwane oyidlulisayo kulenkulumo mpendulwano igcinwe iyimfihlo

Qaphela lokhu:

- Ulwazi oludlulisayo luzogcinwa luyimfihlo njengoba igama lakho lingeke lidalulwe
- Unelungelo lokuzibandakanya kulengxoxo ,noma ungazibandakanyi okanye uhoxe kulenkulumo .Ukuzukuba namithelela emibi uma uzingqumela ukuhhoxa kulolucwaningo
- Ulwazi ozosinika lona luzogcinwa iminyaka emihlanu eskolen sezezingqondo.
- Ukuba kwakho ingxenye yalolu cwanino kumayelana nezimfundo kuphela, ayikho inzuzo yezezimali ekhona.
- Sacela imvume yakho yokuba lerngxoxo I qoshwe.Uma kungukuthi uyavuma ukuthi lengxoxo iqoshwe khombisa ngalolu phawu (X) kulamabhokisi alandelayo

	Ngiyavuma	Angivumi
Umshini wokuqopha		
Umshini wokuthatha izithombe		
Umshini wokuqopha I vidiyo		

Lolu cwaningo luhlolisisiwe I UKZN Human Social Science research Ethics Committee, Uma udinga ukucacisieka kabanzi mayelana nalocwaningo, thintana nami kulemininingwana elandelayo ngezansi.

Contact details Researcher	Supervisor
Londiwe Mbatha	Dr OlagokeAkintola
SAHS, Psychology	SAHS, Psychology

Howard College

University of KwaZuIu-Natal

E-mail:

213507208@stu.ukzn.ac.za

Cell phone: 0769375999

Howard College

University of KwaZulu-Natal

E-mail:

akintolao@ukzn.ac.za

Tel: 031 2607426

UKZN Ethics Committee

Ms Mariette Snyman

Research Office: HSSREC - Ethics

Govan Mbeki Building

Private BagX54001

Durban, 4000

E-mail:

snymanm@ukzn.ac.za

Tel: +27 31 260 8350

Isivumelwano

Mina _____ (igama eliphelele) ngiyaqinisekisa ukuthi ngiyayiqondisisa into ebhalwe kulomqungo Kanye nokuhleleka kwalolucwaningo futhi ngiyavuma ukuba ingxenye yalolu cwanigo .

_____ _____

Ukusayina kombambi qhaza usuku

_____ _____

Ukusayina komcwaningi Usuku

APPENDIX B

INTERVIEW GUIDE FOR TEACHERS

SOCIO-DEMOGRAPHIC INFORMATION

1. Age of the participant
2. Sex of the participant
3. Highest qualification of the participant
4. Position held in the school
5. How long have you been in that position?
6. What subject(s) are you teaching in this school? For which grades?

SECTION A: Adolescent Reproductive Health issues in secondary schools

7. For teachers: How were you chosen as a school health teacher?

   i. What are your experiences as school health teacher in this school?

   ii. What are the challenges that you face as a school health teacher?

8. Did you receive any training or attended any workshop to help you with the necessary skills and knowledge that you need as a school hearth teacher? When?

i. What are your duties as a school health teacher?

9. What is your understanding about reproductive health?

   i) What are the Adolescent Reproductive Health (ARH) issues that adolescents face in this school?

   ii) What are the causes of those ARH issues?

   iii) What can be done to overcome those issues?

SECTION B: Reproductive health education in secondary schools

10. What is your understanding about reproductive health education?

11. How is reproductive health education implemented in the school curriculum?

12. Which topics do you discuss under reproductive health education? What activities /program do you have in places that help facilitate discussions on these topics?

13. What are the reproductive health challenges facing school learning adolescents?

Probe for: Unwanted pregnancy

Sexual Transmitted Diseases including HIV/AIDS

14. How common are these problem among school learners?

15. How can these challenges be addressed? Probe for

   - Rote adolescents

- Role of caregivers
- Role of teachers
- Rote of nurses
- Role of government

16. Do you think reproductive health education in schools being helpful? Why?

17. What do you think can be done to improve reproductive health education and its effectiveness in schools?

Thank you for the time spent with me

INTERVIEW GUIDE FOR SCHOOL HEALTH NURSES PROJECT SUPERVISORS

SOCIO-DEMOGRAPHIC INFORMATION

1. Age of the participant
2. Sex of the participant
3. Highest qualification of the participant
4. Position held?
5. How long have you been in that position?
6. How long have you been working as a nurse?

SECTION A: Adolescent Reproductive Health issues in secondary schools

For nurses:

i. What are your experiences as school health nurse?

ii. What are the challenges that you face as a school health nurse?

7. Did you receive any training or attended any workshop to help you with the necessary skills and knowledge that you need as a school health nurse? When?
8. What are your duties as a school health teacher?
9. What is your understanding about reproductive health?

i. What are the Adolescent Reproductive Health (ARI-I) issues that adolescents face in schools?

ii. What are the causes of those ARH issues?

iii. What can be done to overcome those issues?

SECTION B: Reproductive health education in secondary schools

10. What is your understanding about reproductive health education?
11. How is reproductive health education implemented in the school curriculum?
12. Which topics do you discuss under reproductive health education? What activities /program do you have in places that help facilitate discussions on these topics?

13. What are the reproductive hearth challenges facing school learning adolescents?

Probe for: Unwanted pregnancy

Sexual Transmitted Diseases including HIV/AIDS

14. How common are these problem among school learners?

15. How can these challenges be addressed? Probe for

- Role of adolescents
- Role of teachers
- Rote of nurses
- Role of government
- Role of caregivers

16. Do you think reproductive health education in schools being helpful? Why?

17. What do you think can be done to improve reproductive health education and its effectiveness in schools?

Thank you for the time spent with me.

Uhla Iwemibuzo laboThisha kanye

Imininingwane emayelana nomhlanganyeli:

1. Iminyaka yomhlanganyeli
2. Ubulili bomhlanganyeli
3. Wagcina kuliphi izinga ngokwezemfundo
4. Ukusiphi isihlato la eskolen
5. Unesikhathi esingakanani ukulesihlalo okuso
6. Iziphi izifundo ozifundisayo lapha eskolen? Kumaphi amabanga?

ISAHLUKO A: Izinkinga Ezimayelan Nempilo Yokuzalana Abafundi Bamabanga Aphansi Ababhekana Nazo.

Othisha: wakhethwa kanjani ukuba ube yinxenye yohlelo Iwezempilo ezikoleni?

i. Uzizwa kanjan ngokuba yinxenye yaloluhlelo Iwezempilo ezikoleni?

ii. Iziphi izingqinamba obhekana nazo njengo thisha oyinxenye yaloluhlelo Iwezempilo ezikoleni?

7. Ngabe lukhona Yin uhlobo lokuqeqeshwa owalithola ukuze ukwazi ukuba nolwazi oludingayo ukuqondosisa loluhlelo Iwezempilo ezikoleni? nini?

i. Imiphi imisebenzi elindeleke kuwe njengo thisha oyinxenye yalolulelo lwezempilo ezikoleni?

8. Yini okuqondisisayo mayelana nempilo yokuzalana?

iv) Iziphi izingqinamba eziphathelene nempilo yokuzalana abafundi ababhekana nazo kulesi sikole?

v) Zidalwa yini lezingqinamba ezikhona?

vi) Yini engenziwa ukuhlangabezana nalezo zingqinamba?

ISAHLUKO B: Ukufundiswa kwe mpilo yokuzalana ezikoleni?

9. Yini oyiqodisisa ngokufudwa kwempilo yokuzalana?

10. Imiphi imigudu esohlelweni lokufunda esetsheziswayo ukuze kukwazi ukudlulisa ulwazi mayelana ngempilo yokuzala?

11. Iziphi izihloko ezidingidwayo uma kufudiswa gempilo yokuzalana?iziphi izinhlelo ezikhona ezisiza ukuthi nikwazi ukudlulisa ulwazi kubafudi ?

12. Iziphi izinkinga ezimayelana nempilo yokuzalana abafudi ababhekana nazo?

    Phenya ngo: ukukhulelwa okungafunwa Kanye izifo ezithathelwana ngocansi

13. Zivame kangakani lezinkiga kubafundi?

14. Zingaxazululwa kanjani lezinkinga? Phenya kabanzi mayelana;

    - Indima yabafundi
    - Indima yanabanakekeli
    - Indima yothisha
    - İndima yabahlengikazi
    - Indima kahulumeni

15. Ngabe ucabanga ukuthi ukufudiswa kwempilo yokuzalana kuwusizo ezikoleni?ngoba?

16. Yini ocabanga ukuthi ingenziwa ukuthuthukiswa kokufudiswa kwempilo yokuzalana noku baluleka kwayo ezikoleni?

Ngiyabonga ngesikhathi sakho ongiphe sona

Uhla Lwemibuzo Lwaba Hlengikazi Kaye Nabaphathi Bo Hlelo

Iminíigwane emayelana nabo

1. iminyaka
2. ubutiti
3. wagcina kuliphi izinga ngokwemfundo?
4. ukusiphi iskhundla?
5. unesikhathi esingakanani ukulesi skhundla?
6. unesíkhathi esingakanani usebeza njengo mhlengikazi?

ISAHLUKO A: Izinkinga Ezimayelan Nempilo Yokuzalana Abafundi Bamabanga Aphansi Ababhekana Nazo.

7. Abahlengikazi:

   i. Uzizwa kajani ngengoba usebenza njengo mhlegikazi obhekelele impilo yabafundi ezikoleni?

   ii. 'ziphi izingqinamba obhekana nazo njengo mhlengikazi obhekelele loluhlelo Iwezempilo ezikoleni?

8. Ngabe lukhona Yin uhlobo lokuqeqeshwa owalithola ukuze ukwazi ukuba nolwazi oludingayo ukuqondosisa rotuhtelo Iwezempilo ezikoleni? nini?

i. Imiphi imisebenzi yakho njengo mhlegikazi oyinxenye yalolulelo Iwezempilo ezikoleni?

9. Yini okuqondisisayo yayelana nempilo yokuzalana?

   vii) Iziphi izingqinamba eziphathelene nempilo yokuzalana abafundi ababhekana nazo ezikoleni?

   viii) Zidalwa yini lezingqinamba ezikhona?

   ix) Yini engenziwa ukuhalngabeza nalezo zingqinamba?

ISAHLUKO B: Ukufundiswa kwe mpilo yokuzalana ezikoleni?

10. Yini oyiqodisisa gokufudwa kwempilo yokuzalana?

11. Iziphi izihloko ezidingidwayo uma kufudiswa gempilo yokuzatana ?iziphi izinhlelo ezikhona ezisiza ukuba nikwazi ukudlulisa ulwazi kubafudi ?

12. Iziphi izinkinga ezimayetana empilo yokuzalana abafudi ababhekana nazo?

Pheya nge: ukukhulelwa okungafunwa izifo ezithathelwana ngocansi

13. Zivame kangakaani lezinkiga kubafundi?

14. Zingaxazululwa kanjani lezinkinga? Phenya mayelana:

- Indima yabafundi
- Indima yanabanakekeli
- Indima yabahlengikazi
- Indima kahulumeni

15. Ngabe ucabanga ukuthi ukufudiswa kwempilo yokuzalana kuwusizo ezikoleni? ngoba?

16. Yini ocabanga ukut ingenziwa ukuthuthukiswa kokufudiswa kwempilo yokuzalana noku baluleka kwayo ezikoleni?

Ngiyabonga ngesikhathi sakho ongiphe sona.

APPENDIX C

UNIVERSITY OF
KWAZUW.NATAL

INYUVESI
YAKWAZULU-NATAL\

12 February 2018

Ms Londiwe Mbatha 213507208
School of Applied Human Sciences
Howard College Campus

Dear Ms Mbatha

Protocol reference number: HSS/0065/018M
Project title: Educators' Perceptions of Reproduction Health Challenges Facing Secondary School learners in the scarce resource peri-urban communities of KwaZulu-Natal

Full Approval — Expedited Application In response to your application received 25 January 2018, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted FULL APPROVAL.

Any alteration/s to the approved research protocol i.e. Questionnaire/interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

[redacted]

Dr Shamila Naidoo (Deputy Chair)
Humanities & Social Sciences Research Ethics Committee

/pm

cc Supervisor: Dr Olagoke Akintola cc Academic Leader Research: Professor Jean Steyn cc. School Administrator: Ms Ayanda Ntuli

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Humanities & Social Sciences Research Ethics Committee
Professor Shenuka Singh (Chair)
Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
Telephone: +27 (0) 31 260 3587/8350/4557 Facsimile: +27 (0) 31 260 4609 Email: ximbap@ukzn.ac.za / snymanm@ukzn.ac.za\ mohunp@ukzn.ac.za
Website: www.ukzn.ac.za

APPENDIX D

[redacted] CENTRE ST. MARY'S
[redacted] HILL
P.O.B. 10405
ASHWOOD 3605 KZN
SOUTH AFRICA

VAT Reg number: 4880258027

28 March 2015

Dear Dr Akintiola

Your letter date 20/3/2015 refers.

Community Outreach Centre, St Mary's (COC) Board approves this research study and eagerly awaits the findings and write-up thereof.

Please be assured of our assistance in supporting this study. We wish you and your team well on this project.

[redacted]

CHAIRMAN
COMMUNITY OUTREACH CENTRE, ST MARY'S (COC)