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Gender Differences in the Preferred and Actual Sources of Sexual Education amongst Senior  
Secondary School Learners

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## Abstract

This study investigated whether the current provision of sex education made available through the Life Orientation Curriculum in South African Secondary Schools is directly applicable and relevant to the sexual developmental and identity formation needs of learners at a senior secondary school level. This study resulted from the desire to point out that students at this stage in their lives require more than the precautionary biological information that is often readily available to them through the curriculum as well as other parental and health care sources. A survey was carried out at two single gender schools on the Bluff in Durban and an attempt was made to gather data on the gender differences that arose between the two samples in terms of the sources of sex education from which they are drawing. The sample size was 179 learners with 89 female learners and 90 male learners. The preferred source of sex education by both girls and boys were parents accounting for 34,5% of the girls and 18,6% of the boys. The second highest rated source for boys was their teachers with a frequency of 17,5%. However, girls indicated a greater preference for professional sex educators than teachers with 7,3% and 5,1% respectively. This was different from the sources that the students were actually receiving their sex education from, with boys and girls regarding teachers as their best source with a frequency of 16,5% for boys and 13,6% for girls. The next best rated source for boys with a frequency of 14,2% were male and female friends with a very similar distribution of the boys indicating a preference for male or female friends with a frequency of 7,4% and 6,8% respectively. Girls had a higher satisfaction level than boys with current knowledge of sex however had lower satisfaction level than boys on finding out about things to do with sex. The mean score for girls ( $M=5,35$ ) is significantly lower than for boys ( $M=5,44$ ),  $t=0,386$ ,  $df172$ ,  $p<.005$  on the topic of satisfaction about finding out about things to do with sex. The mean score for boys for the topic of satisfaction with current knowledge of sex ( $M=5,60$ ) is significantly lower than the mean score for girls ( $M=5,77$ ),  $t=0,925$ ,  $df171$ ,  $p<.005$ . Both boys and girls indicated that parents were not an adequate source of sex education and fathers were less likely than mothers to be involved in communication on the topic of sex with them. Boys were more likely than girls to engage in sexual behavior and activities and be sexually active as indicated by the regression where gender contributed 22,4% to the model (The Sexual Activities Scale) at 0.003 level of significance. It seems that girls are more comfortable to share information

amongst themselves than boys are. Boys seem more willing to communicate and learn from both genders in their peer groups. The Life Orientation Curriculum has been efficient in informing students on precautionary biological information however boys and girls are interested in learning about sex and sexuality and are not receiving this information from their scholarly source but rather from a number of different sources. There is also evidence that gender differences exist when it comes to learning about sex and thus may suggest that the Life Orientation Curriculum's sex education component should be segmentable on the basis of gender i.e. the messages about sex should be sculpted in a different manner for boys as compared to girls.

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## **Chapter 1**

### **1.1. Introduction: Outline of Research Problem**

In order for the teenage pregnancy rate, rate of infection with Human Immunodeficiency Syndrome (HIV) and contraction of Sexually Transmitted Infections' (STI's) rate to decrease, accurate and appropriate information on sex, needs to be provided to the target population (McLaughlin, Thompson, Parahoo, Armstrong & Hume, 2007). Adolescents are under great pressure to be sexually active and explorative (Jenkins, R, 2007). More sex, earlier sex, peer pressure and distorted media images make it difficult for adolescents to make sense of, and cope with, their emerging sexuality (Giami, Ohlrichs, Quilliam, & Wellings, 2006). Wellings, Nanchahal, Macdowell, Mcmanus, & Erens, (2001) found that as young people reach puberty, they are not only adapting to new biological, psychological and social roles, they are also doing so with a lack of information, knowledge and support. Positive sex education means avoiding blaming or shaming adolescents about their sexual feelings and responses; it also means avoiding delivering messages that sex is not enjoyable (Kirby, Laris & Rolleri, 2007). Whatever their gender or orientation, adolescents do need sound information, sexually positive role models, emotional support, relationship support and opportunities to develop as individuals and independent sexual decision-makers (Kirby et al., 2007). As Bleakley, Hennessy, Fishbein & Jordan, (2009:37), have stated "different sources of information may disseminate different messages about sex, and thus the sources adolescents turn to for sexual information may differentially influence their sexual beliefs as well as their behavior." A study has found that there exists differences in young South Africans with regard to the actual sources of sex education that are provided to teenagers aged between 13 and 19 years; by society, government, schools and parents; and those from which they actively learn i.e. sources that they would prefer to use, such as their peers and possibly the mass media (Kirby et al., 2007). Therefore it is necessary to engage ourselves with the question of what types of sources of sex education are of more use to adolescents of this day and as to whether the sources that are proposed by the governmental legislation through schools and possibly parental care are the type of source that is of use to South African adolescents. In addition to this it has been found that there exists a relationship between gender identification and source of information (Spanier, 1977). A study of

American college students indicated that females were more likely to be encouraged to participate in sexual activity by independent reading and male friends while being discouraged to do so by their mothers (Spanier, 1977). Boys indicated being encouraged to engage in sexual activity by male and female friends and discouraged by church leaders (Spanier, 1977).

## **1.2. Aim and Rationale**

The aim of this study is to gather descriptive data of gender differences in the preferred and actual sources of sex education in senior secondary school aged boys and girls in two separate single sex schools in Durban, South Africa. By using the Sex Education Inventory, which will be elaborated upon at a later stage, the study aims to investigate adolescents' opinions and attitudes to questions that have been phrased for both genders. Questions posed to adolescents include a vast array of topics that do not only include biological aspects of sex but attitudes toward sex and sexual identity as well.

The source of sex education that is preferred to be used is that of the school, parents and religious leaders, in particular the Life Orientation Curriculum (L.O.), which will further be known as the prescribed source (Bennett and Dickinson, 1980). The compulsory LO Curriculum's sex education component as well as other prescribed sources exist in order to prevent the high rate of Human Immunodeficiency Virus (HIV), Sexually Transmitted Infections (STIs) and teenage pregnancy in South Africa as well as provide a safe environment where learners can engage in asking questions and discussing their developing sexuality and sexual identity without the misconceptions and misunderstandings associated with other sources such as the media and peers (DOE, 2007 and Pattman, 2006). School is the most common source of information on HIV/AIDS for 95% of learners and is also the most useful source of information on HIV/AIDS for learners (61%) and 47.7% of learners report that they have learned the most about HIV/AIDS at school (Bhana, 2005). However, the LO curriculum's influence on adolescent sexual activity and in the formation of their sexual identity especially in senior secondary school aged learners is questionable (Pattman, 2006). According to Pattman, (2006), in a South African study on black youth of both genders, gender and sexuality emerged as key categories through which boys and girls defined themselves and others, yet sexuality was also reported as a topic which was rarely discussed with adults including teachers. Therefore it is

necessary to investigate the extent of the curriculum's success in providing a relevant source of sex education for students (Pattman, 2006). Pattman, (2006) proposes that sex education classes should be conceptualised as the lives and identities of pupils together with the departmental requirements. Improvements can then be made to the LO Curriculum if descriptive data gained from the students on their satisfaction of their current sexual knowledge and where they are receiving this from, is obtained. This data may inform the content that students require as a part of their sex education so that they do not have to resort to consulting potentially unreliable sources. Thus, the HIV rate, STI's and high teenage pregnancy rate could be decreased as well as possibly enhancing learners' understanding of their sexuality and sexual identity development. Learners would then, in addition to the usual biological aspects of sexuality, learn about the complex issues that they experience surrounding their sexuality and formation of their sexual identity. In addition, previous studies have indicated that gender differences exist in terms of adolescents' reliance on various sex education sources (Kigazi, 2006; Spanier, 1977). This study therefore aims to investigate the content in each of the sources and to determine its applicability to adolescents, as a form of sex education as well as the gender differences in the reliance on the various sources.

This study examined the gender differences in the following:

- a) Are there significant differences between the preferred and actual sources between genders?
- b) What is the extent of satisfaction with actual sex education sources and are there significant gender differences?
- c) To what extent do the aspects of family (Rapport with parents, family affection, permissiveness for expression of sexuality and discussion of sex-related topics) provide an environment for sexual learning?
- d) What and to what extent were adolescents' heterosexual activities in the past two years?
- e) Does a preferred mode of sex education for adolescents exist?

The results obtained in the prior studies and in this study will have implications for policy. The LO Curriculum may need to be amended according to the preferred and actual

sources of sex education that may be more relevant and useful to them in terms of gaining sex education and information. According to the LO Curriculum, (DOE, 2007) the adolescent is viewed as being a challenging and demanding individual who is characterized by confusion, conflict and experimentation. Eriksons's Psychosocial Developmental Theory places learners at a grade ten and eleven level of education at Stage 5 "Identity Development versus Role Confusion" of the theory where learners would find themselves making crucial decisions about sensitive issues such as sexual behavior. Peer pressure at this time in their lives would take on a very different dimension and would play a much more important role if the learners are not receiving enough valid sexual information from the prescribed sources such as the school.

Further research is required to improve on the low rate of youth participation and issues surrounding sex and sexuality as prescribed by the Life Orientation Curriculum. It is interesting to note that adolescent girls are often the target of studies in this area since they are thought to bear the brunt of poor sexual communication especially regarding unwanted pregnancy and sexual coercion (Epstein and Ward, 2008).

One of the largest limitations in prior studies regarding the subject of preferred and actual sources of sex education is the focus on the quantity of sex education from various sources and ignoring or rarely touching on the content of these sources. It is not indicated and investigated exactly what specific messages and values are being communicated to the adolescents via the sources (Epstein and Ward, 2008).

There has also been a restricted selection of topics that have been researched in various previous studies. Respondents are often asked how much they had gained information from the various sources on topics which the researches had selected. General and gender specific topics are needed to be included as part of the research questions asked of adolescents. This is because most questionnaires in the past have focused on biological or sexual risk information. Gender specific topics need to be included as many of the past research questions had phrased questions from a female perspective (Epstein and Ward, 2008).

### **1.3. Conclusion**

Sex education for adolescent learners in South Africa is available from a number of sources. The primary aim of sex education in the “prescribed” sources is usually to promote prevention of HIV and AIDS, teenage pregnancy and STI’s by delaying sexual debut and encouraging protected sex. However, adolescents are relying on a number of other sources outside of the prescribed sources which may be defined as the “actual” sources. These prescribed sources may be inadequate for the promotion of a healthy sexuality and sexual identity in adolescents as well as increase the early debut of sexual activity and thus the risk for HIV and AIDS, teenage pregnancy and STI’s. However, they may be valuable as they may possess the ability to demystify sexual identity, provide a positive image of sexuality and promote sexual development. It is the aim of this study to determine what sources of sex education are available to adolescents, which sources they rely on the most, the content of the sources they find most relevant and useful to them and the differences between the genders in terms of reliance on sex education sources. This may be useful in making recommendations for the LO Curriculum which is currently the primary formal sex education source available to in school adolescents in South Africa.

## **Chapter 2**

### **Literature review**

#### **2.1.1. Introduction**

The health of the population has been dependant on national and regional strategies for the attainment of health and social wellbeing. WHO, (2010) have indicated that there are an estimated 33.3 million people who were living with HIV in 2009, of whom 2.5 million were children. Around 2.6 million new infections occurred in 2009 with 1.8 million (69%) of these in sub-Saharan Africa. In 2009, 1.8 million people died of AIDS-related illnesses.

Findings on a study of sexual behavior in South African secondary school students showed that the majority of participants were sexually active (Bhana et al., 2005).

According to Eaton, Flisher and Aaro (2003) sub-Saharan Africa contains the poorest, and most underdeveloped countries in the world with the largest amount of AIDS related deaths where 85% of the deaths of the sub-Saharan population were AIDS related. The HIV infection rates have increased from 21% to 65, 4% in 14-19 year olds and 26% to 58, 5% in 20-24 year olds from 1996 to 1999. As many as 5, 6 million South Africans are infected with HIV in the year 2008 which is the highest rate for any country in the world (Nicolay, 2008 and AVERT, 2010). HIV prevalence among those aged two and older also varies by province with the Western Cape (3.8%) and Northern Cape (5.9%) being least affected, and Mpumalanga (15.4%) and KwaZulu-Natal (15.8%) at the upper end of the scale (AVERT, 2010). According to Macleod (2007), there is an estimated 29.1% prevalence of HIV amongst women and 13.7% amongst young women below the age of 20. HIV prevalence among South Africa's youth aged between 15 and 24 is estimated at about 10 % (HSRC in Plus News, 2009). The UNAIDS epidemic update, (2010) reported that in Sub-Saharan Africa in 2009 there were 22.5million adults and children living with HIV and AIDS, 1.8 million adults and children newly infected with HIV, an adult prevalence (15–49 years) of 5% living with HIV and AIDS and 1.3 million AIDS-related deaths among adults and children. The latest Youth Risk Behaviour (YRBS), (Reddy, et al., 2008), survey suggests a move towards safer sexual behaviours being reported when compared to YRBS 2002. According to the Youth Risk Behaviour Survey of 2008, (Reddy, James, Sewpaul,

Koopman, Funani, Sifunda, Josie, Masuka, Kambaran, & Omardien, 2008), of all the learners sampled, 11.7% reportedly thought they could get HIV in their lifetime, 63.5% felt that they were able to protect themselves against HIV infection, 21.5% had ever had an HIV test and 65.4% reported receiving HIV and/or AIDS education in school. The YRBS states that this may be attributed to the on-going programmes regarding HIV and AIDS. However, at least two thirds of the sexually active learners did not use condoms consistently and a fifth reported being pregnant or making someone pregnant. These findings indicate that sexual education needs to be tailored to individual group needs and a concerted effort needs to be made to increase correct and consistent condom use as well as contraception use. (Reddy et al., 2008)

It has been seen as a necessity to reduce the number of unplanned teenage pregnancies, as well as the incidence of sexually transmitted disease including HIV by the provision of healthcare through the means of effective and equitable sexual health information and the facilitation of access to sexual health services by adolescents. More than 2 500 schoolgirls in Gauteng fell pregnant in the past two years and the rate of pregnancies needed to be seen as an indicator of a broader problem that the youth were engaging in unprotected sex which could lead to HIV infection (NEWS 24, 2006). The percentage of women between the ages 15 to 19 who have ever been pregnant is estimated at about 15%, with 66% of these women not wanting the pregnancy at the time of conception (Macleod, 2007). Studies by the Medical Research Council, estimate that about 40% of South African school-age children have had sex (Plus News, 2009).

A major assumption of the sociological perspective is that every society regulates the sexuality of its members (Sprecher, Harris and Meyers, 2008). Religious, scholarly and familial institutions are important when regarding the ease of giving and receiving information about sex. Effective and equitable sexual health information and the facilitation of access to sexual health services are both means that are a form of provision of sex information to the young people and therefore can be regarded as “sources” of sex education (Pattmann, 2006). However, it is necessary to ask what sources of sex education for adolescents are vital, relevant and of use to them. The study categorizes the various sources of sex education into three sources namely “prescribed”, “preferred” and “actual” which will be further defined below (Bennett and Dickinson, 1980).



Moreover studies have indicated that there exist gender differences with regard to the sources of sex education that males and females rely on as well as a difference in the preferences of sex education sources and the content that they provide (National Inquiry Service Centre, 2006; Bhana et al., 2005). According to Bhana et al., (2005), gender differences were established regarding two relationship dimensions, namely power assertion and possessiveness. More specifically, significantly more female than male adolescents reported that their parents exerted stringent and restricting control. Concerning overall sexual activity, boys were found to be significantly more sexually active than girls. This could be ascribed to cultural-societal norms concerning the rearing of the two genders (Bhana et al., 2005).

### **2.1.2. Prescribed Sources**

Information that is formally and intentionally given to adolescents about sex can be explained by this category of sex education sources. Talking with parents, school teachers or religious leaders about sex may form the prescribed sources of sex education (Bennett and Dickinson, 1980). They also usually focus on communication about abstinence and contraception (Epstein and Ward, 2007). The most formal and primary source of sex education made available to senior learners is currently in the form of the LO Curriculum. Students in a study by McLaughlin et al. (2007) reported that they received differing amounts of sexual health information as a consequence of inequalities between schools. According to research by Bakole et al., (2007), a significant association was found between receiving sex education, attending school and correct knowledge of condom use. This was also cited by McGrath et al., (2008), where school attendance was associated with a significant protective effect against adolescent sexual activity in the early years of their lives. According to Selwyn and Powell, (2007), school lessons were the most frequent source of sex and relationship information for many adolescents. Lessons were more appealing to younger, male and more academically inclined students. However, the scholarly source of sex education was widely criticized for being too biologically based and lacking a discursive or participatory element i.e. students were not able to report on their own experiences and opinions and ask for the type of information they required but were rather given information according to the school curriculum (Selwyn and Powell, 2007). Different results were obtained by Giami et al., (2006), where surveys show significant

limitations in and inequalities between schools in terms of time spent on sex education, themes covered and the open discussion of social, religious and cultural aspects of sexuality.

Adolescents perceive the school sex education as decreasing in its importance as a source of sex education in their lives, as they get older (Selwyn and Powell, 2007). Giami et al. (2006), contend however that although schools are less than the ideal place for sex education, they may well be the best available option. Less learning from sex education lessons at school was a high predictor of more frequent sexual activity (Somers & Surmann, 2005). The importance of the LO Curriculum for senior secondary school learners as a source of sex education needs to be researched to find out whether these students rate it similarly to the younger students in the study done by Selwyn and Powell, (2007). It is thereafter necessary to observe the reason for younger students benefitting from the LO Curriculum and how to implement the improvements that will thereby render the school as a source of sex education important for senior secondary school learners too.

According to a Johannesburg school teacher, (Plus News, 2009), “The LO curriculum is so broad that the subject can be in danger of becoming a dumping ground for discussing everything from the country's upcoming Soccer World Cup to global warming, often leaving a knowledge gap of the core subjects.” He also reported that “They [students] know what HIV stands for, how babies are made, but not all of them know what contraceptives are.” (Plus News, 2009). It was also reported that most principals regard Mathematics or Science as most important when organizing the school timetable and that the teachers who do not have a full load are those that will teach LO. A survey of South African educators response to the sex education component of the LO Curriculum indicated that 84% of educators agreed that it is the school’s responsibility to educate learners about sex and sexuality and 94% agreed that it is the school’s responsibility to educate learners about HIV/AIDS. Educator respondents also agreed that teaching about HIV/AIDS is very important with a frequency of 98% indicating this. (Bhana et al., 2005) Educators believe that other educators, learners and parents are not as comfortable teaching and learning about sex and sexuality as they are teaching and learning about HIV/AIDS. However, educators personally reported that they are equally comfortable teaching about either topic. Educators also appear to believe that learners are generally more comfortable than educators themselves learning about these topics. Just over half of the educators (52%) reported

that they, at some time, had had training from the Department of Education on the LO Program on sex, sexuality and HIV/AIDS. Only 29% of the educators had had some form of training in the last year. The majority of educators do not seem to have received training and support through departmental or collegial training activities. (Bhana, et al., 2005)

Therefore there remains a question as to how this form of education is of use to adolescents. Sexuality is an area of adolescent functioning that, whilst a component of normal development, is not always comfortably dealt with by clinicians, teachers or their parents. According to the National Inquiry Services Centre (2006), adolescent behaviour evokes strong feelings and issues of over or counter identification that can influence the learning in the scholarly/ health care setting environment since value systems are not uniform and the scholarly/ health care settings are not always perceived as receptive or conducive to seeking help. It is also apparent that the LO Curriculum does not address the needs of the students as many of them are too embarrassed to ask questions that are relevant to them and are reluctant to address the issues that are not included in the curriculum. This is indicated by research by Bhana et al (2005), carried out on a sample of South African secondary school students, teachers and principals : (The sample of 18 schools consisted of 5 former white high schools, 3 former black high schools, 4 former Coloured schools and 2 former Indian schools)

Of all the primary and high school educators assessed in a study, 33% felt there were not enough Life Orientation educators. Although principals in all schools reported that learners in all grades had lessons on sex, sexuality and HIV/AIDS, 10.6% of learners reported that they had had no lessons on these topics. Among Life Orientation educators, only 2 educators (4%) reported that they had not taught any lessons on sex and sexuality or HIV/AIDS to the grades they teach life orientation. Eight educators reported that they had not given lessons on sex and sexuality to all or some of the grades they teach. The total number of periods per grade educators claimed to spend on sex, sexuality and HIV/AIDS ranged from 0 to 60 periods at a mean of 9 periods per grade over the course of 2004. Former exclusively White schools had the lowest number of periods on sex-related topics, 4.2 periods per year, followed by former exclusively Indian schools, 8.5 periods per year, then former exclusively Black schools, 10.8 periods per year and former exclusively Coloured schools at 14.5 periods per year. According to

learners, 10.6% have had no lessons on sex, sexuality and HIV/AIDS while a further 32.4% have had very 1-5 lessons. 55% have had 6 lessons or more. Learners at former Indian and Coloured schools appear to have had a higher percentage of Life-Orientation lessons on these topics than former White and Black schools where 57% across both former White and Black schools had had none or very few lessons. Up to just over half of educators or less have received materials from the Department and used them.

Bhana et al. (2005) highlight the following with respect to HIV awareness promotion in schools:

Two-thirds of schools had received the HIV/AIDS budget from the Department. Principals reported they had received from R1000 up to R4000. Most schools appear to have received approximately R1500 – R1600. Principals reported a range of activities on which the budget was spent: school HIV and Aids advocacy activities, guest speakers/talks, dramas, art relating to HIV and aids, educator training, posters, detergent and gloves, first aid kits, educational videos and donations to HIV and aids orphans in local communities.

In light of these results the question should be asked “Why is the LO Curriculum that aims to address the pressing needs for sex education of adolescents seemingly failing to do so?” It would seem that governmental support for HIV awareness in secondary schools is high; however the actual allocation of resources for the promotion of a healthy sexuality and development of a healthy sexual identity is problematic in schools with not enough teachers addressing the subject and hardly any time being spent on the sex education component itself. If sex education is provided it is based mostly on HIV and AIDS awareness and not sexual identity formation, issues of desire or relationship difficulties.

### **2.1.3. Preferred Sources**

Preferred sources may be “Prescribed” or “Actual” sources of sex education as it depends whether the source is preferred to be used by the student (Bennett and Dickinson, 1980). Parents have been the preferred source by adolescents in a South African study among secondary school

students (National Inquiry Services Centre, 2006). Participants in the same study also indicated a significant preference for the media and trained counselors (National Inquiry Services Centre, 2006).

#### **2.1.3.1. Parents**

Parental sources of sex education are important and based on the creation of an environment that is conducive to talking about sex with their children (National Inquiry Services Centre, 2006). South African adolescents in a study by Bhana et al. (2005), indicated that they preferred their parents as a source of sex education with results showing that female participants preferred their mothers as sex educators. Males had no significant preference, except concerning vaginal sexual activity where they preferred their fathers as the source of information. More specifically, significantly more female than male adolescents reported that their parents exerted stringent and restricting control. Concerning overall sexual activity, boys were found to be significantly more sexually active than girls (Bhana et al., 2005).

According to a study conducted among North West Province youth, it was reported that a limited amount of information is shared by the parents and teachers on sex education (Kaya, 1994). The same study also highlights the point that most young people are actively discouraged from sexual behaviour by societies which ascribe to a restricted or traditional ideology. Parents are therefore against providing their children with sexual information about contraceptives as they fear it will lead to promiscuity. Quite contrary to the traditional views they are encouraged to believe and hold, an ever increasing number of adolescents participate in sexual activity by the age of 14-19 years (Kaya, 1994). Therefore the LO Curriculum and other “prescribed sources” should address this problem of sexual experimentation at an early age. As the media is so often portraying sexual scenes and other sexually related content it is necessary to provide information about the consequences of sexual behaviour early in life and also to portray an understanding that the feelings that adolescents have about sex at this age is one of curiosity and that they should not feel embarrassed about this.

According to I-Ping (2007) a study done among US school aged adolescents showed that the family structure and adolescent sexual activity relationship is highly contextualized for each non-traditional household. This means that there is no standard association between the type of family structure and adolescent sexual activity, therefore no generalizations can be made based on the results of this study. The results were different for every household. However, experiencing family changes, mother-child problems and mother-child sex discussions, mother's disapproval of adolescent sexuality, family support and association with deviant peers were directly associated in positive and negative ways with sexual activities. Different aspects of these parental issues related in both positive and negative ways to adolescent sexual activity. According to Sprecher, Harris and Meyers (2008), mothers are viewed by the youth as being the most important and preferred source of information over fathers in providing sex education to both females and males.

It is also interesting to note that in another study done by McGrath, Nyirenda, Hosegood, & Newell (2008), maternal death was significantly associated with an early debut into being sexually active in the case of girls and the same association existed for that of paternal deaths and boys. Males also indicated that mother's membership of the same household as themselves, encouraged a delay in the age of their first sex (McGrath et al, 2008). Epstein and Ward (2007) have shown in their study of communication that, unlike girls, boys reported receiving little or no parental communication about sex from their parents and mostly learnt from their peers and the media.

Chapman and Werner-Wilson, (2008), found that parents contributed the most amount of sex education to adolescents in Iowa. They stated that parents need to be sensitive to the influence they have on adolescents' sexual attitudes which determines their sexual identity formation and later their sexuality. However, Kumi-Kyereme, Awusabo-Asare, Biddlecom, and Tanle, (2007), state that a strong negative relationship exists between parental monitoring and adolescents' recent sexual behavior for both males and females in their study among four Sub-Saharan country's adolescents. Results have been of a diverse nature when regarding parents as a source

of sex education for their adolescents. Within the South African context this may be attributed to the differences between cultural and religious groups (Pattman, 2006).

#### **2.1.3.2. The Formal Health Care System**

The formal health care system includes clinics, gynecologists or medical doctors and /or nurses that could be approached by adolescents to gain information on sex or are responsible for giving advice to learners through visits to schools. Although students have attempted to use the information they provide by accessing health care services, many have reported being reluctant to go back for another visit after they have asked for advice or for contraceptives, as they were chided for engaging in sexual activity and sometimes were the victims of negative remarks (Kumi-Kyereme et al, 2007). This fostered negative attitudes in adolescents about sex and sexual activity and instead of encouraging low risk behaviour, made adolescents ashamed and embarrassed to use contraceptives and caused them to resort to high risk behavior (Kumi-Kyereme et al, 2007).

#### **2.1.3.3. Religious Institutions**

Students from a Roman Catholic background were more likely to receive sexual health information from actual sources like friends, magazines and TV or the radio as compared to their Protestant counterparts who received more information from their schools (McLaughlin et al., 2007). In South Africa there are many different religions which according to Bronfenbrenner (as cited in Shaffer, 2002), the macrosystem, influences the adolescents' views on sexual intercourse and sexual identity. If an adolescent is actively involved in a religious institution which conveys the message that abstinence should occur before marriage, this would have an effect on their perspective toward sex and probably evoke feelings of embarrassment to talk about sex.

#### **2.1.3.4. Programmes/Campaigns Outside of School**

Campaigns, for example Love Life and Positive Youth Development (PYD) are also regarded as sources of sex education that are actively aimed at providing biological and low risk sexual health behaviour initiatives for adolescents. Positive Youth Development is an intervention based on research carried out for the promotion of healthy sexuality in youth. Most youth programmes have the idea that a successful intervention is based on the promotion of contraceptives and low risk sexual behaviours and do not necessarily prioritize attitudes about sex, sexual identity and sexuality as part of their initiatives. Campaigns need to target the confusion that adolescents face between their own desires for physical intimacy and adherence to parental and societal pressures in their environment which may place restrictions on sexual behaviours (Chapman and Werner Wilson, 2008).

It has also been shown by research done on various campaigns that involve the promotion of sex education in the direction of exclusive abstinence from sex have not been perceived by adolescents in a good light and therefore this has not received good results (Bankole, Ahmed, Neema, Ouedraogo & Konyani, 2007). According to Underhill, Montgomery and Operario (2007) programmes that encourage abstinence from sex do not seem to affect the HIV infection risk rates. However, this should not rule out the effectiveness of campaigns as a source of sex education for adolescents in the area of contraceptives and the promotion of low risk sexual behavior (Bankole, Ahmed, Neema, Ouedraogo & Konyani, 2007). Bankole et al., (2007) indicate that the highest predictor of correct condom use was the exposure of adolescents to a condom use demonstration in campaigns.

#### **2.1.4. Actual Sources**

The category includes all sex education that learners actually rely on as a source of sex information (Bennett and Dickinson, 1980). In previous studies most learners have relied on sources other than the school, parents, religious leaders, medical staff and counsellors for their information (Bhana, 2005). Thus, this form of sex education is usually informally accessed by learners and may not involve a “one on one talk” to or with the adolescent about sex however



previous studies have indicated that adolescents may also actively learn about sex from their parents. Sources outside of the “prescribed sources” include the media influence such as TV programmes, music videos, popular magazines and the internet. Peers, friends and relatives are also viewed as sources of sex education that are more easily accessible and relevant to the age in which the adolescents are living. These forms of sex information are usually learner friendly and more sex positive, unlike the prescribed sources (Epstein & Ward, 2007). A number of factors which include media and the internet, urbanization, electronic communication, peer influences and the breakdown of traditional parental and community structures no doubt also play a role (National Inquiry Services Centre, 2006).

It is necessary to investigate whether the roles of the various sources of sex education play a vital role in providing sex education that promotes a healthy attitude toward sex and sexuality. In order to do this, it is essential to research the impact the actual sources have on adolescents as well as the direction in which these sources encourage adolescents to form their attitudes and sexual behaviours. The findings of a study among North West Province school aged adolescents, show that the approach to sex education and counseling should not be as the traditional moralistically laden approach was, but should be based on the relevance of necessary sex information for adolescents (Ho, 1994). The fear associated with the loss of virginity, parental punishment and feelings of guilt should not be the main factors on which sex education should be based. The sources which promote confidence in adolescents’ sexuality and sexual identity should be more established as a means to gain the learners’ attention for a healthy sex education. (Ho, 1994). According to Kumi-Kyerene et al., (2007), it has been found that the creation of a supportive environment and the showing of interest in adolescents’ welfare provides them with better sexual and reproductive health outcomes.

#### **2.1.4.1. Media**

In a study done among Black youth of the North West Province, the importance of the media was prevalent; with TV and magazines being cited as the main sources of sex education. Friends were rated as the second best actual source of sex education. This may be attributed to the limited amount of information that is shared by the parents and teachers on sex education (Kaya, 1994; Pattman 2006). The media has been reported to be the highest rated form of sex education

amongst a sample of 17 year old Mid-Western students (Sprecher, Harris and Meyers, 2008). According to a study by Epstein and Ward (2007) boys reported receiving most of their information about sex from the media, especially magazines. Prior studies have shown that in general male attitudes toward the gaining of sexual knowledge is one of “I already know” and they are therefore, unlike girls, less willing to engage in asking for advice and explanations in this area of their lives. They are therefore more willing to report freely that their source for sexual knowledge resulted from the media (Pattman, 2006; Bhana et al., 2005).

#### **2.1.4.2. Peers/Friends/Relatives**

In a study by Sprecher, Harris and Meyers (2008) it was found that participants received more sex education from communicating about sex with their peers than by communicating with parents or any other individual. Peers are also rated as the most frequently used source of sex education in a study by Epstein and Ward (2007). Boys also report a greater influence by their peers on sexual matters than girls and thus, according to the type of content that their same sex peer conversations revolve around, are more likely to see sex in a positive perspective and to engage in it with a sense of pride rather than guilt at an early age. Boys are seen as being entitled to sexual activity earlier than girls in their lives and as viewing monogamy as being the same as abstinence. These attitudes are often created by the peers and the social environment that the male adolescents are in. It has also been reported that the more girls associate with same sex friends, the less likely they are willing to associate with friends of the opposite gender and therefore engage in sexual behaviours (Sprecher, Harris and Meyers, 2008). This might be true because they have a lower range of potential sex partners to choose from. This is not true for boys however, since the association with same sex peers for them, has an impact on their willingness to engage in sexual activity (Eaton, Flisher and Aaro, 2003). It may also even encourage sexual behavior in boys (Sprecher, Harris and Meyers, 2008).

Previous research has shown that boys and girls should be researched separately as they are clearly different with respect to the sources of sex education that they sought to. Girls are shown to be more willing to accept information from their parents and teachers while boys rely more on their peers and the media (Bhana et al., 2005).

### **2.1.4.3. Parents**

Educators, followed by mothers, are the most likely person with whom learners will communicate about sex, sexual abuse and HIV/AIDS. Mothers followed by educators were also cited as the most important educational source in terms of sex, sexual abuse and HIV/AIDS. Mothers and then educators were also cited as having the most impact on their adolescent children's attitudes and behaviours in relation to HIV/AIDS (Bhana et al, 2005). Mothers were significantly more likely to provide sex-related information to female than male children. However, the role played by fathers in providing sex-related information still remains relatively minimal. (Bhana et al, 2005)

## **2.2. Theoretical Framework**

Adolescent development, with a specific focus on an individual's sexual development can be understood as being influenced by multiple levels of the environment. Bronfenbrenner's Ecological Systems Theory (as cited in Shaffer, 2002) classifies the multiple environmental factors which affect the learner's development and particularly their sexual development according to different systems:

**Microsystem:** This is the setting in which the individual lives and where direct interaction with social agents takes place. The individual is seen as an active recipient of experiences and therefore is responsible for constructing their settings. This includes family, peers, school and neighbourhood.

**Mesosystem:** Relations between Microsystems, for example, relation of family experience of sex education to school sex education. If the child was taught at home that to talk about sex was taboo, then the chances are greater that they will be embarrassed to ask questions regarding sex at school.

**Exosystem:** This is where the experiences that are outside of the individual's active role affect their experiences in an immediate context. For example a student may have a parent that is active at church and is influenced by the moralistic views on sex and abstinence before marriage as a means of being moralistic. The parent would then influence the child's way of thinking

about sex in a way that sex before marriage is bad and should not occur. The child would therefore experience embarrassment about discussing sex on any occasion with anyone as they feel that it is taboo to discuss this before marriage.

Macrosystem: This refers to the ideological and cultural environment in which all other systems are embedded.

Chronosystem: This refers to the pattern of the life-course when looking at a certain aspect of an individual's life. For example, many students experience an increase in their confidence in their sexuality and sexual identity as they get older. From the age of 15 years onward they have a more stable sexual identity and feel more comfortable to talk about sex as opposed to being less comfortable to talk about sex when they were 13 and 14 years old. It also refers to historical context or major social events or shifts across extended periods of time (Shaffer, 2002).

It is the mesosystem that is of particular value to the research as learners' identities; specifically their sexual identities are influenced by their thinking, belief systems and the interaction between systems. The messages they are receiving from the various sources may or may not be congruent, for example, if the learner is receiving a warning on teenage pregnancy at home and also at school then it is more likely that sex will have a negative connotation as a part of the learner's sexual identity. Thus the individual is taught about what is acceptable behavior in terms of their sexuality.

According to Bronfenbrenner, the different systems are embedded i.e. the microsystem is embedded in the mesosystem which is embedded in the exosystem etc... Thus, the content of the LO Curriculum is decided in light of a set of policies that direct education at a secondary school level. The questions can be raised, "Is the LO Curriculum doing what it is supposed to do?", "how is it being evaluated by the learners for whom it is intended?" and "Is there efficacy in bringing about behaviour change?"

The research interest in gender differences regarding sources of sex information is explained by the Gender Socialization Theory as cited by Van Wagner, (2002), which suggests that males and females cannot only attribute their differences to anatomical or biological differences but rather that they are socialized on different pathways of development. An

individual is psychologically moulded by the differential treatment they receive from the moment their gender is assigned. Society has levels of social approval and withdrawal of approval if the gender constructed norm is not obeyed. Society has direct and indirect methods whereby gender appropriate behaviour is reinforced and gender inappropriate behavior is punished. Adolescents are receiving messages about sex and sexuality from a multitude of different sources including both proximal and distal influences. Learners would like their mother, father or teachers approval and therefore would engage in the gender appropriate behavior. An accumulation of the messages that are given out and received by the individual culminates in their sexual identity being developed i.e. gender role socialization has taken place. In this study, the individuals are at a mature adolescent age where they are already entrenched in gender roles and it is therefore necessary to investigate whether males and females think and behave differently about the same things, which in this study, is sex.

Identity versus Role Confusion is the main psychological task that the adolescent focused on at stage five of Erikson's theory as cited by Franz and White, (2006), where the adolescent is aged twelve to eighteen years. The adolescent is in the process of exploring their independence and developing a sense of self as the individual at this age needs to develop a sense of self and personal identity. The adolescent who receives proper encouragement and reinforcement through personal exploration will emerge from this stage with a feeling of independence, control and a strong sense of self in terms of sexuality and sexual identity. While the adolescent who remains unsure of his or her beliefs and desires will be insecure and confused about their sexuality and sexual identity.

Identity versus role confusion occurs during adolescence, when the adolescent is exploring different possibilities for career, interests, friends and particularly of relevance to this study, sexual identity. The adolescent at this stage, would be engaging in different behaviors and values from that which he or she has learnt from their parents or guardians. Adolescents may not rely on the prescribed sources of the LO Curriculum or their parents as they rely on sources such as the media and peers since at this stage, according to Erikson's Psychosocial Developmental Theory, they would have the desire to experiment in sexual activity in ways that are different from what has been their prior belief system based on that of their parents. This may have the

effect of encouraging the adolescent to engage in an early debut of sexual activity and to form a more positive sex identity i.e. to have sex at their age is “cool.” However, the media and peers often do not cover the risks associated with this attitude and behavior. Therefore the prescribed source of sex education which should be responsible for the conveying of sex information that is of relevance and importance to adolescents needs to be improved since it has so far not been able to address the problems associated with the early sexual debut. The Life Orientation Curriculum is the main source of sex education that should be promoted in South Africa as this is the monitored source of sex education and one can control the content and amount of sex information that is imperative in impacting the youth of today.

It would seem likely that boys and girls deal with the main task as given above differently, as explained by the Gender Socialization Theory. The implication for the sex education component of the LO Curriculum is such that if there is evidence that boys and girls do differ with regard to the ways in which they learn and would like to learn about sex, therefore the sex education component of the LO Curriculum should be geared differently toward the genders.

The Audience Segmentation Theory points to the necessity to sculpt the messages about the same topic (sex) in a different manner for different audiences (male and female learners). A South African study by Bhana et al., (2005), on male and female learners indicated that female participants preferred their mothers as sex educators. More specifically, significantly more female than male adolescents reported that their parents exerted stringent and restricting control. Concerning overall sexual activity, boys were found to be significantly more sexually active than girls (Bhana et al., 2005). Since prior studies have indicated gender differences in the reliance on actual sources and preferences for sources the audience should not be viewed as being homogenous but segmentable and specifically for this research, segmentable on gender.

### **2.3. Conclusion**

The study of sources of sex education for adolescents in South Africa is a necessary one, as the rate of HIV and STI's, as well as teenage pregnancy, is increasing in this age group, despite the dispensing of information on this aspect. It is therefore of great importance to study

the reasons for these circumstances by researching the prescribed, preferred and actual sources of sex education that young people are receiving; prescribed sources as the LO Curriculum in South African, preferred sources being the education that is being given intentionally by the government and society; possibly through schools, parents and medical institutions, religious organizations and sexual health promotion campaigns; while actual sources are the more informal and usually unintentionally conveyed forms of sex education such as the various media forms and peers. It is necessary to study how these types of sources are prioritized by the adolescents themselves; in terms of the relevance and applicability of the type of sex information they receive and how these different sources impact on their lives. It has been shown by prior research on this topic, that adolescents from all over the world have a preference for the actual sources of sex information which are usually influential in increasing sexual awareness and sexual behavior. Another observation that has been made from previous research is that the sources differ with regard to their content, for example, parents and religious leaders were responsible for providing information about sexuality in a moralistic way and thus, may have had an impact of delaying sexual debut; while schools and programs outside of schools provided information on the biological, pregnancy and disease prevention and contraceptive side of sex information. Peers and the media increased sexual activity and the willingness to participate in it at an early age because of attitudes regarding sex as being purely pleasurable. It has also been noted that there exists a distinct difference between males and females regarding the sex education sources that impact their lives the most in terms of their sexuality, sexual attitudes and beliefs. It has been found that girls have been more likely to obtain information on sex from their parents, particularly their mothers as opposed to boys who are left to their own devices i.e. discuss sex with their friends of the same sex and read popular magazines and use the internet. Unlike the popular belief that presupposes that girls would be taught by their mothers and boys by their fathers it has been seen that mothers have the upper hand in teaching both boys and girls about sex. This study will therefore explore gender differences in the prescribed, preferred and actual sources of sex education amongst school going adolescents.

## **Chapter 3**

### **Methodology**

#### **3.1. Introduction**

The study was quantitative with a few qualitative questions. It was a descriptive study that focused on obtaining frequency counts through the administration of a questionnaire consisting of the Sex Education Inventory and a Mode of Education open ended question. The sample was a non-purposive random sample of 179 male and female learners from two single gender schools on the Bluff in Durban.

#### **3.2. Study Setting**

The research setting was two single gender schools in the greater Durban area. The schools are formally model C English schools and were mostly for the lower to middle socio-economic class to attend. The girls' school was formally the main school for boys and girls however, in the early 1950's the boys' school was built as a result of an overflow of students.

#### **3.3. Research Design**

A predominantly quantitative descriptive study has been used for this study as it will enable the understanding of the prescribed, actual and preferred sources of sex education and gender differences regarding the reliance on the different sources. The study design was a cross-sectional survey in which boys and girls responses to the questions were compared. The variables are gender (the Dependent variable) on two levels: male and female, and reliance on or preference for sources of sex education (the Independent variable) on three levels: Prescribed, Preferred and Actual Sources. Prescribed sources are defined as those that adolescents are supposed to receive sex education from. Preferred sources are those that adolescents would like to gain their sex education from and Actual Sources are those that adolescents are currently gaining their sex education from (Bennett and Dickinson,1980).

The self- administered method of data collection was chosen on account of it having a distancing effect on the learner's sense of self and therefore they would be more likely to engage



in disclosing their attitudes and values rather than feeling pressured into providing the socially desirable responses.

### **3.4. Participants**

#### **3.4.1. Sampling Technique and Access**

Stratified convenience sampling has been used from two public secondary schools. It was possible to gain access to two schools on the Bluff, a single sex school for girls and one for boys as the researcher had previously attended the school for girls as well as conducted research at the school last year. The school for boys is the brother school and has therefore granted access on this basis. The sample is limited to two schools in a specific geographic area in Durban and therefore represents a small group of adolescent learners from a specific cultural, socio-economic and similar age group.

It was decided that 15-17 year olds were the best age group of learners to use for the study. Pregnancy among 15-18 year olds account for 93% of all teen pregnancy. Clearly then, studies need to be conducted among this age group. (Harrison, 1999) The ages of the respondents range from 15-18 years. Although at the outset of the study it was intended for the entire grade of grade eleven students to be the sample, it was found that the boys' school could only complete 38 questionnaires as many of the students were absent from school because of the examinations as well as there were only 50 students in grade 11. The girls, who were all in grade 11, completed a total of 89 questionnaires. To increase the participation of boys in the study, it was then decided to recruit grade ten students of the same boys' school to complete an additional 52 questionnaires, giving the sample a more equal distribution of boys and girls with a total of 89 girls and 90 boys in the sample. Grade 10 and 11 students who are approximately 16 years of age have been chosen for the study since these learners would be going through the transitory stage between stage 5 and 6 of Erikson's theory where Identity development at stage 5 is inherent to resolve the conflict of identity development and role confusion in order to progress to the next stage (Franz & White, 2006). Since their ages are between the late stage in their adolescence and young adulthood they are according to Erikson developing their sexual identities and considering alternative perspectives and attitudes toward sexual activity which is

relevant for the study because adolescents' reliance on the various sources needs to be established. For the purposes of the study race was defined as "White", "Black" and "Indian" with "Coloured" and "Other" being in the minority. "Coloured" and "Other" race groups were included as part of the "Indian" race group as they were of similar socio-economic status.

A total of 150 (75 each) male and female learners were the target sample size however the study's sample was 179 learners (89 female and 90 male learners). There were a total of 179 students who participated and all the questionnaires were usable. It was also of benefit to inform the principals of both schools of the advantages of the study in accordance with the possibility of improvements to the LO Curriculum in their own school and other schools.

### **3.5. Research Instruments**

A standardized measure, the Sex Education Inventory (SEI) (Bennett and Dickinson, 1980) was used to measure the preferred and actual sources of sex education. In addition to this a bio-demographic questionnaire was used which consisted of ages, grades, race, religion and gender of the learners. This served to gain information about the differences amongst different cultures and religious beliefs regarding sex education and participation in sexual activity especially since Bronfenbrenner's System's Theory has been used. The SEI is an assessment of adolescents' preferred and actual sources of sex education, satisfaction with the received sex education, aspects of family environment that retard or promote sexual learning as well as heterosexual activities in the past two years (Bennett & Dickinson, 1980) and has been developed in response to the need for research on sources of sex education that adolescents find relevant to them and are relying on as well as how relevant and useful the parental, scholarly, medical/counseling and religious sources are to them. Measures were developed, normalized and standardized on a large sample (n=1200) of Californian University students.

#### **3.5.1. The Sex Education Inventory**

The Sex Education Inventory (SEI): Preferred and Actual Sources Survey measures four main areas; namely the preferred and actual sources of sex education, satisfaction with actual sex education, aspects of family environment for sexual learning and heterosexual activities in the past two years (Bennett & Dickinson, 1998).

### **3.5.1.1. Response mode and timing**

Sources of sex education are given via five questions which are coded as nominal data. More detailed information on sex-related topics with parents and school are assessed in a 16 item checklist. A 5 point Likert-type scale is used to show the manner in which the learners communicate with their parents on sexual subjects. Higher scores indicate positive rapport, open discussion and affectionate family relationships (Bennett & Dickinson, 1998). Satisfaction with the mode of sex education and current knowledge is another factor that is assessed using a 5 point Likert-type scale. Heterosexual involvement is measured using a 4 point scale measuring 4 items. This questionnaire can be completed in approximately 25 minutes. See Appendix D for complete questionnaire.

### **3.5.1.2. Reliability of instruments**

The following is based on the study by Bennett and Dickinson, (1998), on which this study's scale is based:

Test-retest reliability of individual items and index scores has been assessed in four samples of students from Pennsylvania State University and the University of Steubenville (Bennett and Dickinson, 1998). A median coefficient of stability of 0.87 ( $r = 0.58-0.95$ ,  $N=55$ , interval = 2 weeks) was reported for ordinal scales including the five discussion scores (Item 11) and the four rapport items (Items 12-18 and 26-32). Coefficients for the rapport items are higher ( $r = 0.90-0.95$ ) for the original true/false/can't say response than for the 5-point Likert type SEI response format ( $r = 0.76-0.73$ ,  $N = 55$ , interval = 4weeks).

Median Coefficients of stability for the single-item measures of rapport, discussion, affection and permissiveness in the SEI (Items 12-18, 23, 25 and 26-32) are 0.73 ( $r = 0.79-0.89$ ,  $N = 27$ ) and 0.78 ( $r = 0.60-0.86$ ,  $N = 55$ ) for 1 week and 4 week intervals, respectively.

Additional coefficients of stability for specific SEI scales administered with a 4 week interval ( $N=55$ ) are 0.80 and 0.89 for items 1-10 (aspects of sex education for which parents were the preferred or actual scores), 0.85 for Items 40 and 43 (factors discouraging discussion of sexuality), and 0.62 and 0.64 for the Parental Caution and Family Affection scales derived from items 48-53, 22-24 and 36 respectively. Coefficients for other scales administered with a one

and a half week interval ( $n = 72$ ) are 0.75 for Items 29 and 42 (age when a parent was last asked a question about sex) and 0.85-0.91 for items 54-57 (sexual activity scales). Coefficient for scales administered with a 1 week interval ( $N = 27$ ) are 0.88 and 0.90 for items 45 and 46 (satisfaction with sex education), respectively.

The Guttman-scaled score for items 54-57 has a coefficient of reproducibility of 0.99.

Test-retest reliability, indicated by the median percentage of agreement for the nominal scales for Items 1-10 (preferred and actual sources of sex education) and Items 37, 38, 41 and 44 (parents' roles in sex education and discussion), is 74% (range 56%-89%,  $N = 27$ , interval = 1 week).

### **3.5.1.3. Validity**

Construct validity has been determined by intercorrelations among SEI scores and by correlations between SEI scores and measures of sexual knowledge, attitudes to sex and patterns of parental responsibility. The number of sex-related topics discussed with each parent ( $r = 0.15-0.40$ ) for four student-parent combinations correlates with the Allgeier Sexual Knowledge Scale ( $r = 0.44$ ) and with attitudes measured by Eysenck's inventory of Attitudes to Sex ( $r = 0.23-0.30$  for males and  $r = 0.45-0.38$ ). Indexes of rapport with parents correlate with the sex-related topics discussed with parents ( $r = 0.24-0.36$ ), family affection ( $r = 0.18-0.41$ ), factors discussed with parents ( $r = 0.18-0.41$ ) and attitudes to Sex Inventory for males and females with the Sexual Knowledge Scale ( $r = 0.50$ ) as well as with recent activity for females. Index and individual-item scores for rapport, discussion with parents, family affection and permissiveness also vary significantly and meaningfully as a function of father's involvement in family work and discipline. Recent sexual activity correlates with traditionally masculine and feminine sex-role orientation ( $r = 0.30-0.34$ ) and the Attitudes to Sex ( $r = 0.35-0.56$ ) inventory for males and females and with sharing parent's attitudes ( $r = 0.28-0.40$ ) for females (Bennett and Dickinson, 1998)

### **3.5.1.4. Adaptation of the Research Instrument for the South African Context**

The survey only had one minor alteration done in order to accommodate the South African culture of the learners as well as to make it more relevant and understandable to students

of this era i.e. the word “venereal disease” was changed to “STI’s”. Also items on “Mode of Education” were added at the end to assess whether learners preferred a single gender class or mixed gender class or if they were undecided with regard to class gender comparisons when being taught about sex and matters pertaining to sex.

### **3.6. Data Collection and Procedures**

Two schools on the Bluff were approached via the principals of both schools to allow for access to grade eleven learners. Letters of request to carry out research among learners in the schools were given to each principal (see Appendix A). The principals were both apprehensive about carrying research on the topic of adolescent sexuality at their schools which was understandable as it is a sensitive area of social science research. Access was granted for the sample of 89 female and 90 male students. Once the required permission was obtained from the principals, liaison with the Life Orientation teachers from both schools was established. Firstly the parent and student consent forms were given and recollected (See Appendix B and C). The consent form indicated the aims of the study and that confidentiality and voluntary participation were involved. At each school the researcher explained the questionnaire to the Life Orientation teacher and then administered it to the four classes of grade elevens (in the case of the boys’ school grade tens and elevens) in the school with the assistance of the four Life Orientation teachers. The school has a system whereby the Life Orientation classes for the grade elevens are held simultaneously in four different classrooms. The questionnaire was filled out in the forty five minute lesson that was their Life Orientation period. Confidentiality was ensured through each student sitting at his or her own desk and the use of a sheet of paper to cover the page as they responded. For both schools a school counselor was available during and after the completion of the questionnaire.

Certain information however, cannot be gained through this survey such as information on sexual orientation and whether learners lived were single parented, lived with guardians or with both parents.

### **3.6.1. Ethical Considerations**

Letters of permission were given to both principals of the schools and only once permission had been obtained did the parents of the learners and the learners themselves receive letters of consent informing them of the study, how to participate and the ethical procedures involved. Once the completed and signed letters of consent were received by the researcher dates were booked at the schools to conduct the study. Before the surveys were handed out, participants were read the instructions as per Appendix C and thereafter received the questionnaire. A counsellor was available at both schools and for both grades during the completion of the survey.

#### **3.6.1.1. Ethical Procedures**

The aim of the study was discussed with principals telephonically and thereafter letters to the principal were sent to the principals of both schools to inform them of the nature of the research and to obtain permission (See appendix A). Letters of consent with the purpose of informing the learners' parents of the research and obtaining the learners and their parents permission had been sent to the parents and the learners before the survey was administered. (See appendix B). These letters contained the aim of the study and the provisions that learners are by no means forced to take part in the study as well as if they do they would remain anonymous and that they may withdraw from the study at any time. They were also informed via the letters that the learner can withdraw from the study at any time as well as that their answers would remain confidential.

The aim of the study as well as ethical issues of confidentiality, anonymity, the learner not being under any obligation to participate in the study or to complete the entire survey were all given in the instructions that were given to the learners before the questionnaire completion commenced (See appendix C).

Both of the schools had Life Orientation teachers and a school counselor that were available during and after the questionnaire completion. The venue where the study took place was in the grade eleven or grade ten learner's classrooms. There were four classes of grade eleven girls, three classes of grade ten boys and one class of grade eleven boys and each class

was in a classroom. The time that the learners responded to the study was during school hours and this occurred on different days for grade ten boys, grade eleven boys and grade eleven girls. The people who will have access to data are the researcher and the researcher's supervisor. The intention is to destroy that data after five years of storage at the University of KwaZulu-Natal after the researcher graduates. This is in keeping with University policy regarding the storage of data.

### **3.6.2. Data Analysis**

#### **3.6.2.1. Introduction**

Data was coded then entered and saved in Microsoft Excel and thereafter exported to Statistical Package for the Social Sciences (SPSS) version 15 for analysis. The study is descriptive in nature and therefore the frequencies of the learners' answers to the different questions that occurred within the categories as set out by the survey has been examined. It is important to note that the categories have not been defined on the actual questionnaire as preferred, prescribed or actual sources of sex education per se, but have been outlined as belonging to a category on a mutually exclusive basis as given by the survey authors. For the purposes of the study Coloured and Other racial groups were included as part of the Indian racial group as the number of Coloured and Other racial groups were insignificant and they were most likened to the Indian racial group in terms of socioeconomic status. The analysis also involves cross tabulations to acquire information on the gender differences and Chi squares to analyze whether these differences are significant. T-Tests, one way ANOVA and Regression analysis were also used where applicable. The level of significance used for all quantitative analysis was  $p < 0,5$  however where analysis was significant on a greater level, the higher level of significance was used. As qualitative items were also included analysis also involved thematic content analysis.

#### **3.6.2.2. The Preferred and Actual Sources of Sex Education**

Preferred and actual sources of sex education were given by Questions 1-10 and were coded as nominal data. Each topic was entered into SPSS separately. Cross-tabulations were

generated from the questions in order to describe what the preferred and actual sources from the students' perspectives were in terms of gender differences for each item.

Question 11 provided more information on sex related topics discussed with each parent and was also encoded separately as nominal data. The frequencies for topics discussed range from 0 to 16 topics. Cross-tabulations were carried out to obtain an indication of where the gender difference with regard to reliance on any of the three sources lies.

#### **3.6.2.2.1 Preference for Single or Mixed Gender Classes for Sexuality Education**

An added question at the end of the survey that was set to add more detail to the data called the Mode of Education, gave students the opportunity to answer an open ended question that gave more information on whether the respondent would be more comfortable to attend sex education classes in a single or mixed gender class or not minding either way by asking the question of why they chose the option they did. The quantitative part of this question was analyzed by obtaining frequency counts to obtain the percentages of girls and boys that preferred either single or mixed gender classes or were undecided about this topic and thereafter a Chi squared analysis was conducted on the variables: preference for single or mixed gender classes by gender. The question's qualitative answers were analyzed by first coding the various categories and thereafter entering the answers to the questions onto Microsoft Excel. Thereafter a thematic analysis was conducted, where the common themes were looked for and compared between girls and boys to engage in the process of observing gender differences amongst them. The purpose of the themes would then give voice to the reasons for the students' preferences for their choice of single /mixed/ ambivalent sex education classes they made. Thematic content analysis was seen as the most appropriate method for analysis of the data as most of the responses were very similar however could be grouped into themes as some of the responses were more similar than others. Themes were decided upon by the criteria of certain types of statements as fitting in a theme. Responses were already classified by the quantitative question that preceded the qualitative one that asked learners to provide a reason for their response in the quantitative one.



### **3.6.2.3. Rapport with Parents and Openness to Discuss Sexual Issues**

#### **3.6.2.3.1. Rapport with Parents**

Question 12-22 and 26-36 comprised of statements for communication between the learners and each of their parents on topics of a sex and sexuality. Each statement was measured on a five point Likert scale with the responses: '1' for completely false; '2' for 'mostly false; '3' for 'partly true, partly false'; '4' for 'mostly true' and '5' for 'completely true'. Four statements from each section for mother's and father's rapport were reverse-scored and included Questions 13, 15, 17, 20, 21, 27, 29, 31, 34 and 35 on the basis that they were phrased to elicit negative responses whereas the other questions were phrased to elicit positive ones.

These statements applied to respondents who had rapport with their mother and or father. Three statements were used to measure parents' expression of affection (Question 23-25) and were measured by the same 5 point Likert scale that questions 12-22 and 26-36 were measured by. Scores ranged from 1 to 5, with higher scores indicating more positive rapport and parental affection. Questions 12-22 formed a category for "Father Relationship", 23 -25 for "Parental Relationship" and 26-36 for "Mother Relationship". In order to reduce the number of items a composite measure was developed by first conducting correlations out on each of them and all items that reduced the inter-item reliability co-efficient were deleted; while a reliability analysis was conducted to compute the Chronbach Alphas for these items. The measure was then constructed after satisfactory inter-item reliability co-efficient was obtained and then items were summed. The descriptive statistics for each item was obtained. These are indicated on Tables 1-3 below. Items that were not included as part of the scales were analyzed individually. Correlations between items of the Father Relationship scale were significant at the 0.01 and at the 0.05 level with a Chronbach's alpha of 0.696. Correlations for the items in the Mother Relationship scale were significant at the 0.01 level (2-tailed) with an Inter-item correlation mean of 0.68 (Chronbach Alpha 0.605). Correlations for the Parental Openness and Closeness were significant at the 0.01 level (2-tailed) and all the items were strongly correlated and could be totaled to form a scale. There was a high inter-item covariance mean (0,73) and a satisfactory Chronbach Alpha (0,7). The descriptives for the Father Relationship scale, the Mother Relationship scale and the Parental Openness and Closeness scale are below:

Table 1

## Father Relationship Scale

No of Items	N	Min/Max	Mean	Standard Deviation
7	165	13.00/48.00	32.77	6.32

Table 2

## Mother Relationship Scale

No of Items	N	Min/Max	Mean	Standard Deviation
7	175	4.00/20.00	14.98	3.66

Table 3

## Parental Physical Openness and Closeness

No of Items	N	Min/Max	Mean	Standard Deviation
7	174	0.00/15.00	8.25	3.32

A Chronbach Alpha cutoff point of 0,65 was used. If the total number of items that were included as part of the scale was less than ten then the inter item-correlation mean was used. T-tests were conducted with gender as well as a one way ANOVA with the three race groups, White, Indian and Black with a Post Hoc test indicating where the difference lies. Means, Minimum and Maximum values as well as Standard Deviations for Relationship with Father scale and Relationship with Mother scale were calculated. On items that did not form part of the scales of Relationship with Father, Mother and Parental Openness and Closeness, T-Tests were carried out to observe gender difference and ANOVA was carried out to observe racial differences.

#### **3.6.2.3.2. Discussions with Parents about Sex-Related Topics**

Cross-tabulations were obtained for Question 37 “which parent have you discussed sex-related topics with most often?” by gender and race. Questions 38, which indicated rapport with father and 41 which indicated rapport with mother, were also analyzed via cross-tabulations with gender and race. Question 39 which indicated father rapport and 42 which indicated mother rapport were analyzed via cross-tabulations with gender. Cross-tabulations with gender were obtained for Question 44 “which parent should take a more active role in the sex education of their children?”. The above items were coded nominal data that described answers relating to reasons for not talking with either parent, starting conversations on sex-related issues, which parent they discuss sex-related topics with most often and which parent should take a more active role in sex education. Cross-tabulations were used to analyze Questions 40 and 43 which indicated the various factors that discouraged learners from talking to their father and mother respectively on the topics of sex.

Instruction about situations in which boys and girls should not be together (question 48), Warning about sex play (question 49), Warning about inappropriate gender related behaviours (question 50 for boys and question 52 for girls), Warning about impregnating a girl or falling pregnant (question 51 for boys and question for girls 53), collectively dealt with cautions that adolescents were given by their parents on gender role stereotypes. Questions 48 - 53 were coded as nominal measures with ‘1’ meaning ‘true’; ‘2’ meaning ‘false’ and ‘3’ meaning ‘can’t say’ and described the warnings that parents had given their sons or daughters. Chi squares including gender and race were used to analyze these responses.

#### **3.6.2.4. Satisfaction with Sex Education and Knowledge**

Questions 45 and 46 described satisfaction with sex-related knowledge and how the learners found out about sex and was measured on a 7 point Likert-Type scale. This was entered into SPSS for analysis and coded as scale data. The responses to how they would handle their own children’s sex education were entered into SPSS as scale data for analysis. Frequencies and percentages were used to analyse these responses. Analysis was also done via T-tests for gender and one way ANOVA for race as separate items for Questions 45 and 46 in order to

observe the difference in mean scores on the level of satisfaction with the ways in which sexual knowledge was gained and with regards to the perceived level of knowledge about sexual matters.

Chi square and Cross-tabulation with gender and race were obtained for question 47 on the future sex education of their own children. A short open question was provided to ascertain the learners' reasons for the response alternative they had chosen. This question gave voice to whether the learners were satisfied with their parents as educators and was analyzed by thematic analysis where the common themes indicated the gender differences in terms of having their parents as a preferred or actual source of sex education.

### 3.6.2.5. Sexual Behaviour

Questions 54-57 provided information on the frequency and occurrence of French kissing, light petting, heavy petting and sexual intercourse and were measured using a 4 point Likert-Type scale. The responses were: '1' for 'never'; '2' for 'rarely'; '3' for 'sometimes' and '4' for 'frequently'. The responses were then entered into SPSS as scale measures for analysis. Standard Multiple Regression analysis was carried out with various other items in the survey to gain an understanding of the best predictors for sexual activity.

Correlations indicated that the sexual behaviour segmented by gender were significantly correlated as seen by the table below:

Table 4

#### *Correlations*

Activities in the past two years		Light petting	Heavy petting	Deep kissing	Intercourse
Light petting	Pearson Correlation	1	.768(**)	.744(**)	.647(**)
Heavy petting	Pearson Correlation	.768(**)	1	.642(**)	.797(**)
Deep kissing	Pearson Correlation	.744(**)	.642(**)	1	.538(**)
Sexual intercourse	Pearson Correlation	.647(**)	.797(**)	.538(**)	1

**\*\* Correlation is significant at the 0.01 level (2-tailed).**

Table 5

*Descriptives for the Sexual Activities Scale*

Mean	Min/ Max	Variance	Std. Deviation	N of Items
9.71	14/16	19.279	4.391	4

The Sexual Activities items are all included as part of a Sexual Activities scales since all the items are highly correlated and the inter-item correlations co-efficient is 0,898.

A regression analysis was carried out on the Sexual Activity scale (Dependant variable) with Gender, Race White with Indian/Coloured and Black as Other, Race Black with White and Indian/Coloured as Other, Race Indian/Coloured with Black and White as Other and When I talk about sex with my Father I tell him only the Things he can Accept as the Independent variables. These items were selected on the grounds that they were significant in the correlation that was carried out between the Sexual Activity Scale and various items as well as they explained the model the most. There was no problematic multi-collinearity as Tolerance levels were all higher than 0.10 and all VIF values are lower than 10 as indicated by the Table 6 below:

Table 6

*Co-efficients*

Collinearity Statistics		
Model	T	VIF
Gender	.954	1.048
RaceW/other	.829	1.207
Talking about sex with father	.932	1.073
RaceI/Other	.814	1.228

### **3.7. Conclusion**

The Sex Education Inventory has been valued for its measurement of the preferred and actual sources of sex education, particularly amongst older adolescents. The study is on the sensitive topic of sex education and therefore ethical procedures and precautions were necessary to ensure that the learners' identities are and were protected. The data is only available to the researcher and the researcher's supervisor and after five years of storage at the University of KwaZulu-Natal, will be destroyed in keeping with University policy surrounding the storage and destroying of data. Data was entered as scale, nominal and interval level data and has been subjected to appropriate analysis. The methods to analyze quantitative data were a combination of cross-tabulations, chi-squares, T-tests, ANOVA and a Regression Analysis while the method of qualitative analysis for the qualitative data was thematic content analysis.

## **Chapter 4**

### **Results:**

#### **4.1. Introduction**

This section will consist of the sample demographics, frequencies of the sources of sex education as well as the frequencies of sex education by gender, gender differences regarding various topics: birth control, recognizing or preventing sexually transmitted diseases and HIV and AIDS, moral and ethical issues related to sex as well as interpersonal relations and sexuality. Further results provided are on the topics discussed with father, mother and schools; rapport with parents and discussion of sexuality which includes: father-child relationships, mother-child relationships and parent-child relationships; sex related behavior and mode of education.

#### **4.2. Socio-demographic background of the Adolescent Respondents**

The sample in this study draws from two schools on the Bluff and surrounding areas in Durban. There were 91 learners (52%) in the sample that were 16 years old, 51 learners (28, 5%) are 17 years, 7 learners (3,9%) are 18 years, 24 (13,4%) are 15 years, 2 learners (1,1%) are 19 years and 1 learner was 14 years old. 38 learners (21, 2%) of the sample are white, 82 learners (45,8%) are black, 49 learners (27,4%) are Indian and 8 learners (4,5%) are Coloured. The language spoken as a home language by the more than half of the sample is English with a 99 learners (55,3%) speaking this language as their mother tongue, while 68 learners (38%) speak Zulu, 5 learners (2,8%) speak Xhosa and 3 learners (1,7%) speak Afrikaans. Both schools are predominantly Christian with 146 learners (81,1%) of the sample classifying themselves as Christian. There were 11 learners (6%) that classified themselves as African religious, 9 learners (5%) are Hindus, and 8 learners (4,5%) are Muslim. 75 learners (41,9%) of the sample are from the Bluff, 43 learners (25,3%) are from Umlazi 13 learners (7,3%) are from Wentworth and 10 learners (5,6%) are from Merebank.

Table 7 below indicates that although there was a difference in the grades of male and female learners, on modal average most male and female learners were 16 years of age with 43 boys and 50 girls being this age.

Table  
*Gender by Age*

			14	15	16	17	18	19	Total
boys/girls	boys	Count	0	23	43	17	5	2	90
		% of Total	.0%	12.9%	24.2%	9.6%	2.8%	1.1%	50.6%
	girls	Count	1	1	50	34	2	0	88
		% of Total	.6%	.6%	28.1%	19.1%	1.1%	.0%	49.4%
Total	Count		1	24	93	51	7	2	178
	% of Total		.6%	13.5%	52.2%	28.7%	3.9%	1.1%	100.0%

### 4.3. SEI: Sources of Sex Education

#### 4.3.1. Preferred and Actual Sources of Sex Education

Table 8 below indicates the preferred sources of sex education by gender and Table 9 below indicates the actual sources of sex education by gender:

Table 8  
*Preferred Source of Sex Education by Gender*

Preferred Source			No One	Own Friends	Health information	Teachers	Health Workers	Parents	Professional Sex Educators	Religious Leaders	Total
boys/girls	Boys	Count	5	6	1	31	1	33	11	1	89
		% of	2.8%	3.4%	.6%	17.5%	.6%	18.6%	6.2%	.6%	50.3%
	Girls	Count	1	2	1	9	0	61	13	1	88
		% of	.6%	1.1%	.6%	5.1%	.0%	34.5%	7.3%	.6%	49.7%
Total	Count		6	8	2	40	1	94	24	2	177
	% of		3.4%	4.5%	1.1%	22.6%	.6%	53.1%	13.6%	1.1%	100.0%



Table 9

*Actual Source of Sex Education by Gender*

Actual Source			Female Friends	Male Friends	Father	Mother	Family Friends	Health workers	Media	Own Info	Teachers	Other	Total
boys/girls	boys	Count	12	13	7	7	1	1	13	2	29	4	89
		% of Total	6.8%	7.4%	4.0%	4.0%	.6%	.6%	7.4%	1.1%	16.5%	2.3%	50.6%
	girls	Count	16	1	1	17	4	8	7	7	24	2	87
		% of Total	9.1%	.6%	.6%	9.7%	2.3%	4.6%	4.0%	4.0%	13.6%	1.2%	49.4%
	Total	Count	28	14	8	24	5	9	20	9	53	6	176
		% of Total	15.9%	8.0%	4.5%	13.6%	2.8%	5.1%	11.4%	5.1%	30.1%	3.4%	100.0%

The preferred source of sex education by both girls and boys were parents accounting for 34,5% of the girls and 18,6% of the boys. The second highest rated source for boys were their teachers with a frequency of 17,5%. However, girls indicated a greater preference for professional sex educators than teachers with 7,3% and 5,1% respectively. This was different from the sources that the students were actually receiving their sex education from, with boys and girls regarding teachers as their best source with a frequency of 16,5% for boys and 13,6% for girls. The next best rated source for boys with a frequency of 14,2% were male and female friends with a very similar distribution of the boys indicating a preference for male or female friends with a frequency of 7,4% and 6,8% respectively. For girls the second rated source were their parents accounting for 10,3% of them with mothers accounting for most of the girls actual source of sex information with 9,7%. Friends are the third rated source for girls with a frequency of 9,7% with a definite difference in the actual source being female friends with a frequency of 9,1%. It seems that girls are therefore more comfortable to share information amongst themselves than boys are. Boys seem more willing to communicate and learn from both genders and their peer groups.

Table 10 and 11 below indicate the preferred and actual parental sources of sex education by gender:

Table 10

*The Preferred Parental Source of Sex Education by Gender*

Parental Source			Both Parents	Mother	Father	Father For Boy, Mother For Girls	Total
boys/girls	boys	Count	53	7	5	5	86
		% of	30.6%	4.0%	2.9%	12.2%	49.7%
		Total					
	girls	Count	48	15	0	24	87
		% of	27.7%	8.7%	.0%	13.9%	50.3%
		Total					
Total	Count	101	22	5	41	173	
	% of	58.4%	12.7%	2.9%	23.7%	100.0%	
	Total						

Table 11

*The Actual Parental Source of Sex Education by Gender*

Parental source			Never Discussed With	Both Parents Equally			Total	
			Parent	Father	Mother	Often		Other
boys/girls	boys	Count	38	10	23	7	1	79
		% of Total	23.5%	6.2%	14.2%	4.3%	.6%	48.8%
		girls	Count	25	5	45	6	2
	% of Total		15.4%	3.1%	27.8%	3.7%	1.2%	51.2%
	Total		Count	63	15	68	13	3
		% of Total	38.9%	9.3%	42.0%	8.0%	1.9%	100.0%

When asked which parent should take a more active role, 12,2% boys and 13,9% of girls said that both parents should be equally responsible and that mothers and fathers should bear the responsibility for sex education of their daughters and sons equally. Boys and girls do differ with regard to the actual parental source that they ascribe to. The sources they are actually acquiring

their sex education from are also different to the preferred source of sex education they would like to have. For boys, never discussing sex with their parents was the highest rated with a frequency of 23,5% and for girls the highest rated actual source was their mothers with a frequency of 27,8%.

#### 4.3.1.1. Gender Differences in the Topics Covered on Sex Education

Data was gathered and analyzed according to the general preferred and actual sources of sex education and also based on 4 topics, namely Birth control; Recognizing and preventing venereal diseases / HIV/AIDS; Moral and ethical questions related to sex and Interpersonal relations and sexuality:

##### 4.3.1.1.1. Gender Differences Pertaining to the topic of Birth Control

Table 12 and 13 indicate that for both male and female learners, parents had the highest frequency for the preferred source of birth control with 30 (16,9%) boys while the highest rated source for girls was physicians or nurses with 36 (20,7%) indicating this preference

Table 12

#### *Preferred source of information on Birth Control*

Preferred Source	No one special	On own	Teachers	Health Workers	Parents	Professional sex educators	religious leaders	Other	Total
Gender boys	3 1.7%	0 .0%	19 10.7%	18 10.2%	30 16.9%	13 7.3%	5 2.8%	1 1.1%	89 49.6%
girls	1 0.6%	1 0.6%	14 8%	36 20.7%	22 12.7%	12 6.9%	0 .0%	1 1.1%	87 50.4%
Total	4 2.3%	1 .6%	33 18.8%	54 30.7%	52 29.5%	25 14.2%	5 2.8%	2 1.1%	176 100%

Table 13

*Actual Source of Information on Birth Control*

Actual Source			female	male	family	health	religious						Total	
			None	friends	friends	Parents	friends	workers	leader	media	own	teachers		other
boys/girls	boys	Count	3	8	2	15	1	19	7	8	4	22	0	89
		% of	1.7%	4.6%	1.1%	8.6%	.6%	10.8%	4.0%	4.6%	2.3%	12.6%	.0%	50.9%
	girls	Count	0	8	0	19	3	28	1	1	4	21	1	86
		% of	.0%	4.6%	.0%	10.9%	1.7%	16%	.6%	.6%	2.3%	12.0%	.6%	49.1%
Total	Count		3	16	2	34	4	15	8	9	8	43	1	175
	% of		1.7%	9.1%	1.1%	19.4%	2.3%	8.6%	4.6%	5.1%	4.6%	24.6%	.6%	100.0%

The second highest rated source for girls were parents with a frequency of 22 (12,7%) and for boys, teachers were preferred next with a frequency of 19 (10,7%) followed closely by physician or nurses at 18 (10,2%). When compared to the actual source of information on Birth Control, parents only account for 15 male learners (8,6%). Teachers are a dominant source of information on birth control for both male and female learners with a frequency of 22 learners (12,6%) and 21 learners (12%) respectively. For boys teachers were the main source of information on birth control however girls rated health workers as being their main actual source with a frequency of 28 learners (16%).

#### **4.3.1.1.2. Recognizing or Preventing Sexually Transmitted Diseases and HIV and AIDS**

Table 14 and 15 below indicate the sources of information on recognizing or preventing sexually transmitted diseases and HIV and AIDS. Results indicate that teachers were the preferred source of information on Venereal Diseases or HIV and AIDS for boys, with 37 (21%) learners preferring this source.

Table 14

*Preferred Source of Information on Preventing Sexually Transmitted Diseases and HIV and AIDS*

Preferred Source		No one special	Friends	Own	Teachers	Health workers	Parents	Counselours	Religious leaders	Total
boys/girls	boys	Count	1	2	0	37	14	12	21	89
		% of Total	.6%	1.1%	.0%	21.0%	8.0%	6.8%	11.9%	50.6%
	girls	Count	2	0	3	21	32	9	19	87
		% of Total	1.1%	.0%	1.7%	11.9%	18.2%	5.1%	10.8%	49.4%
Total		Count	3	2	3	58	46	21	40	176
		% of Total	1.7%	1.1%	1.7%	33.0%	26.1%	11.9%	22.7%	100.0%

Table 15

*Actual Source of Information on Preventing Sexually Transmitted Diseases and HIV and AIDS*

		Total no source	female friends	male friends	Father	mother	Health workers	religious leader	media	own reading	teachers	.other	Total
boys/girls	boys	Count	2	1	5	1	6	16	13	11	2	28	89
		%	1.1%	.6%	2.9%	.6%	3.4%	9.4%	7.4%	6.3%	1.1%	16.0%	50.9%
	girls	Count	1	1	0	0	5	33	4	2	6	33	86
		%	.6%	.6%	.0%	.0%	2.9%	18.9%	2.3%	1.1%	3.4%	18.9%	49.1%
Total		Count	3	2	5	1	11	18	17	13	8	61	175
		%	1.7%	1.1%	2.9%	.6%	6.3%	10.3%	9.7%	7.4%	4.6%	34.9%	100.0%

For girls, teachers were regarded as the second preferred source of recognizing and preventing STI'S with a frequency of 21 (11,9%) learners choosing this option while their main source was physicians or nurses with a frequency of 32 (18,2%) of the learners. For boys professional sex educators or counselors were the second preference accounting for 21 (11,9%) learners, followed by parents which who accounted for 12 (6,8%) of the boys. For girls, the third

highest rated preferred source was professional sex educators with 19 (10,8%) of the female learners preferring this source. It would therefore seem that boys prefer to learn from their teachers while girls would like to learn from physician or nurses. It is also notable that both boys and girls prefer to learn from the prescribed sources. The frequency of learners' actual source of information from teachers is much greater than their preferred source on this topic. Both boys and girls rated their main actual source of STI prevention information as being teachers accounting for 28 (16%) boys and 33 (18,9%) girls. Health workers were indicated by girls as an equally important source of this information as teachers with 33 learners (18,9%) indicating this. This was followed by 13 (7,4%) boys indicating ministers, priests or religious leaders to be the actual source.

#### 4.3.1.1.3 Moral and Ethical Issues Related to Sex

Table 16 and 17 below indicate the preferred and actual sources of information on moral and ethical issues related to sex.

Table 16

##### *Preferred Source of Information on Moral and Ethical Issues Related to Sex*

		No one special	Friends	Own	Teachers	Health workers	Parents	Counselours	Religious leaders	Total	
boys/girls	boys	Count	0	8	1	22	1	34	18	5	89
		% of Total	.0%	4.5%	.6%	12.5%	.6%	19.3%	10.2%	2.8%	50.6%
	girls	Count	1	0	1	9	2	43	23	8	87
		% of Total	.6%	.0%	.6%	5.1%	1.1%	24.4%	13.1%	4.5%	49.4%
	Total	Count	1	8	2	31	3	77	41	13	176
		% of Total	.6%	4.5%	1.1%	17.6%	1.7%	43.8%	23.3%	7.4%	100.0%

Table 17

*Actual Source of Information on Moral and Ethical Issues Related to Sex*

		Female friends	Male friends	Father	Mother	Physician or nurses	Health workers	religious leader	Media	Teachers	Total
Gender	Boys	3 1.8%	10 5.7%	7 4%	9 5.1%	6 3.4%	5 2.8%	12 6.8%	11 6.3%	18 10.1%	89 45.9%
	Girls	7 4%	0 .0%	2 1.2%	24 14%	4 2.4%	10 5.8%	12 7.0%	7 4%	10 5.9%	76 54.1
Total		10 5.8%	10 5.7%	9 5.2%	33 19.1%	10 5.8%	15 8.6%	24 13.8%	18 10.3%	28 16.0%	165 100%

Parents were the main preferred sources of information on Moral and Ethical Issues being preferred by 34 (19,3%) boys and 43 (24,4%) girls. For boys teachers are the second preferred source with 22 (12,5%) of the boys indicating a preference of this source while girls second choice was professional sex educators or counselors with a total of 23 (13.1%) female learners indicating a preference for them. Boys and girls indicated a lot more spread across Actual sources than that of the preferred sources, however most of the boys (18/10,1%) indicated their actual source to be teachers while girls indicated their main source to be their mother with 24 (14%) of girls indicating this to be their main actual source of information on moral and ethical questions relating to sex. Although parents were the preferred source for boys, the sources they were actually gaining moral and ethical information from were their teachers. Girls however showed less difference in preferred and actual sources on this topic as both preferred and actual sources regarded as the main source were their parents.

#### 4.3.1.1.4 Interpersonal Relations and Sexuality

Table 18 and 19 below indicate the preferred and actual sources of information on Interpersonal Relations and Sexuality.

Table 18

*Preferred Source of Information on Interpersonal Relations and Sexuality*

Preferred Source		Total no one special	Friends	Own	teachers	Health		Health		Religious		Total
						workers	Parents	workers	leaders	Other		
boys/girls	boys	Count	3	12	5	13	4	29	6	9	8	89
		% of Total	1.7%	6.9%	2.9%	7.4%	2.3%	16.6%	3.4%	5.1%	4.6%	50.9%
	girls	Count	4	6	8	8	1	39	17	2	1	86
		% of Total	2.3%	3.4%	4.6%	4.6%	.6%	22.3%	9.7%	1.1%	.6%	49.1%
Total		Count	7	18	13	21	5	68	23	11	9	175
		% of Total	4.0%	10.3%	7.4%	12.0%	2.9%	38.9%	13.1%	6.3%	5.2%	100.0%

Table 19

*Actual Source of Information on Interpersonal Relations and Sexuality*

	Female friends	Male friends	Father	Mother	Family friends	Physician or nurses	Religious leader	Media	Teachers	Total
boys	12	9	3	11	6	6	7	9	17	80
	8%	6%	1.8%	7%	3.5%	3.5%	5.0%	5.5%	10.5%	54.3%
girls	17	0	1	18	5	4	1	5	15	66
	10.5%	.0%	1%	11.5%	3.4%	2.6%	0.5%	2.7%	9.3%	45.7%
	29	9	4	29	11	10	8	14	32	146
	16.5%	5.1%	2.3%	16.5%	6.3%	5.7%	4.5%	8.0%	18.2%	100%

Parents were the preferred source of education on Interpersonal Relations and Sexuality. A total of 29 (16,6%) male learners and 39 (22,3%) of female learners preferred to learn from their parents, followed by teachers and friends for boys with 13 (7.4%) and 12 (6.9%) learners respectively and for girls, professional sex educators with 17 (9.8%) of the girls preferring this source. In reality, the actual sources were very spread across for boys with teachers being the



main source of information on this topic for boys , accounting for 17 learners (or 10.5%) while for girls this was spread across their mothers, female friends and teachers with a frequency of 18 (11.5%), 17 (10,5%) and 15 (9,3%) of female learners respectively. Parents fell short for boys, with only 14 (2,5%) learners using their parents as actual source of information. For girls, although there was a congruence in using their mothers as the actual source as well as preferring them to any other source there was also a difference of 39 learners who preferred them as the main source and only 18 learners who had their mothers as the actual source. This difference was not accounted for by the actual source being their fathers as only 1 learner (1,%) accounted for them as being the actual source on this topic.

#### 4.4. Topics Discussed with Father, Mother and School

Frequency tables for each of the topics are given below in Tables 14 - 19:

Table 20

##### *Menstruation*

Source			Discussed with father	Discussed with mother	Studied in high school	Total
boys/girls	boys	Count	2	32	53	87
		%	1.1%	18.3%	30.3%	49.7%
	girls	Count	3	72	13	88
		%	1.7%	41.1%	7.4%	50.3%
Total	Count		5	104	66	175
	%		2.9%	59.4%	37.7%	100.0%

As seen in Table 20 above, the majority of boys indicated that they had learnt about menstruation from school with a number of 53 male learners (30,3%) indicating this while most girls indicated (N=72/ 41,1%) learning about menstruation from their mothers.

Table 21 below indicates that most of the boys (N=55/31,3%) indicated learning about pregnancy and delivery from school while most girls (N=47/26,7%) indicated having learnt about it from their mothers.

Table 21

*Information regarding Pregnancy and Delivery by Gender*

Source			Discussed With Father	Discussed With Mother	Studied In High School	Total
boys/girls	boys	Count	2	31	55	88
		% of Total	1.1%	17.6%	31.3%	50.0%
	girls	Count	3	47	38	88
		% of Total	1.7%	26.7%	21.6%	50.0%
Total	Count		5	78	93	176
	% of Total		2.8%	44.3%	52.8%	100.0%

As seen by Table 22 below more boys than girls indicated learning about intercourse from their fathers with 20 (11.4%) boys indicating this and only 4 (2.3%) girls learning gaining this knowledge from fathers.

Table 22

*Information Regarding Intercourse by Gender*

Source		Discussed With Father	Discussed With Mother	Studied In High School	Total	
boys/girls	boys	Count	20	20	48	88
		% of Total	11.4%	11.4%	27.3%	50.0%
	girls	Count	4	32	52	88
		% of Total	2.3%	18.2%	29.5%	50.0%
Total		Count	24	52	100	176
		% of Total	13.6%	29.5%	56.8%	100.0%

Boys indicated learning about sex from mother and fathers equally with a frequency of 20 learners (11.4%) each. Girls learnt more about this topic from their mothers (32/18.2%) than their fathers (4/4,5%).

Table 23 below indicates from which source male and female learners learnt from about the topic of masturbation.

Table 23

*Information regarding Masturbation by Gender*

Source			Discussed with father	Discussed with mother	Studied in high school	Total
boys/girls	boys	Count	9	9	70	88
		% of Total	5.1%	5.1%	39.8%	50.0%
	girls	Count	0	18	70	88
		% of Total	.0%	10.2%	39.8%	50.0%
Total		Count	9	27	140	176
		% of Total	5.1%	15.3%	79.5%	100.0%

Table 23 above shows that although most boys and girls indicated learning about masturbation from school with 70 (39,8%) boys and 70 (39,8%) girls indicating this, an equal number of boys (N=9/5,1%) indicated learning from both parents while no girls indicated learning about it from their fathers and 18 girls (10,2%) learnt about it from their mothers.

Table 24 below indicated that although a similar number of boys and girls indicated learning about homosexuality from school (N=58 /34,1% boys and N=60/68,2% girls) more girls indicated learning about it from their mothers (N=27/15,3%) than their fathers (N=3/1,7%) while a similar number of boys indicated learning about it from their mothers (N=17/9,7%) and fathers (N=11/6,3%).

Table 24

*Homosexuality*

Source			Discussed with father	Discussed with mother	Studied in high school	Total
boys/girls	boys	Count	11	17	60	88
		% of Total	6.3%	9.7%	34.1%	50.0%
	girls	Count	3	27	58	88
		% of Total	1.7%	15.3%	33.0%	50.0%
Total		Count	14	44	118	176
		% of Total	8.0%	25.0%	67.0%	100.0%

Table 25 below indicates the frequencies of both sexes on discussion amongst father, mother and school on the topic how far to go on a date.

Table 25

*How Far to go on Date*

Source			Discussed with father	Discussed with mother	Studied in high school	total
boys/girls	boys	Count	25	27	36	88
		% of Total	14.2%	15.3%	20.5%	50.0%
	girls	Count	13	39	36	88
		% of Total	7.4%	22.2%	20.5%	50.0%
Total	Count		38	66	72	176
	% of Total		21.6%	37.5%	40.9%	100.0%

Table 25 above indicates that 25 (14,2%) boys and only 13 (7,4%) girls indicated having learnt about how far to go on a date from their fathers

## 4. 5. Rapport with Parents and Discussions on Sexuality

### 4.5.1. Father-Child Relationship

The relationship between father and child in terms of communication about sex related topics was investigated. There was no significant gender or racial differences regarding the father rapport/relationship scale.

For individual items that measures relationship with father that did not form part of the scale and were separately analyzed showed significant differences in male and female mean scores regarding “I often ask my father for advice about sexual matters” with more males (M=2,15) than females (M=1,60) asking their father for advice on sexual matters  $t=2,515, df172, p<0.01$  and “when I talk about sex with my father, I tell him only the things that he can accept” with more males (M=3,10) than females (M=2,47) telling their father things that he can accept when it came to talking about sex with him  $t=2,656, df172, p<0.005$ .

#### 4.5.2. Mother –Child Relationship

The relationship between mother and child in terms of communication about sex related topics was investigated. No significant gender or racial differences existed when it came to the scale of relationship with their mother regarding talking about sex.

For items that were not included as part of the scale “Relationship with Mother” two individual items had significant mean gender differences of male and female scores: “I often ask my mother for advice on sexual matters with more boys ( $M=3,97$ ) than girls ( $M=2,11$ ) asking their mothers for advice on sexual matters  $t=2,311$ ,  $df174$ ,  $p<0.025$  and “When I talk about sex with my mother I tell her only the things she can accept” with more boys than girls saying that they tell their mothers only the things she can accept when they talk about sex with her  $t=1,867$ ,  $df172$ ,  $p<0.05$ .

#### 4.5.3. Parent-Child Relationship

##### 4.5.3.1. Parental Physical Closeness and Openness

The parental physical closeness and openness scale indicated how learners experienced levels of parental affection with them as well as with each other. A T-test and ANOVA indicated by Table 26 below indicated significant results for parental physical openness and closeness with their children:

Table 26

*ANOVA: Parental Closeness and Openness by Race with Coloured and Other as Indian*

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	8.444	13	.650	1.237	.258
Within Groups	84.022	160	.525		
Total	92.466	173			

There are significant gender differences in the mean scores of males and females on parental openness and closeness with boys ( $M=8,5$ ) having a greater experience of parental openness and closeness than their female counterparts ( $M=8,03$ ),  $t=0.845$ ,  $df172$ ,  $p<0.0005$ . Table 26 indicates that there are significant racial differences when it comes to Parental Openness and Closeness,  $F(13,160)=1,237$ ,  $p<0.05$ .

#### 4.5.3.2. Parent-Child Rapport

Tables 27 and 28 below indicate communication between boys and girls and each parent on the topic of sex.

Table 27

*When you discuss sex - related topics with your father, who usually starts the conversation?*

				White	Black	Indian	Total
a. We never discuss such things	Gender	Boys	Count	11	22	13	46
			% of Total	10.0%	20.0%	11.8%	41.8%
		Girls	Count	10	37	17	64
			% of Total	9.1%	33.6%	15.5%	58.2%
	Total		Count	21	59	30	110
			% of Total	19.1%	53.6%	27.3%	100.0%
b. I usually do	Gender	Boys	Count	3	0	1	4
			% of Total	50.0%	.0%	16.7%	66.7%
		Girls	Count	0	1	1	2
			% of Total	.0%	16.7%	16.7%	33.3%
	Total		Count	3	1	2	6
			% of Total	50.0%	16.7%	33.3%	100.0%
c. He usually does	Gender	Boys	Count	2	5	5	12
			% of Total	11.1%	27.8%	27.8%	66.7%
		Girls	Count	2	2	2	6
			% of Total	11.1%	11.1%	11.1%	33.3%
	Total		Count	4	7	7	18
			% of Total	22.2%	38.9%	38.9%	100.0%
d. Sometimes I Do, Sometimes He Does	Gender	Boys	Count	6	2	9	17
			% of Total	22.2%	7.4%	33.3%	63.0%
		Girls	Count	2	3	5	10
			% of Total	7.4%	11.1%	18.5%	37.0%
	Total		Count	8	5	14	27
			% of Total	29.6%	18.5%	51.9%	100.0%
e. Other	Gender	Boys	Count		2	1	3
			% of Total		50.0%	25.0%	75.0%
		Girls	Count		1	0	1
			% of Total		25.0%	.0%	25.0%
	Total		Count		3	1	4
			% of Total		75.0%	25.0%	100.0%

Table 28

*When you discuss sex - related topics with your mother, who usually starts the conversation?*

				White	Black	Indian	Total
a. We never discuss such things	Gender	Boys	Count	9	21	7	37
			% of Total	13.0%	30.4%	10.1%	53.6%
		Girls	Count	5	18	9	32
			% of Total	7.2%	26.1%	13.0%	46.4%
	Total		Count	14	39	16	69
			% of Total	20.3%	56.5%	23.2%	100.0%
b. I usually do	Gender	Boys	Count	4	3	1	8
			% of Total	33.3%	25.0%	8.3%	66.7%
		Girls	Count	0	1	3	4
			% of Total	0.0%	8.3%	25.0%	33.3%
	Total		Count	4	4	4	12
			% of Total	33.3%	33.3%	33.3%	100.0%
c. She usually does	Gender	Boys	Count	4	8	6	18
			% of Total	10.5%	21.1%	15.8%	47.4%
		Girls	Count	1	17	2	20
			% of Total	2.6%	44.7%	5.3%	52.6%
	Total		Count	5	25	8	38
			% of Total	13.2%	65.8%	21.1%	100.0%
d. Sometimes I Do, Sometimes She Does	Gender	Boys	Count	6	1	15	22
			% of Total	11.8%	2.0%	29.4%	43.1%
		Girls	Count	9	8	12	29
			% of Total	17.6%	15.7%	23.5%	56.9%
	Total		Count	15	9	27	51
			% of Total	29.4%	17.6%	52.9%	100.0%
e. Other	Gender	Boys	Count			2	2
			% of Total			100.0%	100.0%
	Total		Count			2	2
			% of Total			100.0%	100.0%

Most girls and boys indicated that they never discussed sex-related topics with their fathers with 46 (41,8%) boys and 64 (52,8%) girls indicating this. The largest number of learners that indicated never discussing sex with their fathers were Black learners with a frequency of 22 (20%) boys and 37 (33%) girls. Throughout the table it was indicated that Black girls and boys were less likely to talk to their parents than their white and Indian counterparts. This is not due to there being a larger number of black learners in the sample as the sample was equally divided in terms of the three race groups. Indian and Coloured male learners also indicated a greater

willingness to start a conversation on sex with their fathers on a mutual level with fathers or learners sometimes starting the conversation. This was indicated by 9 (33,3%) male learners.

As with learners' conversations with their fathers about sex, Black learners were less likely to indicate never to discuss sex with their mothers than the other two race groups with this being true for both male and female learners. Twenty one (30,4%) Black male learners and 18 (26,1%) Black female learners indicated that their mothers were never the initiators of a conversation on sex. However 8 Black male learners and 17 Black female learners indicated that their mothers were likely to start a conversation on sex. This was different to their rapport with their fathers as only 5 (20,8%) Black male and 2 (11,1%) Black female learners indicated that their fathers started conversations on sex with them. A greater number of Indian and Coloured learners (N=15 /29,4%) indicated equally taking turns to start conversations on sex with their mothers than the White and Black learners (N=12 23,5%). This was similar to conversation with their fathers on sex on the part of the male learners.

Table 29 and 30 indicate the main reasons that discourage learners from talking to their father and mothers about sex respectively:



Table 29

*Main Reasons which Discouraged Learners from Talking with their Fathers about Sex-Related Issues*

Reasons		boys/girls		Total
		boys	girls	
He was embarrassed when I asked.	Count	7	4	11
	% of Total	6.4%	3.6%	10.0%
He didn't know how to answer my questions.	Count	3	1	4
	% of Total	2.7%	.9%	3.6%
He got angry when I asked.	Count	0	1	1
	% of Total	.0%	.9%	.9%
He told me things that were not true.	Count	0	1	1
	% of Total	.0%	.9%	.9%
He gave me a lecture instead of answering questions.	Count	11	7	18
	% of Total	10.0%	6.4%	16.4%
He asked me why I wanted to know.	Count	9	0	9
	% of Total	8.2%	.0%	8.2%
He wasn't around when I had questions on my mind.	Count	6	2	8
	% of Total	5.5%	1.8%	7.3%
I seldom had a chance to talk to him without other people listening.	Count	1	0	1
	% of Total	.9%	.0%	.9%
He never brought up sex – related topics.	Count	6	11	17
	% of Total	5.5%	10.0%	15.5%
I was embarrassed to ask.	Count	18	9	27
	% of Total	16.4%	8.2%	24.5%
I was afraid of his rejection.	Count	1	3	4
	% of Total	.9%	2.7%	3.6%
Other (please specify	Count	6	3	9
	% of Total	5.4%	2.7%	8.2%
Total	Count	68	42	110
	% of Total	61.8%	38.2%	100.0%

Both male and female learners prefer to obtain their sex education and information from their parents, but as the previous results have shown, this does not always occur. Therefore these results show the interactions that the sample has with their parents on sex education and

sexuality. Table 29 indicated the reasons why learners are discouraged from speaking with their father about sex-related issues. It would seem that for most boys and girls, never discussing sex and sexuality with their fathers was the norm as 46 (41, 8%) of the male learners and 64 (58, 2%) of the female learners chose the option of “never discussing sex” when having to converse about sex with their fathers. For boys although this percentage was low, it was rated the highest out of the other options. The main reasons for them not wanting to talk about sex to their fathers are given as the following: for boys “I was embarrassed to ask” had a frequency of 16, 5%, second rated was “he gave me a lecture instead of answering my question at 10% and 6,4% saying that “he was embarrassed when I asked”. For girls the main reasons was “he never brought up the topic” with a frequency of 10%, the second most rated reason was the same as the for the boys with 8,2% of the girls saying that they were embarrassed to ask and the third reason with a frequency of 6,4% was that “ he gave me a lecture when I asked. ” It would seem that both boys and girls are more willing to let their fathers bring up the topic than they themselves asking their fathers however girls are less willing to ask their fathers than boys. It seems then that the main reason for not talking about sex to their fathers is fear and embarrassment to ask in the first place and a willingness to rather wait for the father to bring up the topic. It also seems that the small portion of the learners, both male and female that did actually get round to asking their fathers, received lectures instead of being able to discuss sexual issues openly with them as well as were not able to have their main concerns addressed.

Table 30

*Reasons which Discouraged Learners from Talking with their Mothers about Sex-Related Issues*

Reasons		boys	girls	
She was embarrassed when I asked.	Count	5	1	6
	% of Total	4.2%	.8%	5.1%
She didn't know how to answer my questions.	Count	0	3	3
	% of Total	.0%	2.5%	2.5%
She got angry when I asked.	Count	4	2	6
	% of Total	3.4%	1.7%	5.1%
She gave me a lecture instead of answering questions.	Count	13	11	24
	% of Total	11.0%	9.3%	20.3%
She asked why I wanted to know.	Count	4	7	11
	% of Total	3.4%	5.9%	9.3%
She wasn't around when I had questions on my mind.	Count	1	2	3
	% of Total	.8%	1.7%	2.5%
I seldom had a chance to talk to her without other people listening.	Count	1	0	1
	% of Total	.8%	.0%	.8%
She never brought up sex – related topics.	Count	12	9	21
	% of Total	10.2%	7.6%	17.8%
I was afraid of her rejection.	Count	22	13	35
	% of Total	18.6%	11.0%	29.7%
Other (please specify	Count	3	5	8
	% of Total	2.5%	4.2%	6.8%
Total	Count	65	53	118
	% of Total	55.1%	44.9%	100.0%

Of the sample, a greater percentage of girls than boys said that of their parents, they most often discussed sex-related topics with their mothers with a frequency of 27,8% however this was different for boys who had a greater frequency of not ever discussing sex with their mothers or fathers with a frequency of 23,5%. The preferred source for both boys and girls were both parents with 27,8% and 23,5% respectively. Although learners' preferred source of sex-education is both parents as seen above and although they have shown a preference to discuss sex and sexuality with their mothers, the reasons for them not actually discussing this topic with their mothers appears to be concern over mothers' reactions. An element of anxiety over asking

their mothers about sex is the main reason why learners do not ask their mother. Table 24 above shows that 18,6% of the boys and 11% of the girls were afraid of her rejection when they asked their mothers. The second, third and fourth highest rated reasons for boys and girls with a similar frequency were “she gave me a lecture instead of answering my questions”, with a frequency of 11% for boys and 9,3 % for girls; ‘she never brought up sex related topics” with a frequency of 10,2% for boys and 7,6% for girls; “she asked me why I wanted to know” was the fourth highest for girls with a frequency of 5,9% while for boys the fourth highest was she was embarrassed when I asked with a frequency of 4,2%. These reasons seem to all be based on the mothers’ concern for certain behaviours or reason for the learner showing an interest in sex-related topics rather than answering the questions asked. As was with the case of the fathers it seems that mothers are also more prone to lecturing their children upon them asking about sex than openly discussing matters of sex and sexuality with their children. This blocks effective communication with learners. Mothers therefore seem more approachable than fathers to the learners and they are more willing to actually ask their mothers however when they do they are often the recipients of a lecture rather than obtaining the necessary open, informatory discussion with their mothers.

Table 31 and 32 below indicate the age at which learner’s last asked their father or mother a question about sex respectively:

Table 31

*About How Old were You the Last Time You asked Your Father a Question about Human Sexuality?*

		boys/girls		Total
		boys	girls	
Age asked father a question about sexuality	a. never asked	Count	50	60
		% of Total	40.3%	48.4%
	c. other (please specify)	Count	7	4
		% of Total	5.6%	3.2%
	At age 4	Count	0	1
		% of Total	.0%	.8%
	At age 5	Count	1	0
		% of Total	.8%	.0%
	At age 8	Count	0	1
		% of Total	.0%	.8%
	Total	Count	58	66
		% of Total	46.8%	53.2%

Table 32

*About how old were you the last time you asked your mother a question about human sexuality?*

		boys/girls		Total
		boys	girls	
Age asked mother a question about sexuality	a. never asked	Count	42	36
		% of Total	43.3%	37.1%
	b. _____ years in number	Count	2	0
		% of Total	2.1%	.0%
	c. other (please specify)	Count	8	5
		% of Total	8.2%	5.2%
	At age 4	Count	0	1
		% of Total	.0%	1.0%
	At age 5	Count	0	1
		% of Total	.0%	1.0%
	At age 8	Count	0	1
		% of Total	.0%	1.0%
	At age 10	Count	1	0
		% of Total	1.0%	.0%
	Total	Count	53	44
				97

			boys/girls		Total
			boys	girls	
Age asked mother a question about sexuality	a. never asked	Count	42	36	78
		% of Total	43.3%	37.1%	80.4%
	b. _____ years in number	Count	2	0	2
		% of Total	2.1%	.0%	2.1%
	c. other (please specify)	Count	8	5	13
		% of Total	8.2%	5.2%	13.4%
	At age 4	Count	0	1	1
		% of Total	.0%	1.0%	1.0%
	At age 5	Count	0	1	1
		% of Total	.0%	1.0%	1.0%
	At age8	Count	0	1	1
		% of Total	.0%	1.0%	1.0%
	At age 10	Count	1	0	1
		% of Total	1.0%	.0%	1.0%
	Total	Count	53	44	97
		% of Total	54.6%	45.4%	100.0%

It is clear from the above Tables 31 and 32 that the majority of boys and girls do not talk to either of their parents about sex. 50 (40,3%) boys and 60 (48,4%) girls indicated never having spoken to their fathers while 42 (43,3%) boys and 36 (37,1%) girls indicated never having spoken to their mothers about sex. The number of male and female learners that never spoke to mothers about sex was lower than that of never speaking to their father about sex therefore both male and female learners indicated talking more to their mothers than their fathers about sex even though overall the majority of learners indicated never having spoken to either parent about sex.

Results were highly significant for whether boys and girls would handle their children's sex education the same way theirs was handled,  $X^2=17,65$ ,  $df2$ ,  $p<0.005$  . Table 33 indicates whether learners would choose to handle their child's sex education in a similar manner to the way there's was handled:

Table 33

*Would you handle your own children' sex education pretty much the same as yours was handled?*

			Yes	No	Can't say	Total
Gender	Boys	Count	39	27	24	90
		% of Total	21.9%	15.2%	13.5%	50.6%
	Girls	Count	21	54	13	88
		% of Total	11.8%	30.3%	7.3%	49.4%
Total		Count	60	81	37	178
		% of Total	33.7%	45.5%	20.8%	100.0%

Most girls (54/30,3%) indicated that they would not handle their sex education in the same way as theirs was handled. Most boys (39/21,9%) indicated that they would handle their sex education in the same way that theirs was handled but this was closely followed by an almost equal amount of boys saying that they would not handle their sex education in the same way as theirs was handled (27/15,4% boys) as well as they cannot say at this moment whether they will or not (24/18,7% boys).

There are significant gender differences for parental instruction on situations where boys and girls should not play together as a child or early teen  $X^2 = 35,207$ , df2,  $p < 0.001$  as well as for parental warnings about sex play when learners were younger  $X^2 = 50,931$ , df2,  $p < 0.001$ .

There are significant racial differences on learners being instructed about situations in which boys and girls should be together when they were younger  $X^2 = 1.687$ , df4,  $p < 0.001$ . As seen by Table 28 below, Black learners answered mostly in the affirmative to this item with a frequency of 41 learners (23,6%).

Table 34

*Father and mother instructions about situations in which boys and girls should not be together as a child or early teen*

		White	Black	Indian	Total
	True	Count	17	41	25
		% of Total	9.8%	23.6%	14.4%
	False	Count	16	27	26
		% of Total	9.2%	15.5%	14.9%
	Unsure	Count	5	10	7
		% of Total	2.9%	5.7%	4.0%
Total	Count	38	78	58	174
	% of Total	21.8%	44.8%	33.3%	100.0%

There are significant racial differences regarding parental cautions about sex play during childhood  $X^2 = 2,439$ ,  $df=4$ ,  $p<0.00$ . Table 34 below indicates that more White learners agreed with the statement ( $N=22/12,6\%$ ) than those that did not and more black learners answered true and false to the item which suggested that mostly black learners were comfortable with answering this question ( $N=72/41,3\%$ ).

Table 35

*My father and mother warned about sex play as a child*

		White	Black	Indian, Coloured and Other	
	True	Count	22	34	29
		% of Total	12.6%	19.5%	16.7%
	False	Count	13	38	24
		% of Total	7.5%	21.8%	13.8%
	Unsure	Count	3	6	5
		% of Total	1.7%	3.4%	2.9%
Total	Count	38	78	58	174
	% of Total	21.8%	44.8%	33.3%	100.0%

There are significant racial differences within the male learners on being instructed by their parents not to “act like a sissy”  $X^2=6,941$ ,  $df=4$ ,  $p<0.001$ . Table 36 below suggests that more



White (17,4%) and Indian learners (23,3%) responded in the negative while Black learners responded in the affirmative (20,9%).

Table 36

*Males only: Father and mother instructions on not to act like a sissy when as a child or early teen*

			White	Black	Indian	Total
Total	True	Count	6	18	10	34
		% of Total	7.0%	20.9%	11.6%	39.5%
	False	Count	15	13	20	48
		% of Total	17.4%	15.1%	23.3%	55.8%
	Unsure	Count	2	1	1	4
		% of Total	2.3%	1.2%	1.2%	4.7%
		Count	23	32	31	86
		% of Total	26.7%	37.2%	36.0%	100.0%

The greatest number of male learners by race that indicated being cautioned by their parents not to act like a sissy was Black male learners with a frequency of 18 (20,9%). Most Indian, Coloured and Other race males indicated that they had not been cautioned on this topic as a child or early teenager with 20 (23,3%) learners indicating this.

#### **4.6. Satisfaction with Sex Education: Mode of Education**

Satisfaction with sex education was indicated by the mode of education which was indicated by learners' preference of single or mixed gender classes. Table 37 below indicates this preference:

Table 37

*Mode of Education*

		Boys	girls	Total
Mode of Education	single gender class	Count	15	36
		% of Total	8.4%	20.2%
	mixed gender class	Count	71	45
		% of Total	39.9%	25.3%
	no definite preference	Count	4	7
		% of Total	2.2%	3.9%
Total		Count	90	88
		% of Total	50.6%	49.4%

For both genders mixed gender classes were seen as most preferable. However, more boys than girls are of the opinion that mixed gender classes are preferable and more beneficial to them with a frequency of 39,9% for boys and 25,3% for girls. A total of 28, 7% of the learners were of the opinion that classes should be single gender with mostly girls making up this percentage (20,2%) and boys only accounting for 8,4%. Only 6, 2% of the sample was unsure of their preference with regard to single or mixed gender classes with 2 2% of the boys and 3,9% of the girls accounting for this percentage.

There is a significant relationship between gender differences and types of classes (single gender or mixed classes) with boys more likely to have positive attitudes toward mixed gender classes than girls ( $X^2 = 15,272$ ,  $df=2$ ,  $p<0.001$ ).

Since this difference in gender preference is significant it is necessary to note the reasons for the boys being more likely to want mixed classes and girls not. According to a thematic analysis done on the reasons as to why the student had chosen the option of either single, mixed or no preference for sex education classes it appears that boys value the input of both genders in their classes as well as seem to think that the presence of girls would make the classes more useful since the boys would behave in a more mature manner than they would usually do in a single gender class. Girls on the other hand value their time in a single gender class as they feel it necessary to have a space where they can safely discuss female sexuality.

## 4.7. Sex Related Behaviour

The behaviours of learners with regard to those of a sexual nature were investigated and were rated according to the sex-related behaviour scale as discussed below:

### 4.7.1. Development of Composite Measure for Sexual Activity

A descriptive and correlation table (Tables 38 and 39 below) revealed that gender differences and sexual activity scale was highly correlated at -0.294 with boys being more highly sexually active than girls. T-tests indicate that the number of boys that were sexually active (M=11) was significantly higher than the number of girls that were sexually active (M= 8,4)  $T=1,53, df171, p<0.05$ . The item “When I talk about sex with my father, I tell him only the things he can accept” was also significantly correlated with the level of sexual activity. It appeared that the less they spoke to their father about sex, the more sexually active boys and girls were likely to be.

Table 38

Descriptive Statistics

	N	Min/Max	Mean	Std. Deviation
Race White versus Other	178	1.00/2.00	1.7865	.41092
Sex Activity	173	4.00/16.00	9.7052	4.39077
Gender	178	1/2	1.49	.501

*Response options gender - 1=boy or 2= girl, race white versus other – 1= white or 2= other race, sexual activity –1= kissing, 2=light petting, 3= heavy petting, 4= sexual intercourse*

Table 39

*Correlations*

		Sex Active	Gender	Race White vs. Other
Pearson Correlation	SexActive	1	-.278	-.287
	Gender	-.278	1	.101
	WhitevsOther	-.287	.101	1

**4.7.2. Gender and Race Differences Regarding Sexual Activity**

Regression analyses were significant for the Sexual Activities Scale with high correlations between gender (-0.278) and race with White versus Other (race was recoded into two subcategories: 1) White and 2) Other which included Indian/ Coloured and Black. Boys were significantly more sexually active than girls and race groups other than white were significantly more sexually active than White learners (-0.287). The Normal P-Plot or Regression Standardized Residual formed a straight line and the Scatterplot formed a rectangular shape around the 0 value with no outliers. The model explains 40,8% of the variance in sexual activity. The results are statistically significant since the model reaches statistical significance (Sig=.000).

**4.7.3. Predictors of sexual activity**

The variable that contributed to the prediction of sexual activity the most was “Race White versus Other” with 27,6% at a significance level of 0.001. This was closely followed by gender which contributed 22,4% to the model at 0.003 level of significance. Therefore both these variables made significant unique contributions to the predictions of the sexual activities scale. The part co-efficient for “Race White versus Other” indicated that 6,3% of the total variance in sexual activity scores was uniquely explained by “Race White versus Other” and 4,8% of the total variance in sexual activity scores was uniquely explained by gender. Thus the model which included gender and racial differences explains 40,8% of the variance in sexual activity frequency and intensity. Of these two variables race makes the largest unique contribution (beta = -.276) although gender makes a statistically significant contribution (beta = -.224).

#### 4.8. Conclusion

Adolescents' responses indicated that there were a variety of sources of sex education that they relied on however the most preferred source was that of the school and parents with the actual source being that of school and parents for most topics. Learners relied on other sources to differing degrees depending on the type of topic they intended to gain or gained information on. Gender differences included a greater reliance by boys on the male and female peers however girls relied more on female friends. For the purposes of this study only significant results will be reported on. Data indicated a reliance on a variety of different sources as sources of sex education by adolescents however a greater reliance on the scholarly and parental source was indicated with the school and parents being the most preferred and actual sources for many of the topics.

The preferred source of sex education by both girls and boys were parents accounting for 69, 3% of the girls and 37,1% of the boys. The second highest rated source for boys were their teachers with a frequency of 34,8%. However, girls indicated a greater preference for professional sex educators than teachers with 14,8% and 10,2% respectively. For girls, teachers were the third best source of sex education with 10, 2% of the students indicating this preference. This was different from the sources that the students were actually receiving their sex education from with boys and girls regarding teachers as their best source with a frequency of 32,6% for boys and 27,6% for girls. The next best rated source for boys with a frequency of 28,1% were male and female friends with a very similar distribution of the boys indicating a preference for male or female friends with a frequency of 14,6% and 13,5% respectively. For girls the second rated source were their parents with accounting for 20,6% of them with mothers accounting for most of the girls actual source of sex information with 19,5%. Friends are the third rated source for girls with a frequency of 19,5% with a definite difference in the actual source being female friends with a frequency of 18,4%.

Girls had a higher satisfaction level than boys with current knowledge of sex however had lower satisfaction level than boys on finding out about things to do with sex. The mean score for girls ( $M=5,35$ ) is significantly lower than for boys ( $M=5,44$ ),  $t=0.386$ ,  $df172$ ,  $p<.005$  on the topic of satisfaction about finding out about things to do with sex. The mean score for

boys for the topic of satisfaction with current knowledge of sex ( $M=5.60$ ) is significantly lower than the mean score for girls ( $M=5.77$ ),  $t=0.925$ ,  $df171$ ,  $p<.005$ . Both boys and girls indicated that parents were not an adequate source of sex education and fathers were less likely than mothers to be involved in communication on the topic of sex with them. Boys were more likely than girls to engage in sexual behavior and activities and be sexually active as indicated by the regression where gender contributed 22,4% to the model (The Sexual Activities Scale) at 0.003 level of significance.

In terms of the preferred mode of sex education, boys rather than girls preferred mixed gender classes ( $X^2 = 15,272$ ,  $df2$ ,  $p<0.001$ ). The main reasons for the preference of mixed gender classes by boys was that they value the input of both genders in their classes as well as seem to think that the presence of girls would make the classes more useful since the boys would behave in a more mature manner than they would usually do in a single gender class.

## **Chapter 5**

### **Discussion**

#### **5.1 Introduction**

Although students have indicated that they would prefer their parents to be the core form of their sex information (69, 3% of the girls and 37,1% of the boys.); their second (for boys) and third (for girls) choice was that of the school (38,4% for boys and 10,2% for girls) and this could also be a vital place in which to learn as they can compare their views with their peers and learn from them at the same time within a structured curriculum where all the learners receive the same information (Pattmann, 2006). It would seem that there is an increased need for learners to receive their actual source of sex education from the preferred sources such as their parents and the school.

#### **5.2. Sources of Sex Education**

The development of the students' sexual and gender identity is an important phase that needs to be considered according to Erikson's Psychosocial Theory and this needs to be taken into consideration when policies are drawn up for the Sex Education component of the Life Orientation Curriculum as well as for parents who have children in adolescent stage. At stage five of the theory it is important for the adolescents' identity to be formed so the role confusion is no longer experienced by them within social relationships. Adolescents are in the process of forming an identity and moving away or at least questioning the attitudes and beliefs they were taught when they were younger (Shaffer, 1989). It is therefore necessary at this stage of the students' sexual development to include information and plenty of open discussion in the Life Orientation Curriculum which will take into consideration the needs of the students in terms of development of their sexual identity. Students have indicated that they would prefer their parents to be the core form of their sex information (69, 3% of the girls and 37,1% of the boys.); their second (for boys) and third (for girls) choice was that of the school (38,4% for boys and 10,2% for girls). School could also be a vital place in which to learn as they can compare their views with their peers and learn from them at the same time within a structured curriculum where all the learners receive the same information. However, the core form of learning about

sex should be at home as according to Bronfenbrenner's Ecological Systems Theory (Schaffer, 2002), the Microsystem is the family and this would form the basis for communication on sex. After learners have learnt that sex is a taboo topic at home they will be less likely to talk about it at school or any other institution (Pattmann, 2006). The family therefore forms the main component in teaching communication about sex as well as what can and cannot be discussed about it. Both male and female learners expressing that their preferred source be their parents however it was seen that the school was their main actual source of information for sex in general as well as for a number of different sex-related topics that the survey enquired about. It would therefore seem that more parental participation in their children's sexual enquiries is required.

It is important to understand the context in which gender based learning takes place and what accounts for the gender differences or similarities in the results. The study is based on the understanding of the different levels of influence at the different levels of the ecosystem according to Bronfenbrenner's Ecological systems theory (Schaffer, 2002). Learners are being continuously influenced by the different levels of influence that are constantly in interaction with each other. Bronfenbrenner's model (Schaffer, 2002) highlights the influences on adolescents in the study as occurring at all levels i.e. the Micro system (the student's family) the Meso system (the link between the parents and school as well as the peer group), Exo system (media, community and church) and Macro systems (ideologies, belief systems, views social class, laws and regulations, South African culture and ideology). This study investigates the Micro-system and Meso-system level where there are interactions between the students' family and the school as sources of sex education. The learners are influenced by their parents by learning about sex and the values that they should have surrounding matters of a sexual nature. Most of the female students said that it was not spoken of in their homes (46,4% said they never discussed sex with their mothers and 58,2% said they never discussed sex with their fathers). The communicated or subtly communicated values on sex in the homes of the students in turn influence their peers, their family and the school at a social level. If learners are being subtly taught that sex is a taboo topic at home, they are less likely to want to communicate about it at school or elsewhere.



The Audience Segmentation Theory provides a valuable perspective on the issue of risky sexual behaviours in light of the high rate of HIV and Aids and teenage pregnancy in South Africa. Teenage girls more than boys, bear the brunt of the consequences of sexual activity however one is forced to consider in what way they value their sexual identity and how they are forming their sexual identity (Pattman, 2006). Most girls in the sample (90,9%) said that they were warned by their parents who were their best source of preferred and their actual source of sex education not to get pregnant (Yun, Govender & Mody, 2001). However, most girls did not receive the vital information in order to view sex from a more positive perspective as seen by them not being able to discuss sex with their parents. This was confirmed by the results of a T-test that indicated the mean score for girls ( $M=5,35$ ) is significantly lower than for boys ( $M=5,44$ ),  $t(172)=0.386, p<.005$  and that therefore there are significant gender differences on the topic of satisfaction about finding out about things to do with sex with girls having a lower satisfaction with finding out about things to do with sex than boys. Also 30,3% of the girls said that they would not teach their children about sex the same way they were taught about it by their parents. The thematic content analysis for parents as a source of sex education for girls indicated that a major theme for girls was that they were not taught about sex at all by their parents and they could not bring it up as a topic as it was disrespectful for them to do so. Although girls are dissatisfied with parents not teaching them about sex almost all girls, regardless of race (88/99%) reported being warned by their parents not to become pregnant. Therefore it would seem that sex as given from the most valued or prescribed sources may encourage girls to see sex and sexual desire or sexual activity as more of a risk than a natural feeling (Pattmann, 2006). Boys on the other hand were more readily open to non – prescribed sources such as the media and female and male friends and therefore were more exposed to a positive view of sex. Thus boys were more likely than girls to engage in sex at their age as seen by the sexual activities inventory. According to the Audience Segmentation Theory it is therefore necessary to pitch certain topics for adolescent girls at a level and with a content that provides information on how they can prevent and protect themselves from HIV and Aids, STI's and teenage pregnancy but also so that their sexuality is something that should not be feared.

In South Africa, as in other countries with a mix of classes and cultures, there is both commonality and divergence in the way childhood and adolescence is constructed. The construction of childhood and adolescence in South Africa reflects an interaction between the past apartheid ideology, historical and cultural practice (Macleod, 2001). For this reason, demographic data included the collection of data on race, religion, age and place of residence. Prior studies have shown that South Africa is not homogenous in its population and therefore the study requires to take into account the various cultures and races that could be forming adolescents' views on sex and the way they may have been taught about (Pattman, 2006).

According to research among South African secondary school aged adolescents, African and Coloured groups are likely to have developed a larger range of "nontraditional" sexual behaviors because of the massive efforts to destabilize these communities, including removing parental figures through an enforced migratory labor system and high mortality rates. White and Asian groups have had more intact-family and extended-family systems in both urban and rural settings, which increased the capacity of these groups to monitor and regulate sexual practices of their members. These groups do, however, experience the same challenge to the concepts and constructs of sexuality and love mainly informed by religious guidelines of chastity and therefore abstinence. Afrikaner junior high school pupils regularly watched pornographic videos and engaged in sexual intercourse, and many of those who were virgins anticipated that their status would change in the near future. The more traditional African groups have elaborate formal negotiations involving family members on both sides and do not allow sex before marriage. (Nicholas, Daniels and Hurwitz, 2001)

South African adolescents are also not homogenous in their religious perspectives on sexuality, sexual identity and the participation in sexual activities. Religion is another influence on sexuality and therefore can be regarded as a source of sex education (Bennett and Dickinson, 1980). Black South African students were the sample of a South African study who were divided into those with high or low scores on Rohrbach and Jessor's (1975), religiosity scale (excluding virgins) by selecting individuals falling below the first quarter of the distribution of religiosity scores (in Nicholas, Daniels and Hurwitz, 2001). The low scorers experienced their first sexual intercourse at a younger age ( $M = 15.92$  years) than did the high scorers ( $M = 17.25$

years). The high religious group was also less satisfied with their first sexual encounter, less likely to intend to be sexually active, less likely to make use of safe-sex practices, engaged in sexual intercourse with fewer partners during high school, and used condoms less frequently than the low religious group. (Nicholas et al, 2001). Findings of a survey on sexual behaviour among Anglican youth in the Western Cape found that religious affiliation and involvement with church related activities did not differentiate Anglican from other youth. Specifically, they were as likely to be engaged in sexual activity (31% of the sample in the 12–19 year old age group) as the broader peer group. There was therefore a need for parental capacity to deal with such issues as being an important focus, specifically as this adolescent sample cited parents as an important source of information even though they did not perceive them to be comfortable to ask question or discuss sex with them (National Inquiry Services Centre, 2006)

### **5.3. Preferred and Actual Sources**

#### **5.3.1. Preferred Source**

Parents are the preferred source of information for both boys and girls however girls expressed this to a much greater degree than boys and of the two parents both boys and girls expressed that their mother should be the preferred source of their sex education. Fathers play very little role in the students' sex education (40% of boys and 48,4% of girls said that they had never asked their father a question about human sexuality). Harris and Meyers, (2008), state that mothers are viewed by the youth as being the most important and preferred over fathers in providing sex education to females and males. It is interesting to note that after parents, the two preferred sources are a professional sex counsellors and educators for girls with school following closely at third place. For boys the school was the second choice of preferred source of sex education with the third following quite far behind, being professional sex counsellors and educators. The implication of this is that the current method and curriculum being used by the school is not preferred by learners. This is despite the fact that the students expressed that they covered many of the topics at a school level. It appears that a change in approach is required by the school to include topics that are relevant to the students and methods of teaching sex education. The school as a source only ranks first in preference for the source of information

on recognizing and preventing STIs for boys. This is problematic as scholarly institutions are important when regarding the ease of giving and receiving information about sex (Harris and Meyers, 2008). Effective and equitable sexual health information and the facilitation of access to sexual health services are both means that are a form of provision of sex information to the young people and therefore can be regarded as “sources” of sex education (Pattmann, 2006).

Although friends have been seen to be an important source of sex education, learners have portrayed that they would rather like their information to come from the more prescribed sources. The controversy around formal sex education is based on the erroneous belief that instruction about sexuality will increase premarital sexual behavior. However, it may make the sexuality that parents try to deny that children possess more visible and therefore they would find it necessary to discuss sex more with their children (Pattman, 2006). When parents are considered as the ideal location for the dissemination of sex information, it is often overlooked that many children do not have both parents available to them, and that fathers have always had minimal involvement in the transmission of sex information in two-parent families (Nicholas et al, 2001). Thus, it would seem that they are not receiving the information that they required in terms of sex education and are turning to the alternative sources such as their friends and media to gain enough information as the sources they would like their information to come from are inadequate. The source ‘Professional Sex Educator or Counsellor’ implies someone who knows about sex-related topics and who is open to communication. A preference by girls for this source indicates that girls would like someone that has the correct facts and know-how to teach on this topic and that they would trust information that would come from a source such as this. According to Gender Socialization Theory as cited in Van Wagner, (2002), an individual is psychologically moulded by the differential treatment they receive from the moment their gender is assigned. Society has levels of social approval and withdrawal of approval if the gender constructed norm is not obeyed. Society has direct and indirect methods whereby gender appropriate behaviour is reinforced and gender inappropriate behavior is punished. It would appear that females’ willingness to learn from a more prescribed trusted source is gender appropriate for them.

### **5.3.2. Actual Sources**

It was found that teachers were the main actual source of sex education for both boys and girls with boys confirming this to a greater degree than girls. This indicates that the school is the source where they are obtaining most of their sex education from and that learners are aware of this. This is very encouraging even though only 32,6% and 27,6% of the boys and girls indicated this respectively. The second best rated sources are friends for boys and parents for girls. Boys are comfortable to gain their sex information from both male and female peers whereas girls indicated that they gain their information in terms of peers by mostly female friends. According to Pattman, (2006), peers are an important source of information and emotional support for students. However, there are many inaccuracies and fallacious beliefs which are passed between peers regarding sex and sexuality (Pattman, 2006). Therefore, more reliable, controlled sources need to be open to communication when questions arise. Through discussions with either, teachers / parents / counsellors, this inadequate information can be highlighted and corrected. The correction of misunderstandings will not take place if communication does not occur at a prescribed source level. Although friends were the second best source, parents for girls and to a lesser degree for boys (20,6% and 15,8% respectively), were the next rated source. This indicates that although peers play a crucial role, learners, especially girls, are seeking advice from adult sources of information which is highly encouraging. It is also apparent that boys are more readily willing than girls to obtain their sex information from non-adult sources since 14,6% expressed that they gained their sex education from the media. This may also indicate an embarrassment to ask questions that are relevant to them in the classroom and to their parents and that they feel safer learning from a distant non-direct source where they have control over the types of information they receive to a greater degree than in the school environment.

#### **5.3.2.1. Extent of Satisfaction with Actual Sex Education Sources**

Learners in the study provided an indication of their satisfaction with their sex education which was given by rating their satisfaction with their sex education according to a Likert scale as well as whether they would like to teach their children about sex in the same way that they were taught about it. Most learners were not satisfied with the ways that they found out about sex and what they knew about it. Previous research indicated that scholarly and parental sources

of sex education usually focus on communication about abstinence and contraception (Epstein and Ward, 2007). According to Selwyn and Powell, (2007), the scholarly source of sex education was widely criticized for being too biologically based and lacking a discursive or participatory element i.e. students were not able to report on their own experiences and opinions and ask for the type of information they required but were rather given information according to the school curriculum (Selwyn and Powell, 2007). Many of the responses indicated that they found out about sex on their own. This finding was in keeping with a study by Bhana et al., (2005) who indicated that most learners have relied on sources other than the school, parents, religious leaders, medical staff and counsellors for their information. The majority of the learners said that they would not teach their children about sex in the same way that their parents taught them. Regardless of gender or race, learners were not satisfied with the ways in which their parents had taught them about sex and a qualitative question provided answers like “They did not teach me anything about sex / It is taboo to talk about sex in my house.” According to a study conducted among North West Province youth, it was reported that a limited amount of information is shared by the parents and teachers on sex education (Kaya, 1994). Kaya, (1994) also states that parents are usually against providing their children with sexual information about contraceptives as they fear it will lead to promiscuity. This is disturbing since the majority of learners preferred parents as their main source of sex education.

#### **5.4. Topics Covered/Content and Applicability to Learners**

When looking at preferred and actual sources by topic it is noticed that most of the topics do not correspond in terms of being the best rated source of preferred and actual source of sex education. What is preferred for one topic is not the same for another. This brings up the issue of difficulties that could be experienced when developing a LO curriculum because of the complexities of the results. Physicians or nurses are the preferred source for girls (41,4%) and for boys parents are the preferred source (33.7%) but teachers are the main actual source of information on Birth Control for boys and girls (32,6% and 27,6% respectively) however, friends for boys and parents for girls follow very closely behind. Teachers are preferred as the main source on Recognizing and Preventing STI's for boys with 41,6%. However, the school is the second preferred source for girls with 24,1% while the main preferred source is physicians or

nurses with 36,8%. This gender difference may be as a result of boys not being able to communicate as openly as girls with their parents but receiving this information as part of the LO Curriculum. Epstein and Ward (2007) have shown in their study of communication that, unlike girls, boys reported receiving little or no parental communication about sex from their parents. Girls' preference for health care professionals may occur as a result of wanting to learn more about the biological aspects of prevention of STI's whilst not being as personal as communicating with a teacher about this aspect. This may be in keeping with the Gender Socialization Theory where girls are taught to be more reserved about their sexuality than boys (Van Wagner, 2002). Ironically friends as a preferred source are almost non-existent with 2,2% and 0% for boys and girls respectively and did not constitute much of the actual source either although this was greater than the preferred source for boys with 6,7%. It would seem that friends are not seen as a main source of information on the more biological precautionary aspects of sex as previously stated by Pattman, (2006). For both genders, teachers were the main source of sex education with 31,5% and 38,4% for boys and girls respectively. This may have occurred as a result of the compulsory LO lessons on sex education. The second actual source for this topic for girls was physicians or nurses which better matched the preferred source for girls. Moral and ethical questions relating to sex was preferred to be taught by parents for both genders (38,2% and 49,4% for boys and girls respectively). This may have been on account of learners being most directly influenced by their parents as to moralistic and religious or ethical discipline. This is in accordance with Bronfenbrenner's Systems theory where parents are seen as having a direct influence on their children's lives since they are the main part of the Microsystem (Bronfenbrenner cited in Shaffer, 2002). Parents have the most influence on their children regarding issues of morality (Kaya, 1994). It is also interesting to note that in another study done by McGrath, Nyirenda, Hosegood, & Newell (2008), maternal death was significantly associated with an early debut into being sexually active in the case of girls and the same association existed for that of paternal deaths and boys. Males also indicated that mother's membership of the same household as themselves, encouraged a delay in the age of their first sex (McGrath et al, 2008). The actual source are teachers for boys with 20,2% and for girls their mothers with 27,9%. It seems that for issues of morality, boys who are not getting the required information from their parents are receiving this from school. As previously mentioned, Epstein and Ward (2007)

have shown in their study of communication that, unlike girls, boys reported receiving little or no parental communication about sex from their parents and mostly learnt from their peers and the media. Teachers are followed closely by parents though which may indicate that the gap between the preferred and actual source for boys is not that apparent. Priests and ministers only account for 13,5% and 14% of the boys and girls respectively, showing that even though the sample demographics showed that the learners were mostly Christian they were still relying on the school, parents and friends for their moral and ethical sex education. Friends accounted for 14,6% of the boys actual source on sex education while actual parents accounted for the 19% of the boys sex education. It would seem that while boys do not seem to regard their peers as a reliable source of information on STI's, they do value their input more regarding moral and ethical values. Boys reported a greater influence by their peers on sexual matters than girls and thus, according to the type of content that their same sex peer conversations revolve around, are more likely to see sex in a positive perspective and to engage in it with a sense of pride rather than guilt at an early age (Sprecher, Harris and Meyer, 2008). The preferred source for Interpersonal Relations and Sexuality for girls was their parents by far outnumbering the other sources with 45,3%. This was also true for boys to a lesser degree with 32,6%. Teachers for boys are ranked second with 14,6%. For Interpersonal Relations and Sexuality, the actual source are mothers and female friends for girls with 20,7% and 19,5% respectively. This shows that girls feel more comfortable with learning from their same sex adults or peers. Boys on the other hand learnt from the school with 19,1% of the boys saying this. Their next source was friends of almost equal numbers for both genders (10,1% for boys and 13,5% for girls ). This is in accordance with the study by Kaya (1994) where friends were rated second best in the category. This is because of the limited amount of information that is shared by the parents and teachers on sex education. It is also interesting to note that although the difference was very small between boy and girl peers, boys actually discussed more with girl peers than their same sex peers.

The specific topics as covered by the school indicated that more of the biological aspects were focused on for both boys and girls and that the more interpersonal and relational or personal aspects of sexuality and identity development were not adequately covered. This is the possible reason why other sources were employed to cover these issues. The topics that are not being covered adequately for both genders are personal hygiene, intercourse, birth control, what to look



for in a mate and how far to go on a date. Surprisingly, birth control was not covered adequately by the school. It would seem that the students are not satisfied with the type of information that is covered by the birth control section of sex education and may possibly be desiring to gain more information that would pertain to the ease and practical implication of using birth control such as where to find the contraceptives without experiencing the stigma attached to getting them. According to Reddy et al., (2008), 65.4% reported receiving HIV and/or AIDS education in school. The prevalence varied by grade, with significantly more grade 11 learners (76.2% reporting having been taught about HIV and/or AIDS at school when compared with grade 8 (60.6%), grade 9 (62.3%) and grade 10 (63.5%) learners. However, the prevalence of other topics being taught in schools is not as high. (Reddy et al., 2008)

According to the survey's results, overall the topics were preferred to be covered by the more prescribed sources of education with parents, teachers, professional sex educators and counsellors and physicians or nurses being the more adult sources that they would like to acquire their information from. This correlates to the main general preferred source of sex education being one of these sources for boys and girls. The actual topics were covered mostly by the school and parents which indicates a positive rapport between the adult sources and students however an increased percentage of learners that have ascribed to these sources would be more beneficial. This is encouraging as the sources that would be preferred by the students are the prescribed sources which are also the actual sources of sex education for most of the topics as given by the survey.

### **5.5. The extent to which Aspects of Family Provide an Environment Conducive to Sexual Learning**

When parents are considered as the ideal location for the dissemination of sex information, it is often overlooked that many children do not have both parents available to them, and that fathers have always had minimal involvement in the transmission of sex information in two-parent families (Nicholas et al, 2001). This was also apparent in the study as both boys and girls indicated that their fathers were not a predominant source of sex education for various reasons. Most learners say that they are not able to talk to their parents about sex and yet many of them are already sexually active. Although warning messages about teenage pregnancy are

widely conveyed regardless of race and gender, learners are not receiving adequate support and information about sex and sexual identity from their parents.

#### **5.5.1. Family Affection, Permissiveness and Expression**

The Parental Openness and Closeness Scale indicated that there are significant gender differences with boys ( $M=8,5$ ) having a greater experience of parental openness and closeness than their female counterparts ( $M=8,03$ )  $t(172)=0.845, p<0.0005$  and that there are significant racial differences when it comes to Parental Openness and Closeness,  $F(13,160)=1,237, p<0.05$ . It would seem that parents are more likely to express more openness with their sons than their daughters about sex. This is not in keeping with the restrictive information that parents are more open with their daughters than their sons with. Although girls reported having more conversations with their parents regarding biological topics of sex and issues of morality, results have indicated that parents are less restrictive when it comes to openness about their son's sexuality and are thus more likely to discuss the more positive aspects of sex with them. Bhana et al., (2005), indicates that more female than male adolescents reported that their parents exerted stringent and restricting control. Concerning overall sexual activity, boys were found to be significantly more sexually active than girls. This could be ascribed to cultural-societal norms concerning the rearing of the two genders (Bhana et al., 2005).

#### **5.5.2. Discussion of sex-Related Topics**

As indicated in preferred sources above, parents are the preferred source of information for both boys and girls however girls expressed this to a much greater degree than boys and of the two parents both boys and girls expressed that their mother should be the preferred source of their sex education. Fathers play very little role in the students sex education. Harris and Meyers, (2008), state that mothers are viewed by the youth as being the most important and preferred over fathers in providing sex education to females and males. Thus the topics discussed by parents with their children need to cover all or most aspects of sexual learning. Moral and ethical questions relating to sex was preferred to be taught by parents for both genders (38,2% and 49,4% for boys and girls respectively) however, it is indicated that parents are not the main actual source for many of the topics investigated by this study.

## **5.6. Reasons for not Discussing Sex-related Topics with Parents**

The boys were seen as less willing to discuss sex with their parents than the girls were. Girls documented being highly embarrassed and watchful of their parents', especially their mother's reactions to the questions they would like to ask while boys did not ask their parents at all. Embarrassment is the main reason preventing learners from discussing sex-related topics with their parents. The study established that 25 % of boys and 21,4% of girls said that they were embarrassed to ask their fathers. For mothers the main reason for girls and boys not wanting to ask their mothers about sex was that they were afraid of her rejection. This was true for more boys than girls. An equal number of girls and boys also said that their mothers gave them a lecture instead of answering their questions. Thus the messages they were receiving were not the answers to their question that they had and they did not have the chance to openly express their curiosity. The other reason was that both genders of the learners were awaiting her to bring up sex related information. This indicates that they do not feel confident or comfortable bringing up the topic themselves. Therefore because mothers are reluctant to bring up the topic themselves it means that the learners do not really get the opportunity to talk to their mothers. According to Bhana et al, (2005) mothers are the second most likely person with whom learners will communicate about sex, sexual abuse and HIV/AIDS. Mothers followed by educators were also cited as the most important educational source in terms of sex, sexual abuse and HIV/AIDS as well as were cited as having the most impact on their attitudes and behaviours in relation to HIV/AIDS (Bhana et al, 2005). Mothers also actually provided sex-related information to significantly more female than male participants (Bhana et al, 2005).

Mothers are the preferred source for girls (54,2%). Therefore the reasons for learners not discussing sex-related issues with them are important. It is of concern that learners' are reluctant to communicate with their mothers since they are concerned over what their mothers think about their reasons for asking questions of this nature. They seem anxious about their mothers' reaction and value her opinion very much but are afraid to risk the relationship with her to ask questions pertaining to sexual matters that may suggest they want to become sexually active. 'I was afraid of her reaction'; 'She asked me why I wanted to know' and 'She gave me a lecture instead of answering questions' had the highest frequency after embarrassment. This is not true

for boys however as their main response was that they never discussed sex related topics with their parents (48,1%). Mothers were significantly more likely to provide sex-related information to female than male children (Bhana et al, 2005). It does seem that mothers are a vital source of information to their daughters and sons since 62,4% of the girls and 57,5% of the boys indicated that they discussed sex and sex related topics with their mothers. Only 43,7% of the boys and 24,1% of the girls indicated that they discussed sex with their fathers. According to Sprecher, Harris and Meyers (2008), mothers are viewed by the youth as being the most important and preferred source of information over fathers in providing sex education to both females and males. Fathers did not appear to play as great a role in their sons and daughters sex education as the mothers.

There is also the issue of respect for parents that was not necessarily an indication that learners did not have a good relationship with open communication with them in aspects other than sex-related topics. In Black and Indian/Coloured households it seemed that learners who had a close relationship with their parents did not discuss sex related topics with them because of the very reason that they were close with them and therefore respected them. The correlations between items “I have respect for my father/mother” and discussion of sex-related topics indicated that the higher the respect for parents, the less they spoke with them about sex-related topics. This was true mainly for Indian and Black male and female learners.

### **5.7. Participation in Sexual Activities (What and to What Extent)**

Descriptive analysis using frequency shows that this sample of learners engage in frequent sexual intercourse (34,9% for boys and 15,9% for girls) and frequent heaving petting which includes genital touching or fondling (32,6% for boys and 16,1% for girls). Many more girls than boys were abstinent and were virgins (72,7% for girls and 37,2% for boys). Heavy petting and sexual intercourse exposes learners to STD’S, teenage pregnancy and HIV and Aids (Bhana et al, 2005). The number of learners that participated in sexual activity decreased as the intensity of sexual activity that was measured increased. According to Eaton, Flisher and Aaro (2003) sub-Saharan Africa contains the poorest, most underdeveloped countries in the world with the largest amount of AIDS related deaths where 85% of the deaths of the sub-Saharan population

were AIDS related and according to studies on South African senior secondary school learners the majority of the participants were sexually active (Bhana et al, 2005). As about the half sample is sexually active, it is necessary that students have a degree of understanding of their own sexuality and their sexual identity in order to comfortably go through the phase of adolescent sexuality to adult sexuality as established by Gilbert (2006). It was found that 51.6% of the male sample and 53,4% of the female sample reported being satisfied with their knowledge on sex-related topics and 56,5% of the boys and 64,8% of the girls felt satisfied with their sex education. In spite of these high levels of satisfaction, it is not apparent as to whether the learners have a complete understanding of their sexuality and sexual identity including both the biological aspects of human sexuality, as well as a psychological or emotional understanding.

Learners have also indicated that they would prefer their parents to be their main source of sex education. Although not the highest contributor to sexual activities scores, gender differences contributed significantly with boys being more sexually active than girls. It would seem that white males are less likely than their black and Indian counterparts to engage in sexual activity as this was the highest contributor to sexual activity as indicated by the regression analysis on the sexual activity. According to correlations, it was seen that the more learners engage in sexual activity, the less likely they are to talk to their parents about sex. This may not necessarily mean that they are not close to them but rather that because they are close to them, they respect them and find that sex is a taboo topic in their household and so are reluctant to disrespect their parents by bringing up sex as a topic. It would also seem that learners are less likely to talk to their fathers than their mothers and this is true for both males and females.

### **5.8. School's role in sex education**

The LO Curriculum includes lessons on sexual health, gender equity and helps learners protect themselves from HIV and AIDS, in order to promote change in learners' behaviour to reduce risk for HIV and AIDS and safeguard their reproductive health. (Rooth, 2005) The school is covering more topics than other prescribed sources especially parents. This is in accordance with Selwyn and Powell's (2007) findings that school lessons were the most frequent source of sex and relationship information for many adolescents. Lessons were more appealing to younger, male and more academically inclined students. These topics appear to be biological in nature covering

the ‘mechanics’ of sexuality rather than more difficult topics which would be facilitated through a discussion with the exception of birth control and personal hygiene. For personal hygiene it was indicated that mothers are the best source for males and females. As stated, mothers are the preferred source, but not all learners have this communication with their mothers because of their being afraid of her rejection and them being embarrassed to ask her. Some students indicated that they would not prefer their parents as a source at all and that they do not engage in asking their parents about their sexual concerns at all. Students also expressed that they would prefer the school to teach them about sexually related topics however less students reported actually gaining their information from school. This can be explained by Bronfenbrenner’s theory as the Mesosystem which indicates that relations between the two Microsystems, in this case the relation of family experience of sex education to school sex education, where the student was taught directly or indirectly at home that to talk about sex was taboo then that increases their reluctance to talk about sex at school since embarrassment would play a role as it did at home. However, upon the school being more encouraging and providing an environment where they can more openly learn about sex, they are more willing to gain their information at school.

According to Kumi-Kyerene et al (2007), it has been found that the creation of a supportive environment in the school and home as well as the showing of interest in adolescent’s welfare provide them with better sexual and reproductive health outcomes. It is therefore the role of school to provide information on the topics that students have indicated are being dealt with by the prescribed sources inadequately, particularly in areas where there is embarrassment or anxiety experienced in bringing up the subject with parents. Peer groups and the media have a strong influence on adolescents with males receiving more of their actual information on sex from these sources. Girls expressed that they learnt more from their female peers only on the topic of morality. This gap in the learning experience in terms of sexuality at school needs to be addressed. Thus the Life Orientation Curriculum needs to bring in the topics that are being discussed more readily in peer groups. `

## **5.9. Mode of Education**

Although co-education enables boys and girls to learn to live together in a social space (Giami et al, 2006) there is evidence that gender stereotypes are constructed through the

structures and practices of schooling itself. Boys and girls in co-ed schools are more likely to engage in the prescribed gender roles as given by their society than students from single gender schools (McNeil, 2008). According to McNeil, (2008), single sex schooling has been proposed as a means to develop healthy sexual identities and wellbeing. Boys expressed more of a desire to be schooled in mixed gender classes with many boys saying that they would like to get both perspectives on the topic and that they thought boys on their own did not take the topic seriously enough and that the presence of girls would enable them to behave in a more mature fashion while the girls preferred single gender classes stating that they would like a space where they can feel comfortable and learn on their own. According to Selwyn & Powell, (2007), school lessons were the most frequent source of sex and relationship information for many adolescents and lessons were more appealing to younger, male and more academically inclined students. The findings that boys and girls preferences for single and mixed gender classes in sex education differ can be explained by the Gender Socialization Theory (Van Wagner, 2002). As the findings that boys and girls prefer to learn about the same topic (sex) in different ways it would seem necessary for the sex education component of the LO Curriculum to be adapted to the suit the needs of both genders accordingly. Boys seem to be more open about and comfortable about their expressing their views on sex and also express their views of sex education at the school as being a “joke” and therefore not necessary; implying that they are better able to find their sources of sex information outside of the school. This is conveyed by 28,4% and 14.6% of the boys; nearly a third of the sample gaining their actual source of sex information from friends and peers respectively. It seems in light of the statement made by Giami et al (2006), that boys are more willing to adhere to the gender stereotypes as given by society while girls may be more willing to break free from them by desiring a space for themselves. It could also be argued that girls may be more embarrassed about their sexuality than boys and this is the reason why the preference for single gender classes exists. It may also be true that boys truly desire to find out girls opinions and attitudes to gender and sexuality.

### **5.10. Limitations of study**

The generalizeability of the sample is limited in terms of representivity as the sample represents a small group of learners from a specific cultural, socio-economic and similar age

group and therefore this may hinder the representivity of all learners. However, it is the intention of the research to duplicate the methods used in this study to gather data on this topic in other schools.

Since this is a quantitative study, the results may not be directly relevant to the individual learner that may not be sexually active for example the abstinent learners resulting from their religious affiliations. However, the means that are being compared give rise to findings that are most suitable to allow for recommendations to be made on the Life Orientation Curriculum that targets the average learner at a South African school.

The validity of the responses could also be questionable as the respondents might not have been completely honest in expressing their opinions as well as may not have had the alternative that correctly expressed their opinions. This is a sensitive topic and one that learners may not have wanted to express their true attitudes, beliefs and practices on. There would also be the social desirability response where students, especially in the case of the Sexual Activities Inventory, may have felt uncomfortable revealing such intimate and personal details about their lives. Social desirability for learners completing a survey on sex may have influenced their honesty as they may have desired to represent gender stereotyped or gender roles that society sees as fitting for their gender and age. This may have influenced responses to questions on sexual activity where boys may have represented a higher degree of sexual activity than in reality as this is usually the social construction for young males in South Africa. However, girls may have ascribed to the “good girls abstain or have sex less often” social construction and may have represented their sexual activity as being lesser than their actual sexual activity in their responses (Van Wagner, 2002).

HIV in South Africa is transmitted predominantly heterosexually between couples, with mother-to-child transmission being the other main infection route (AVERT, 2010). Therefore as this study focused on heterosexual adolescents however, it is limited in the sense that the study does not include homosexual adolescents’ views. It was assumed that all the subjects were heterosexual and none of the subjects raised questions in this regard. Homosexuality could have been an extraneous variable and may have had an impact on the study regarding the sexual activity inventory and answering questions on how comfortable they feel to converse with



parents/teachers about sex. Future studies could include sexual orientation as a part of the demographic data.

The study was also not designed for those students who had either of or both of their parents either deceased or not living with them and this made it difficult for them to complete the entire questionnaire. However, learners were told to leave out the sections that did not apply to them in terms of their fathers or mothers not being able to be there physically to communicate with them about sex. If learners did have guardians they were told to answer the questions relating to parents with their guardian(s) in mind.

A vital source of information that was not covered directly by the questionnaire was that of students' siblings. Many of the learners selected "other" in terms of the alternatives to questions on preferred and actual sources of sex education and then proceeded to fill in either brother or sister on the space provided for them to write their own response. It needs to be considered that the findings in quantitative research are only as rich as the items that are included in the questionnaire.

A study of this nature with a sensitive topic as adolescent sexuality is also greeted with reluctance on the part of the schools and the researcher found it slightly difficult to gain acceptance particularly by the boys' school. The girls' school was easier to gain access into as the researcher had been a previous student of the school. It was found that the best way to gain access is to ensure that the research is an asset to the school and to the learners at the school.

It was also hoped that the study could have been carried out on grade twelve learners as they would have had the highest degree of knowledge and maturity to address a topic on sex as well as the highest degree of knowledge on the Sex Education component of the LO Curriculum, however due to them writing exams and having a generally tight schedule this was not able to be done.

Another weakness of sampling were the unanticipated changes that had to be done at the last minute since it was discovered that there were not enough grade eleven boys available at the boys school and therefore the researcher had to include a sample of grade ten boys from the same school. The researcher had been informed that there were enough grade eleven students when

the first phone call to the school was made however, upon arrival it was discovered that there were only forty learners, two of whom were absent on the day of data collection. It was intended that the study keep the variable of age constant however due to these unforeseen circumstances another variable of “age” was unintentionally introduced. However, results from a cross-tabulation on gender and age indicated that there was no real age difference regarding male and female learners. There was the option of collecting data from grade eleven boys at another school in the same area however this was decided against since the effect of the variables that could have been introduced through the use of another school in the same area is far greater than that introduced by the minimal difference in age (one year). The other school was a co-ed school and the constituencies of learners were different in cultures, races, and language as it is an Afrikaans medium school.

### **5.11. Conclusion**

As there are findings that boys and girls prefer to learn about the same topic (sex) in different ways; it would seem necessary for the sex education component of the LO Curriculum to be adapted to suit the needs of both genders accordingly.

## **Chapter 6**

### **Recommendations and Conclusion**

#### **6.1 Introduction**

Although it was the intention of the study to investigate adolescents' reliance on the various sources of sex education, there still remains aspects that could be further investigated or aspects of the study that could be of use to guide the framework of the LO Curriculum.

#### **6.2. Recommendations**

The research completed most accurately reflects the school and could be used as a guiding framework for the sex education component of the LO Curriculum. Moore and Rosenthal (1993) have said that using general statements about adolescents do not tell us with any certainty about any particular adolescent. The research suggests that there are gender differences in the preferred and actual sources of sex education as observed in the results. Sensitivity to these gender differences needs to be shown when the sex education component of the LO Curriculum is being structured. According to the Ecological Systems Theory of Bronfenbrenner (cited in Shaffer, 2002), there are many sources in society that learners are being influenced by during the course of their lives. However, the focus of the research is on the influence of the many sources of sex education on the learners' sexual identity development. The Eriksonian perspective explains that according to the age of the learners (15-19) they are in the developmental period of Identity Development versus Role Confusion and are therefore engaging in the task of developing their sexual identities. However, according to Gender Role Socialization theory, boys and girls are not only different biologically but are socialized by the various layers in society as previously stated through the use of The Ecological Systems Theory, to be different on the basis of their gender. Thus the results of the differences in preference for certain sources of sex education and the difference in the sources that the learners are actually gaining their information from indicate that there are definite gender differences in the sources of sex education. The impact of the sex education as provided by the LO Curriculum at school, depends on who the target audience is as explained by the Audience Segmentation Theory.

It was encouraging that the parents from this sample were willing for their daughters to participate in a study of this nature indicating parental support for a study of this nature. The students were also very willing to participate in this study with more of the girls than the boys indicating this. This shows that not only the parents but also the students are interested in this topic.

The research shows that the students preference is for schools to provide sex education however in the areas that the school does not cover the required information adequately, students, both male and female seek out other forms of educational sources such as their peers and the media. It was seen that these play a greater role for boys than for girls. The finding that both genders of students would like their information to come from the school is encouraging however is apparent that although many of the students reported actually gaining much of their sex education from the school there are not enough students that feel this way. The LO Curriculum needs to become more relevant to the students in terms of their needs in order for it to become the ultimate preferred and actual source of sex education so that students can feel comfortable to have all their needs addressed in the school environment which is more controlled and non-fallacious than the non-prescribed sources that they are often resorted to following.

The study was aimed at finding whether gender differences existed in accordance with the various sources of sex education so as to potentially inform the sex education component of the Life Orientation Curriculum. The prescribed sources especially the school's Life Orientation Curriculum being the implied recipient for improvement in terms of the provision of adequate and relevant information on adolescent's sex and sexuality. It was found that the school as source focused on topics that were more biological and did not focus on the development of adolescents' holistic sexual identity and this was seen in the results of the topics that the school focused on. Learners indicated that the topics they least learnt about as part of sex education at school was "what to look for in a mate" and "how far to go on a date". In contrast, learners indicated that more biological topics like "methods of birth control", "STI's" and "Abortion" were learnt about at school with most of the learners indicating this for each of these topics. The school curriculum therefore did not see the adolescent as a holistic developing individual that is on the brink of adult sexuality and so the school as a source is compromised and learners have

reportedly been reaching out for help to deal with more intimate aspects of sexuality to the less prescribed sources (Pattmann, 2006). Therefore friends and the media provide a more comfortable, reliable and relevant source of information for them. This is also truer for boys than for girls however one is not sure whether this was the case of social desirability responses on the part of the girls because of the embarrassment experienced at having to openly discuss their preferences and actual sources.

It has also been shown that girls are less open with discussing issues on sexuality than their male counterparts. Females seem most open with their mothers and seem to value their mother's reactions and being viewed as "morally sound" with many of them expressing a fear for their mothers negative reactions and responses so this forms a barrier to them actually asking the questions that they would like to ask. Girls are also more comfortable to discuss sexuality with their same sex friends whereas boys are more likely to learn equally from peers of both genders. Girls are therefore less likely to learn about the pleasurable aspects of female sexuality as they are learning from the prescribed sources of their mothers, the school and other girls who are as likely to have the exact same information that they are receiving. Girls are therefore more likely to see sex and their sexuality as couched in fear of the consequences of possible sexual initiation and activities.

It is also very important to note that both girls and boys are not comfortable to talk to their fathers about sex and both genders expressed a preference for their mothers as well as actually spoke to or were more willing to speak to their mothers about sex. It would seem that the provision of sex education is seen as the mother's responsibility regardless of the sex of the child. This is also symbolic of a practicing patriarchal system that is in place in the social system at a micro level. Fathers are not seen as responsible or approachable. This could be problematic in the students' lives as they are only receiving the mothers' perspective and this is especially problematic for boys as they are not learning responsible sexual behaviours while they are learning the pleasurable ones from sources such as the media and both gendered peers.

There is also a need for parental involvement and training regarding sex with 94 learners preference by learners and the actual parental source being only 32 learners. This is also highlighted in prior research by Nicholas et al, 2001, where South African adolescents indicated

that they would prefer parents to be more involved in their sex education. Parents also need to be more approachable so that their children would not express the above reluctance to approach them about sex information (Pattman, 2006). In terms of gender differences regarding parents as a sources of sex education for their children, there is a greater need for both parents to be involved in their daughters' sex education since they preferred parents to be a source of sex education to a greater degree than boys and also did not receive much assistance in this area from their fathers.

It may be useful for future studies to gain more information on the adolescents' needs in terms of sex education in the form of a mixed model study design as the qualitative - ended questionnaire gave rise to answers that were very interesting and could increase information in this regard. Many students wrote about their experiences in the classroom and certain statements indicated that the reason for it being more beneficial to have mixed gender classes was that boys are immature when girls are not present. This kind of response shows that there are boys who take the sex education classes that they are receiving very seriously and regard it as an important aspect however there are also those who think that they are not more than a joke. At the end of each session the participants showed interest in the topic and wanted to talk. It was felt that primarily using quantitative approach did not draw on this need to express how the learners felt in their own words. The learners wanted to talk and ask questions, which was very encouraging. A study of this nature raises a number of questions, and it would be good to be able to follow up with a question and discussion session.

### **6.3. Conclusion**

It was found that teachers were the main actual source of sex education for both boys and girls with boys to a greater degree than girls. This indicates that the school is the source where they are obtaining most of their sex education from and that the students are aware of this. This is very encouraging even though only less than half the number of boys and girls indicated this respectively. The second best rated sources are friends for boys and parents for girls. Boys are comfortable to gain their sex information from both male and female peers whereas girls indicated that they gain their information in terms of peers by mostly female friends. Parents are also the main preferred source of sex education by learners however not many parents are

actually being the source of sex education that learners would like. An even fewer number of fathers are taking responsibility for their children's sex education. Most learners say that they are not able to talk to their parents about sex and yet many of them are already sexually active. Although warning messages about teenage pregnancy are widely conveyed regardless of race and gender, learners are not receiving adequate support and information about sex and sexual identity from their parents. Therefore, more reliable, controlled sources need to be available for learners sex education needs to be addressed.

This study therefore illustrates that gender differences in terms of knowledge and attitudes on sex are very much apparent despite our move into the 21st century and the move away from patriarchy. There are still social norms that are in place that prevent girls from learning freely and expressing themselves freely when engaging in the topic of sex.

Sex education should be more than just the provision of precautionary and biological information to students but its' informants should also realize that sex as a topic addresses the most intimate aspects of life: love, loss, vulnerability, power, friendship and aggression, all of which are entangled in the adolescent's efforts to construct their own sexual identity, find love outside of the family and experience the effects of puberty. Adolescents should be viewed as sexual subjects where the emphasis on adolescent sexuality is based on their development into adult sexuality. This data reinforced the possibility that sex education would be more beneficial if arranged in a somewhat segmentable manner in terms of gender

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## Appendix B: Letters and Consent Forms to Parents and Students:

Dear parent of Grosvenor Girls student(s) / Grosvenor Boys High student(s),

Permission to undertake research

Your permission for your child to participate in research is kindly requested. The research is a requirement for my Masters Qualification in Health Promotion at the School of Psychology at the University of Kwa-Zulu Natal. The research topic is “Gender Differences in the Prescribed and Actual Sources of Sex Education in Senior Secondary School Students.” It has been observed that there are differences in young South Africans with regard to the actual sources of sex education that are provided to teenagers aged between 13 and 19 years; by society, government, schools and parents; and that which they actively learn from i.e. sources that they would prefer to use, such as their peers and possibly the mass media. Therefore it is seen as necessary to engage ourselves with the question of what sources of sex education are of more use to adolescents of this day. Different sources of information may disseminate different messages about sex, and thus the sources adolescents turn to for sexual information may differentially influence their sexual beliefs as well as their behavior.

The intention of the research is therefore to provide findings that will inform policy and Life Orientation Curriculum development.

Your child will be involved in the completion of a survey on the sources of sex education. This survey will take approximately forty five minutes to complete. All the information will be strictly confidential and your anonymity will be preserved. Participation in this study is voluntary and you are free to withdraw from the study at any time. The emphasis is not answering the questions with the right answers but rather that honest answers are given.

Yours sincerely

If you would be so kind as to allow your child to participate in the research please sign the following:

I, the undersigned, am prepared to allow my child to take part in this research study.

---

Name: Mr. Mrs. Ms. \_\_\_\_\_

Candice Alexis Jimmyns

Student of Health Promotion

School of Psychology

Howard College Campus

Email: [208525636@ukzn.ac.za](mailto:208525636@ukzn.ac.za)

Dear student of Grosvenor Girls/ Grosvenor Boys High,

Permission to undertake research

Your permission to participate in research is kindly requested. The research is a requirement for my Masters Qualification in Health Promotion at the School of Psychology at the University of Kwa-Zulu Natal. The research topic is "Gender Differences in the Prescribed and Actual Sources of Sex Education in Senior Secondary School Students." It has been observed that there are differences in young South Africans with regard to the actual sources of sex education that are being provided to teenagers aged between 13 and 19 years; by society, government, schools and parents; and that which students actively learn from i.e. sources that they would prefer to use, such as their peers and possibly the mass media. Therefore it is seen as necessary to engage ourselves with the question of what sources of sex education are of more use to adolescents of this day. Different sources of information may disseminate different messages about sex, and thus the sources adolescents turn to for sexual information may differentially influence their sexual beliefs as well as their behavior.

The intention of the research is therefore to provide findings that will inform policy and Life Orientation Curriculum development.

You are requested to please complete a survey that will be done in a Life Orientation class. This survey will take approximately forty five minutes to complete. All the information will be strictly confidential and your anonymity will be preserved. Participation in this study is voluntary and you are free to withdraw from the study at any time. The emphasis is not answering the questions with the right answers but rather that honest answers are given.

Yours sincerely

If you would be so kind as to participate in the research please sign the following:

I, the undersigned, am prepared to take part in this research study.

---

Name: \_\_\_\_\_

Candice Alexis Jimmyns  
Student of Health Promotion  
School of Psychology  
Howard College Campus  
Email: [208525636@ukzn.ac.za](mailto:208525636@ukzn.ac.za)

## **Appendix C: Instructions to Participants**

The following is a questionnaire, which is in fulfillment for the Masters Degree in Health Promotion on the sources of sex education that adolescents are acquiring their sex education and information from. The study is “Gender Differences of Prescribed and Actual Sources of Sexual Education amongst Secondary School Learners. Please kindly complete all the questions with the first answer that comes to mind. I am not looking for a correct answer but rather your own opinion towards the given statements which will be indicated by you choosing a certain alternative. You do not have to continue with the full completion of the questionnaire; however it is highly appreciated if you do. All the information that you disclose will be kept anonymous and strictly confidential. You are not required to write your name or any means of identification on the questionnaire. Please fill out the following questionnaire by ringing the alternative that is applicable to you. Please choose only one alternative in each case. Your participation is greatly appreciated.

## Appendix D: Questionnaire

Questionnaire of: Gender Differences of Prescribed and Actual Sources of Sexual Education amongst Secondary School Learners.

The Following Questionnaire is in fulfillment for the Masters Degree in Health Promotion at the University of Kwa- Zulu Natal, Howard College Campus.

All the information that is given by you will be held strictly confidential and your anonymity will be preserved.

Please kindly complete all the questions with the first answer that comes to mind. I am not looking for a correct answer but simply your opinion towards the given statements which will be indicated by you choosing a certain alternative. You do not have to continue with full completion of the questionnaire; however it is highly appreciated if you do.

Please fill out the following questionnaire by ringing the alternative that is applicable to you. Please choose **only one** alternative:

- 1) School: GBHS / GGHS
- 2) Grade: 10 / 11 / 12
- 3) Gender: male / female
- 4) Age: Years \_\_\_\_\_ Months \_\_\_\_\_
- 5) Race: White / Black / Indian / Coloured / Other \_\_\_\_\_
- 6) Home Language: English / Afrikaans / Zulu / Sotho / Xhosa / Other \_\_\_\_\_
- 7) Religion: Christian / Hindu / Muslim / African Religious / Other \_\_\_\_\_
- 8) Location of home: Bluff / Merebank / Wentworth / Umlazi / Other \_\_\_\_\_



### Sex Education Inventory: Prescribed and Actual Sources

The statements and questions that follow ask you to indicate your attitudes and experiences regarding sex education and sexual activities. Please read each item carefully and respond as indicated on the basis of your own true beliefs. Your responses will remain anonymous.

1. Circle the one letter identifying the person or persons who should have primary responsibility for teaching young people about sexual matters.

- a. No one special
- b. Friends
- c. Young people should find out on their own
- d. Teachers (content of schoolwork)
- e. Physical and or nurses
- f. Parents
- g. Professional sex educators or counselors
- h. Ministers, priests or religious leaders
- i. Other (please specify)

Now complete items 2 – 5 by using the list in item 1. Write one letter to indicate who should have primary responsibility for teaching young people about each of the following:

- 2. Birth control \_\_\_\_\_
- 3. Recognizing and preventing Sexually Transmitted Infections \_\_\_\_\_
- 4. Moral and ethical questions related to sex \_\_\_\_\_
- 5. Interpersonal relations and sexuality \_\_\_\_\_

6. Circle the letter beside your one main source of information about sex in general.

- a. No source
- b. Female friends
- c. Male friends    d. Father
- e. Mother
- f. Other family members
- g. Physician & or nurses
- h. Professional sex educator/ counselor (including personnel at family planning clinic)
- i. Minister, priest, or religious leader
- j. Media (radio, TV)
- k. Reading on my own
- l. teachers in school (content of schoolwork)
- m. Other (please specify)\_\_\_\_\_

Now complete Items 7-10 by using the list in Item 6. Write the letter of the one main source from which you learned most of what you know about each of the following:

- 7. Birth control \_\_\_\_\_
- 8. Recognizing and preventing Sexually Transmitted Infections \_\_\_\_\_
- 9. Moral and ethical questions related to sex \_\_\_\_\_
- 10. Interpersonal relations and sexuality \_\_\_\_\_

11. Place an X next to all the following sex related topics you have discussed with your parents at any time or studied in high school or college.

	Discussed with		Studied in	
	Father	Mother	High School	College
a. Personal Hygiene	_____	_____	_____	_____
b. Menstruation	_____	_____	_____	_____
c. Pregnancy and delivery	_____	_____	_____	_____
d. Intercourse	_____	_____	_____	_____
e. Birth control	_____	_____	_____	_____
f. Specific methods of birth control	_____	_____	_____	_____
g. Sexually Transmitted Infections	_____	_____	_____	_____
h. Abortion	_____	_____	_____	_____
i. Orgasm	_____	_____	_____	_____
j. Masturbation	_____	_____	_____	_____
k. Homosexuality	_____	_____	_____	_____
l. What to do to prevent Sexually Transmitted Infections (STIs)	_____	_____	_____	_____
m. Where to go for help if you need birth control information	_____	_____	_____	_____
n. Where to go for help if you suspect Sexually Transmitted Infections	_____	_____	_____	_____
o. What to look for in a mate	_____	_____	_____	_____
p. How far to go on a date	_____	_____	_____	_____

Read each item and indicate how much it applies to you by circling the one most appropriate number:

1. Completely false   2. Mostly false   3. Partly true, partly false   4. Mostly true   5. Completely true

12. I have a lot of respect for my father. 1 2 3 4 5

13. I have never really gotten to know my father. 1 2 3 4 5

14. My father has a lot of respect for me. 1 2 3 4 5

15. My father doesn't understand what I want out of life. 1 2 3 4 5

16. When it comes to sex, my attitudes and my father's attitudes are pretty  
much the same. 1 2 3 4 5

17. My father and I find it uncomfortable to talk about sex. 1 2 3 4 5

18. I often ask my father for advice about sexual matters. 1 2 3 4 5

19. My father probably would stand by me if I had a serious problem related to sex. 1 2 3 4 5

20. When I talk about sex with my father, I tell him only things that he can accept. 1 2 3 4 5

21. My father has very traditional ideas about a man's role in life. 1 2 3 4 5

22. My father hugged and kissed me a lot when I was a child. 1 2 3 4 5

23. I have often seen my parents showing physical affection for each other. 1 2 3 4 5

24. As a child, I was encouraged to be affectionate with my parents and  
other family members. 1 2 3 4 5

25. My parents permitted me to see them nude after I was five or six years old. 1 2 3 4 5

Read each item and indicate how much it applies to you by circling the one most appropriate number:

1. Completely false   2. Mostly false   3. Partly true, partly false   4. Mostly true   5. Completely true

26. I have a lot of respect for my mother. 1 2 3 4 5

27. I have never really gotten to know my mother. 1 2 3 4 5

28. My mother has a lot of respect for me. 1 2 3 4 5

29. My mother doesn't understand what I want out of life. 1 2 3 4 5

30. When it comes to sex, my attitudes and my mother's attitudes are pretty  
much the same. 1 2 3 4 5

31. My mother and I find it uncomfortable to talk about sex. 1 2 3 4 5

32. I often ask my mother for advice about sexual matters. 1 2 3 4 5

33. My mother probably would stand by me if I had a serious problem related to sex. 1 2 3 4 5

34. When I talk about sex with my mother, I tell her only things that she can accept. 1 2 3 4 5

35. My mother has very traditional ideas about a woman's role in life. 1 2 3 4 5

36. My mother hugged and kissed me a lot when I was a child. 1 2 3 4 5

37. Which parent have you discussed sex-related topics with most often? Please circle **only one** letter.

a. Never discussed with either parent

b. Father

c. Mother

d. Both parents equally often

e. Other (please specify) \_\_\_\_\_

38. When you discuss sex – related topics with your father, who usually starts the conversation? Please circle **only one** letter.

- a. We never discuss such things
- b. I usually do
- c. He usually does
- d. Sometimes I do, sometimes he does
- e. Other \_\_\_\_\_

39. About how old were you the last time you asked your father a question about human sexuality? Please give **only one** answer.

- a. Never asked
- b. \_\_\_\_\_ years (write number)
- c. Other (please specify) \_\_\_\_\_

40. Circle the letters next to all the factors which have discouraged you from discussing sex-related topics with your father.

- a. He was embarrassed when I asked.
- b. He didn't know how to answer my questions.
- c. He got angry when I asked.
- d. He told me things that were not true.
- e. He gave me a lecture instead of answering questions.
- f. He asked me why I wanted to know.
- g. He wasn't around when I had questions on my mind.
- h. I seldom had a chance to talk to him without other people listening.
- i. He never brought up sex – related topics.
- j. I was embarrassed to ask.
- k. I was afraid of his rejection.
- l. Other (please specify) \_\_\_\_\_

41. When you discuss sex – related topics with your mother, who usually starts the conversation?  
Please circle **only one** letter.

- a. We never discuss such things
- b. I usually do
- c. She usually does
- d. Sometimes I do, sometimes she does
- e. Other \_\_\_\_\_

42. About how old were you the last time you asked your mother a question about human sexuality?  
Please give **only one** answer.

- a. Never asked
- b. \_\_\_\_\_ years (write number)
- c. Other (please specify) \_\_\_\_\_

43. Circle the letters next to all the factors which have discouraged you from discussing sex-related topics with your mother.

- a. She was embarrassed when I asked.
- b. She didn't know how to answer my questions.
- c. She got angry when I asked.
- d. She told me things that were not true.
- e. She gave me a lecture instead of answering questions.
- f. She asked me why I wanted to know.
- g. She wasn't around when I had questions on my mind.
- h. I seldom had a chance to talk to her without other people listening.
- i. She never brought up sex – related topics.
- j. I was embarrassed to ask.
- k. I was afraid of her rejection.
- l. Other (please specify) \_\_\_\_\_

44. Which parent should take a more active role in the sex education of children? Please circle **only one** letter.

a. Both parents should share the responsibility equally

b. The mother

c. The father

d. It depends on the sex of the children. The father should be more responsible for the boys and the mother should be more responsible for the girls.

e. Other (please specify) \_\_\_\_\_

Please indicate your reaction to the following statements by circling the ONE most appropriate number:

1. Very dissatisfied      2. Dissatisfied      3. Somewhat dissatisfied      4. Not sure

5. Somewhat satisfied      6. Satisfied      7. Very satisfied

45. How satisfied are you with the ways in which you found out most of what you know about things having to do with sex?                      1   2   3   4   5   6   7

46. How satisfied are you with your current knowledge about things having to do with sex?

1   2   3   4   5   6   7

47. Would you handle your own children's sex education pretty much the same as yours was handled?  
**Please tick only one.**

Yes \_\_\_\_\_ No \_\_\_\_\_ Can't say \_\_\_\_\_

Please explain why or why not?

\_\_\_\_\_

Please answer the following items by circling "T" for true or "F" for false or "?" for can't say:

48. My father and mother instructed about situations in which boys and girls should not be together when I was a child or early teen.    T / F / ?

49. My father and mother warned me about "sex play" when I was a child.    T / F / ?



**Males only:**

50. My father and mother instructed me not to act like a 'sissy' when I was a child or early teen. T / F / ?

51. My father or mother cautioned me to be careful not to get some girl pregnant before marriage.

T / F / ?

**Females only:**

52. My father or mother cautioned me not to act like a "tomboy" when I was a child or early teen.

T / F / ?

53. My father or mother cautioned me not to get pregnant before marriage. T / F / ?

**Sexual Activities Inventory**

Indicate how much each of the following items applies to you by using the following format:

1. Never    2. Rarely    3. Sometimes    4. Frequently

54. Engaged in deep kissing (French Kissing) in the past two years.

55. Engaged in light petting (fondling, or having breasts fondled) in the past two years.

56. Engaged in heavy petting (fondling partner's sex organs or being fondled) in the past two years.

57. Engaged in sexual intercourse in the past two years.

1	2	3	4

**Mode of Education**

Would you be more comfortable in a sex education class which is only males or females OR in a class which has **BOTH** males and females?

Choose an option below (tick box)

1) Single Gender Class ☐

2) Mixed Gender Class ☐

3) No definite preference ☐

Please give a brief reason for your answer.

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## Appendix E: Tables: Results

### Frequency Tables for Demographic Data of the Sample:

Table 1

*Frequency: Age*

		Frequency	Percent
Valid	14	1	.6
	15	24	13.4
	16	93	52.0
	17	51	28.5
	18	7	3.9
	19	2	1.1
	Total	178	99.4
Missing	System	1	.6
Total		179	100.0

Table 2

*Frequency: Race*

		Frequency	Percent
Valid	White	38	21.2
	Black	82	45.8
	Indian	49	27.4
	Coloured	8	4.5
	Other	1	.6
	Total	178	99.4
Missing	System	1	.6
Total		179	100.0

Table 3

*Frequency: Home Language*

		Frequency	Percent
Valid	English	99	55.3
	Afrikaans	3	1.7
	Zulu	68	38.0
	Xhosa	5	2.8
	Total	175	97.8
Missing	System	4	2.2
Total		179	100.0

Table 4

*Frequency: Religion*

		Frequency	Percent
Valid	Christian	146	81.6
	Hindu	9	5.0
	Muslim	8	4.5
	African Religions	11	6.1
	Other	1	.6
	Total	175	97.8
Missing	System	4	2.2
Total		179	100.0

Table 5:

*Frequencies: Location of home*

		Frequency	Percent
Valid	Bluff	75	41.9
	Merebank	10	5.6
	Wentworth	13	7.3
	Umlazi	43	24.0
	Other	1	.6
	Total	147	82.1
Missing	System	32	17.9
Total		179	100.0