

**THE COMMUNITY'S PERCEPTIONS REGARDING ADOLESCENTS SEXUAL
HEALTH IN TSHIUNGANI VILLAGE MUTALE MUNICIPALITY OF LIMPOPO
PROVINCE**

by

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DECLARATION

I, **Azwihangwisi Valeria Mashapha**, declare that **“The Community’s Perceptions Regarding Adolescent Sexual Health in Tshiungani village Mutale Municipality of Limpopo Province,”** hereby submitted for the degree of Masters in Nursing (MCur) completed in the Department of Advanced Nursing Sciences at the University of Venda is my own work and has not been submitted previously by me at this or any other university, and that all materials contained herein have been duly acknowledged by means of complete references.

Azwihangwisi Valeria Mashapha :

Date signed :

DEDICATION

*This research is dedicated to my children, my parents my colleagues and
all my friends.*

Thank you

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I thank Almighty God for giving me the courage and the determination, as well as guidance in conducting this research study.

- I wish to extend my sincere appreciation to all the research participants for their wonderful involvement and cooperation.
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ABSTRACT

Background: Adolescent sexual health is fundamental to the physical and emotional health, and well-being of individuals, couples, and families, as well as the social and economic development of communities and countries. The purpose and the aim of this study was to explore and describe the community's perceptions of adolescent sexual health in Mutale Municipality, Vhembe District of Limpopo Province.

Methodology: The research design of this study was qualitative, explorative, descriptive and contextual in nature. The population comprised of every adult community member or resident of Tshiungani Village. Both genders were included in the sample. Parents and guardians of adolescents made up the sample. Data were collected by means of in-depth face-to-face interviews. Data were analysed qualitatively using Teschs' qualitative analysis.

Findings: The study involved six themes, six categories and nineteen sub-themes. The community expressed concerns related to degradation of cultural norms and values, change in family structure, effects of media, politics, religion and poverty as affecting adolescent sexual health.

Conclusion: The study explored and described the perceptions of community members regarding adolescent sexual health although the findings could not be generalized as it represents only part of the population.

Recommendations: The study recommended intense sexual health education and promotion at early primary phase, career guidance to enhance and promote self-esteem, parental and community involvement in assisting and engaging adolescents with life skills within communities.

Keywords: adolescent, community, perceptions, sexual health

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
TOP	Termination of Pregnancy
DHIS	District Health Information Software
DoE	Department of Education
HIV	Human Immunodeficiency Virus
NAFCI	National Adolescent-Friendly Clinic Initiative
STI(s)	Sexually Transmitted Infection(s)
UNICEF	United Nations International Children's Emergency Fund/ United Nations Children's Fund
WHO	World Health Organization

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CHAPTER 1

OVERVIEW OF THE STUDY

INTRODUCTION AND BACKGROUND

1.1 Introduction

Adolescence is the transition from childhood to adulthood; it is one of the most dynamic stages of human development. It is a period of profound biological, intellectual and social transformation which appears to vary in length as a result of national economic demands (WHO, 2012). Adolescence is roughly in the second decade of life, where physical changes are dramatic in terms of height, weight and the spectacular development of the reproductive system (WHO, 2012). Furthermore, there may be emotional upheavals. The intellectual capacity deepens and adolescents gradually become capable of higher order thinking and reasoning.

Literature has identified the physical characteristics of adolescence as the physical growth, hormonal development, and development of bone, muscle, sexual characteristics, and stature. Okigbo, Karibu, Mumah, Mojola, and Beguy, (2015) reiterated that this stage encompasses a growing ability to use abstract thought, social and emotional growth, including awareness of others, sense of fairness, social consciousness, sense of purpose, personal identity, peer bonding, separation from family and sudden intense emotions. This stage then forms an integral part in grooming a healthy adolescent sexual health.

The World Health Organization (WHO, 2013) defines health “as a state of physical, psychological and emotional state of well-being and adolescent health as the optimal state of well-being in all areas of life that is physical, emotional, cognitive, social, and spiritual”. Thus, adolescents are healthy when they engage in healthy behaviours, and have capacity to thrive in spite of stressors in life (UNICEF, 2012).

According to UNICEF, (2011), different factors affect adolescent health, such as,

parents and families, peers, neighbourhood and communities, faith communities, health care systems, the media, social norms and government policies and laws. These factors impact on young people's sense of health and well-being by affecting their capacity to withstand life stressors, their ability to undergo transition in developmentally appropriate ways, and their ability to make decisions about their health behaviours.

According to Ham and Allen (2012), "there are reasons to focus on adolescent sexual health, such as providing the basics for adult health as good health enables young people to make most of their teenage years. Unhealthy adolescent behaviours can become long-term risk factors for chronic conditions in adulthood and may lead to early deaths. "Adolescence is a vulnerable stage and, as such, mixed messages and lessons from adults, media, religion, school and peers regarding adolescent independence, responsibilities and sexuality make it more important to guide these young people as they struggle with this fragile stage" (Ham, & Allen, 2012).

Overturf, and Downs (2008), indicate that adolescents die prematurely due to accidents, suicides, violence, pregnancy-related complications, tobacco use, poor eating and exercise habits, Sexually Transmitted Infections (STIs), including HIV infection, homicide, homelessness, substance use and physical/emotional abuse. Some suffer chronic ill health and disability later in their lives and can lead to significant morbidity and mortality. According to a report by Marcotte (2013) adolescents experience a developmental crisis as they are prone to face a myriad of psychosocial challenges such as juvenile delinquency, drug and alcohol abuse, early pregnancy and STIs, including HIV infection. WHO (2011) indicates that "adolescent sexual health is fundamental to the physical and emotional health as well as the well-being of the individuals, couples, families and fundamental to the social and economic development of communities and countries". It further reiterates that "adolescent sexuality encompasses the rights of all persons to have the knowledge and opportunity to pursue a safe and pleasurable sexual life". Although the ability of men and women to achieve sexual health and well-being depends on their access to comprehensive information about sex, sexuality as well as sexual knowledge, its risks and consequences of sexual activity, as well as their access to quality sexual care (WHO, 2011). The sexual health information patterns and ways of imparting such information depend on community values, norms and beliefs that inform the sexual orientation practices.

Worldwide, different factors such as community, social and environmental risk factors affect health behaviors and outcome therefore ensuring the sexual and reproductive health of adolescents is essential for global health (Hear, 2008). It is, therefore, important to explore the community's perceptions of adolescent sexual health at Tshiungani village in Mutale, Limpopo in order to understand the underlying factors related to, adolescent sexual and reproductive health behaviours and outcomes. Hamilton, Martin, and Ventura, (2009), also shared similar sentiments and explored these factors and came up with strategies to promote sexual and reproductive health that address community's behaviours as well as the social and environmental context in which adolescents live.

Communities vary based on their cultures and religion, and whether they are urban or rural. These factors impact on adolescent health and the manner in which communities understand or view an adolescent child. Somers and Wafa (2011), reported that "in western cultural community perspective, the major developmental tasks of adolescence are seen as achieving independence from parents and other adults, development of a realistic stable, positive self-identity, formation of a sexual identity, negotiating peer and intimate relationships, development of a realistic body image, formulation of own moral values system and acquisition of skills for future economic independence" Furthermore adolescents do face the challenge of dealing with the tasks of adolescence while growing up between two cultures; with not only two languages, but also with different behavioral and social expectations. There is a great variation in cultural values and norms regarding the central tasks of adolescence such as developing a sense of identity and independence (Somers & Wafa, 2011).

Thus, non-Western young people experienced different characteristics, Venn, (2010) reported contrasting findings that adolescents of minority groups were exposed to stressors associated with conflict of identity between the dominant culture and their family's culture, migration, uncertainty of resettlement and social isolation to a new culture, thus health and psychosocial development may also be adversely affected by individual experiences such as exposure to war, experience of being a refugee, and the impact of their parents refugee experience .

Blacks in South African communities are also not immune to the conflict of identity of the dominant independent culture and that of their family culture because South Africa is a country with diverse cultures. As a developing country, adolescence in

South Africa is experiencing cultural diffusion, and the acculturation is impacting on adolescent sexual health (Keyona, 2011).

Many governments in sub-Saharan Africa are more concerned with unprotected sexual activity of adolescents, which significantly contribute to the escalation of the growth of populations, high birth rates, and the rapid increase of HIV infection. These governments, therefore, put emphasis on promoting contraceptives and condom use among youth. This may lead to decrease in mortality and morbidity due to unsafe pregnancies, abortion, and STIs, including HIV and AIDS (Willan, 2013). In South African communities there are various cultures. There are Blacks, Coloureds, Whites and Indians. In black communities, adolescent sexual health is centrally based on sexuality, as seen, for example, in the Zulu tradition of maintaining virginity and learning respect 'Zulu Reed Dance' which is held at Eshowe on 31 August every year (SABC 2 NEWS, 17H30, 31 August 2013).

South Africa is no exception; adolescents experience diverse problems in their communities such as unwanted pregnancies, unplanned pregnancies, and death due to backstreet abortions. Furthermore, institutional factors are also cited as reasons for the poor usage of reproductive health services. Therefore the South African government developed various policies and programmes which are available to support the youth in South Africa (National Youth Policy, 2009). Amongst them is The Choice of Termination of Pregnancy Act no 92 of 1996 (TOP). Before the Act, adolescents knew very little about abortion and had limited access to effective contraceptive methods (Ratlabala, Makofane, & Jali, 2007).

In Limpopo Province, a study conducted in 2015 revealed that the youth lacked sexual health information. Adolescents were provided with virtually no useful information about menstruation or sexual matters by older relatives or teachers. Some of the youth discussed contraception with their friends, while others perceived sexual matters as being secret. For some, contraception was initiated by mothers once daughters started menstruating while some adolescents decided to start contraception themselves as they perceived that sexual initiation was imminent and because their peers used contraception and others only began after their first baby while others were forced by their boyfriends (Mushwana, Monareng, Ritcher, & Muller, 2015).

In Vhembe District, among the Venda people there is a traditional school at

Tshifulanani Nyavhumbwa wa dagaila where girls are taught of Venda customs, and how to maintain their virginity and values. It is also celebrated in August every year (Mirror, 24 August 2012). These customs are also maintained in other ethnic groups, the Vhatsonga call it 'Vukomba' and the Bapedi 'Koma'. For boys, there are also initiation rites that males undergo before they can be regarded as mature. These practices highlight how different cultures; perceive this stage of adolescent in their communities. Adolescent boys also face challenges of male identity and the father role modelling because of the way society socializes boys to be more superior and better than girls. It gives them the perception that they are young men when they reach adolescence because of what is communicated to them. It makes them aggressive, reject authority and indulge in risky health behaviour such as drugs, alcohol, sex, bullying, gang violence, rape, and reckless driving (Ahmadian, Hanina, Hamsan, Abdullah, Asnarulkhadi, Abu, & Noor, 2014). The portrayed background prompted the researcher to investigate the perceptions of communities on these aspects of adolescent sexual health, so as to recommend better approaches in adolescent reproductive health and any other harmful behaviour.

1.2 Problem Statement

The problem statement identifies the key research variables, specifies the nature of the population, and suggests the possibility of empirical testing (Polit, & Hungler, 2008). Teenagers become sexually active early in puberty and are faced with various challenges due to misinformation, myths and beliefs surrounding sexuality. According to a research conducted by Lebeso, Maputle, Ramathuba, and Khoza (2013), KwaZulu-Natal had 17,000 teen pregnancies in their secondary schools. The Limpopo Province is no exception as 80% of the girls in one of the secondary schools in Malamulele District were pregnant. This was also of concern to the Ministry for Education. Ministry officials visited the Capricorn District (Mavalane) to address these challenges with parents and school the governing body (Lebeso, Maputle, Ramathuba, & Khoza, 2013).

Alcohol consumption and drugs are some of the factors that contribute to unprotected and casual sex. Tshiungani Village is no exception as there is an escalation of adolescence sexual health problems such as teenage pregnancy, an increased number of HIV-positive youth, school dropouts as well as substance abuse (District Health Information Software, Tshiungani Clinic). According to clinic records, the number is rising yearly (Table 1.1), and this is only the tip of the iceberg

as most of the teenagers do not use these services and face health-related conditions such as pre-eclampsia, premature and still births and this pose a big threat to the community.

Table 1.1: Statistics of social ills trends

Year	HIV-Positive	Teen Pregnancy	School Dropout	Substance Abuse
2010	7	13	16	58
2011	15	25	33	119
2012	23	43	47	276

Source: District Health Information Software (DHIS), Tshiungani Clinic.

This current study thus seeks to determine the community's perceptions towards adolescent sexual health in Tshiungani village, Vhembe District of Limpopo Province.

1.3 Purpose of the Study

The purpose of the study describes the scope of the research effort and specifies the information that needs to be addressed by the research process (Brink, Van der Walt & Van Rensburg 2012). According to Henning, Van Rensburg and Smit (2004), the purpose of the study that has the most influence on the use of certain methods of data collection and data analysis.

The purpose of this study is to:

- Determine the community's perceptions on adolescent sexual health in Tshiungani village, Vhembe District of Limpopo Province.

1.4 Objectives

- Explore the perceptions of the community regarding adolescent sexual health

- Describe the perceptions of the community regarding adolescent sexual health.

1.5 Research Question

The research question is another format for presenting the objectives of the study (Akinsola, 2005). According to Brink et al., (2012), a research question is the key to the researcher's decision about the research design, data collection and analysis.

The research question in the proposed study was:

“What are the community’s perceptions of adolescent sexual health”?

1.6 Significance of the Study

Significance of a study refers to the benefits of the study to the participants, community and the government as a whole (Henning et al., 2004). According to Burns & Grove (2009), the significance of a study is associated with its importance to the body of knowledge. The findings of this study may provide information concerning the community's perceptions regarding adolescent health in relation to sexuality in Tshiungani village, Mutale. The study may also add to the already existing body of knowledge about adolescent reproductive health in Mutale district. It may also improve the lifestyle of adolescents, thereby keeping them healthy. Healthy adolescents may lead to healthy communities which will contribute to the country's economy. Health services may improve the strategies to disseminate information regarding teen pregnancy, fertility management, contraceptives, prevention of STI's and HIV infection, treatment and benefits. The acquired information may also assist in the Ministry of Education to develop context-specific school curriculum which may cater for adolescence sexual health education. Morbidity and mortality associated with pregnancy, HIV infection and drugs may be reduced. Current expenditures on the HIV and AIDS and child support grants may also be reduced.

1.7 Definitions of Terms

1.7.1 Adolescent

This is a transition from childhood to adulthood stage (WHO, 2013) For the purpose of this study; adolescent refers to boys and girls between the ages of 12 and 25.

1.7.2 Community

A collection of people who interact with one another and whose common interest or characteristics form the basis for a sense of unity or belonging (Allender, Rector & Warner, 2010). In this study, community will mean all the adults (parents and guardians) in Tshiungani Village who contribute to the development of an adolescent child in the community.

1.7.3 Perception

Is an opinion or way of thinking, understanding or noticing (Merriam-Webster, (2010). In this study, it will mean personal understanding of adolescent sexual health.

1.7.4 Sexual Health

WHO (2010) defined sexual health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. In this study, sexual health will mean normal and healthy sexual development and practices, as well as normal sexual orientation which include the ability to access reproductive health services.

1.8 Theoretical Framework

1.8.1 Meta-Theoretical Perspective

The researcher believes that adolescents need to be assisted in their transition to adulthood, and they require intense support, guidance and understanding. The researcher further outlines the sexual health of adolescents as entailing physical, spiritual, social, emotional, as well as psychological health.

1.8.2 Theoretical Perspective

Health-whole person theory describes health as the holistic health movement. In this theory, the concept whole person's the interconnectedness of the physical, mental and spiritual aspect of the human being.

Whole person concept/theory of human sexuality rests on the assumption that human beings share across cultures and eras. People also share instincts and a desire for wholeness in the sexual domain (Klebanoff, & Hess, 2013). The totality of the person is also influenced by the external and internal environment within which the person exists. This involves the interpersonal, intrapersonal and extra personal stressors which surround a person and with which they interact at a given time. The adolescent sexual health also should be seen from all these aspects, so as to assist them to transit from this stage to matured independent responsible adults.

Health is equated with wellness, and this is when the condition in which all parts and sub-parts are in harmony with the whole of the person (Klebaoff & Hess, 2013). This study, therefore, sought to explore the perceptions of the community towards adolescent sexual health so that adolescents can be supported, treated, guided and well cared for in totality.

1.9 Conclusion

This chapter outlined the following:-background to the study based on other studies conducted before, problem statement, significance of the study, purpose of the study, objectives of the study, research question, definition of key concepts and the theoretical framework. The following chapter covers the literature review.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The aim of a literature review is to orientate the researcher on what knowledge already exists on the problem to be studied and what is not known. The literature will help the researcher decide whether the existing knowledge can be applied to the study (Burns & Grove, 2005). In this study, the researcher conducted a literature review on physical characteristics, behavioral, psychological and other related factors as well as strategies that communities utilise in addressing adolescent sexual health.

2.2 Characteristics of Adolescents

Physical characteristics of adolescence include a rapid increase in height and weight in both boys and girls. There is also the development of secondary sexual characteristics among girls such as breasts enlargement and start of menarche. Among boys, this development includes beards and testes, scrotum and prostate. Cognitive development: Adolescents possess greater thinking skills, advance thinking skills, and abstract thinking skills.

Psychosocial development such as the establishment of identity, establishment of autonomy, establishment of intimacy, becoming comfortable with one's sexuality, and making achievement also take place during adolescence (Adegoke, Fife & Cornelle, 2011). These physical changes can impact on adolescents differently. Some become anxious, stressful and depressed, while others may start dieting and so on. Adolescents thus need guidance and support so that they can learn how to take care of themselves. For example, girls need to take care of themselves during their first menstruation.

2.3 Adolescents' sexual health problems experienced

2.3.1 Behavioural Problems

According to research done by WHO (2009), adolescents are faced with many challenges and pains as this stage is filled with mixed messages and conflicting demands from parents, teachers, friends, family and oneself. Growing up is like negotiating a path between independence and reliance on others, and it is a tough business. Due to changes that adolescents undergo, they become vulnerable to injuries, legal consequences, STIs, unwanted pregnancies, traumatic injuries particularly from car and motor cycle accidents, to mention but a few (Lebese, Davhana-Maselesele, & Obi, 2011).

Adolescence is a time for developing independence. Adolescents typically exercise their independence by questioning their parents' rules, which at times leads to rule breaking. It is common for a loyal child to begin to grumble when asked to carry out some chores at home or to respond in a harsh way. This is often a challenging time for most parents. Some parents and their adolescents clash almost over everything, and in these cases adolescents want control of their lives, while parents want to exercise their rules (Macleod, Uemura & Rohrman, 2012). During this time, adolescents always engage in physical confrontation. The frequency and severity of violent interaction increase.

Many factors, including developmental issues, gang membership, access to weapons, substance use, and poverty contribute to an increased risk of violence for adolescents. Because of their independence and their mobility, they are often out for direct control of adults. In these circumstances, behaviour will be determined by morals. Adolescents who feel warmth and support from their parents are less likely to engage in risky behaviours (Marcotte, 2013). Substance abuse is a common trigger of behavioral problems and often requires specific therapy. Behavioral problems may be a first sign of mental illness or depression or other mental disorders, and thus the parents and guardians should prevent these from occurring in their adolescents by showing support guidance.

2.3.2 Unwanted Pregnancies and Sexually Transmitted Infections

Unwanted pregnancies and STIs is as much a problem for the male adolescent as it

is for the female. However, girls stand a greater risk of unwanted pregnancies and STIs. Due to the development of secondary sexual characteristics following adolescence, teens feel a great push to explore and experiment with their bodies. Teens often equate intimacy with sex. Most sexually active adolescents are not fully informed about contraception, pregnancy, and STIs, including HIV infection. Pregnancy can also add emotional stress to adolescents. Most times, pregnant teens attempt abortions though it will not remove psychological problems (Lebese et al., 2011). Unwanted pregnancies have negative consequences as adolescents do not come for antenatal booking leading to anemia, low birth weights, home deliveries, and STIs to both mother and babies. Untreated STIs may also expose adolescents to HIV and AIDS. This is also prevalent in males as they also engage in risky sexual relations without taking precautions or using preventing measures.

2.3.3 Drug and Substance Abuse

Substance use among adolescents occurs in the whole world; from experimentation to dependence. Teenagers have a tendency of feeling indestructible and immune to the problems that others have experienced. Using alcohol and tobacco at a young age has a negative effect on health because dependency may develop (Sekiwunga, & Whyte, 2009). Teenagers, including those with a family history of substance abuse, those who are depressed, and those who have low self-esteem, and who feel like they do not fit in the mainstream are at risk for developing serious alcohol and drug problems (Ali, & Dwyer, 2011). Substance and alcohol abuse may have a negative impact on adolescents as it may affect their future, as well as their sexual health.

2.4 Psychological Problems

Stress and depression are serious problems for many teenagers. The commonest causes of stress are breaking up with a partner, family tensions, financial problems, school problems, and serious illness, loss of loved ones, fighting or trouble with parents and siblings and growing up in single-parent or broken homes (Imamura, Tucker, Hannaford, Da Silva, Astin, Wyness, Bloemenkamp, Jahn, Karro, Olsen & Temmerman, 2007). It is vital that adolescents get proper guidance and support as these may impede the development of the adolescent and even cause some other illnesses which may even lead to death.

Marcotte, (2013) indicates that bullying is the act of intentionally causing harm in others through verbal harassment, physical assault, or other subtle methods of coercion such as manipulation. Bullying in the school and workplace is also referred to as peer abuse. Bullying is often described as a form of harassment perpetrated by an abuser who possesses more physical and social power and dominance than the victim. Bullying is a problem that affects millions of students of all races and classes. The study further indicates that people who are abused by their peers are at risk of mental health problems, such as low self-esteem, stress, depression, or anxiety (Marcotte, 2013). Bullies are at risk of facing many problems too such as violent behaviour; those bullied can even kill themselves as they have low self-esteem. It is, therefore, important that parents acquire knowledge on how they can support their adolescent children throughout this stage.

2.5 School Problems

School problems may include rebellion and a need for independence, mental health disorders, substance abuse, inappropriate academic placement, and family conflict. School problems include fear of going to school, truancy, dropping out and academic underachievement. Peer pressure and media are also major causes of school problems (Terzian, Andrews, & Anderson, 2011). It is, thus, important for the community to have knowledge of adolescent sexual health so that they can guide adolescents and give them appropriate advice when they experience any problems.

2.6 Rationales for Taking Care of Adolescent Sexual Health

Adolescence is one of the most changing stages of human growth and development (Hindin, & Fantusi, 2009). It is a delicate stage and it is a time of redefining and developing relationships with parents, family and peers and community at large.

As adolescents navigate their changes, it is critical that they receive the guidance, support and encouragement that foster healthy development. The sexual health and well-being of adolescents is shaped by the world in which they grow and the people that surround them.

Young people who are educated and healthy are more likely to become contributing members of society and contributors to our economic prosperity (Ott, 2010). Health programmes and guidelines to supervise adolescents could be developed. It is,

therefore, imperative for the community to know why it is important to focus on adolescence sexual health as it may enable the community to have a healthy population.

2.7 Promoting Adolescent Sexual Health

Adolescence, as the transition from childhood to adulthood, is a dynamic stage and should be well-understood with its stages. It is the time of marked physical, emotional, and intellectual changes, as well as changes in social roles, relationships and expectations. The community should understand all the changes that affect adolescents so that they can handle them (WHO, 2009).

The community should have guiding principles and communication skills that will assist them to identify adolescents at risk in order to assist them to keep them healthy.

2.8 Factors that Influence the Sexual Health of Adolescents

There is no single solution to address the complexity of adolescent health needs and issues. The health of adolescents is shaped by the media, peers, school, social norms, culture, policies and laws, community/parents, religion, and so forth. These factors impact young people's sense of health and well-being by affecting their capacity to withstand life stressors. Their ability to transition in developmentally appropriate ways and to make decisions about their health behaviours can also be influenced by the above factors (Fink, 2008).

Serious health problems, risky behaviours and poor health habits persist among adolescents despite access to medical care. Most of the adolescents do not seek advice about preventing the leading causes of morbidity and mortality in their age group, and physicians often do not find ways to provide it. Although helping adolescents prevents unintended pregnancies, STIs, unnecessary dropping out of school, substance abuse, unintentional injuries, depression, suicide, and other problems, it is the community-wide effort, health care workers and primary physicians' willingness to discuss risks and offer interventions (Santelli & Schalet 2009).

2.8.1 Cultural Influence on Adolescent Sexual Health

Cultural factors can be significant in determining the adolescents' access to sexual reproductive health services and information. The influence of traditional values, beliefs and norms must not be underestimated. They affect the family, the community and society, and play an important part in shaping people's sexual lives. While the socio-cultural determinants of sexual health outcomes vary in time and place, it seems that the groups in society that have relatively little power have poorer sexual health because of poor access to information and services or legal redress. Gender also can influence power relations as it has a greater significance in girls and women's sexual health (Cookingham & Ryan, 2015). This gives the boys the impression that they are a higher authority than girls, at times even if a boy is younger than a girl or is of the same age.

Human societies differ greatly in the cultural rules regulating adolescent sexual health. In South Africa, there are various cultures. The key assumption of a cultural framework is that senior family members are supposed to be the socializing agents of appropriate behaviours for children. Children learn appropriate behaviour and societal expectations at home (Bartlett, King, Currie, & Gilpin, 2007). One thus expects that mothers should assume the role of imparting sexual knowledge to their daughters so that they will be able to make informed decisions about when to start sexual activities and how to take good care of themselves.

Generally, parents' attitudes to sexuality and sexual communication with their children exerts significant influences on the children's attitudes towards sexuality, as well as their initiation and participation in sexual activity, and use of health services (Papathanasiou & Lahana, 2007). It is a practice in African culture for adolescents to be educated about sexuality.

This is usually done through initiation schools. Senior members of a family also play an important role in educating youth about sexuality. Therefore, one can argue that Africans have never been silent about the issue of adolescent sexual health. In Venda culture, adolescent sexual health rests on one's ability to maintain one's virginity. Initiation schools re-enforce the maintenance of virginity, respect and other Venda customs.

From a Western cultural perspective, the major developmental task of adolescents lies in adolescents achieving independence from their parents and other adults, as well as the development of self-identity. In some cultures, premarital sex is encouraged because pregnancy allows the family to determine the fertility of potential marriage partners, while in other cultures premarital sex is strongly discouraged, especially for girls because virginity is highly prized (Mudhovozi, Ramarumo, & Sodi, 2012). These were the reasons which influenced the researcher to explore the perceptions of the community on adolescence sexual health.

Long before adolescents actually engage in sexual intercourse, they would have developed a complex set of ideas about sexuality and sexual encounters. Some theorists describe these mental representations as “scripts” that provides guidelines for heterosexual interactions (Kumar, Prabhu, Bhat, Prakash, Seema & Basannar, 2013). It is, therefore, vital for the adolescent caregiver to provide the correct guidance and support.

Many non-Western adolescents face the challenge of dealing with the tasks of adolescence while growing up between two cultures; that is not only with two languages, but often with very different behavioral and social expectations. There may be a great variation in cultural values and norms regarding the central tasks of adolescence, for example developing a sense of identity and independence.

Non-Western young people may be exposed to a variety of stressors associated with the conflict of identity between the dominant culture and their family’s culture, migration, uncertainty of resettlement, social isolation and adjustment to a new culture. The health and psychosocial development of non-Western adolescents may also be adversely affected by individual experiences such as exposure to war, the experience of being a refugee, and the impact of the parents’ refugee experience (Lau & Yeun, 2013).

Youth who face prejudice and discrimination because of their identity, life experiences, or family circumstances disproportionately experience teen problems such as substance abuse, teen pregnancy, school dropout and STIs, including HIV infection. Such young people may include youth of colour, those from low income families, immigrants, gay, lesbian, bisexual, and transgender youth. Generally, research shows the relationship between socio-economic factors such as the impact of race/ethnicity, being young, gender, class and perceived sexual orientation on

negative health outcomes with adolescents (Penman-Aguilar, Carter, Snead & Kourtis, 2013). Hence, it is important for the researcher to know the perceptions of the community on adolescent sexual health so that those who lack the appropriate knowledge may get assistance.

2.8.2. Economic Influence on Adolescent Sexual Health

Financial necessity is often the cause of some types of high-risk sexual behaviour. Health intervention can only be effective if the relationship between economic need and health outcomes is understood. The relationship between individual sexual behaviour, power dynamics and financial dependence is often underestimated. There is an assumption that, with the necessary information and tools, everyone will make decisions that improve or preserve their health (Ciera, Madise, & Zulu, 2007). However, this has been shown to be untrue, for example, in relation to the HIV pandemic disease. The context in which behaviour change is expected to take place is especially important. A woman or girl who is poor may know about the dangers of HIV and other STIs but still engage in transactional or commercial sex as a way for her to earn money. Her vulnerability and risk may be reduced if her economic power and position improve (Okigbo et al., 2015).

Poverty and economic inequality are intrinsically linked to poor sexual and reproductive health outcomes. This link is bi-directional, in as much as poor communities experience worse sexual and reproductive health than richer communities, and poor health leads to poverty. Financial necessity is often the driving force behind some forms of high-risk sexual behaviours. Health interventions can, therefore, only be effective if the relationship between a person's economic need, vulnerability and health outcomes are fully understood in both the short and the long term (McLaughlin & Kaplan, 2008). As seen previously, poverty has a positive influence on early engagement in sexual intercourse and thus adolescents' caregiver should have appropriate knowledge to give them in such occurrences (Odimegwu & Adedini, 2013).

2.8.3 Religious Influence on Adolescent Sexual Health

Religion plays a significant role in the life of individuals in society. Its role as a moral builder has been variously acknowledged. There is a strong relationship between religiosity and adolescent sexual attitudes and behaviour, although religious

commitment is more important than religious affiliation in affecting adolescent sexual attitude and behaviours. According to a study done in Nigeria by Wusu, (2011), because religious values are the source of moral proscriptions for many individuals, the teachings of the churches are likely to play a role in the formation of individual attitudes, values and decisions. The extent to which religion influences individual attitudes and behaviour depends on the specific doctrines and policies of the churches and on the degree of integration and commitment of individuals to their particular religious institutions. The Christian religious groups have strong opposition against premarital sex, although such opposition is more radical among the Pentecostal and evangelical religious movements (Blevins, 2009).

Since most religious groups discourage premarital sex, the degree of commitment to religious organizations may be more important as a determinant of premarital sex attitudes and behaviour than religious affiliation. Individuals who attend religious services may receive more frequent religious messages against premarital sex. Their greater religious commitment may also make them more likely to accept the teachings of their religious institutions concerning premarital sex. Thus, individuals who attend religious services frequently and who value religion in their lives are probably more likely than others to develop sexual attitudes and behaviours that are consistent with their religious doctrines. The involvement in religious institutions may influence the chances of young people to risky sexual behaviour (Vasilenko, Lefkowitz, Duntzee, & Yao, 2013).

The practice of abstinence is subject to religious perspective, and its relevance and effectiveness is always in question. However, whatever its cultural variation, abstinence plays a major role in the regulation of adolescent sexual behaviour. In some developed countries, abstinence is characterized by purity rings and chastity vows aimed at preventing sexual intercourse before marriage, while in some developing countries abstinence is enforced through female genital mutilation and other traditional practices, which are detrimental to the sexual development of adolescents (Mudhovozi et al., 2012).

The 2008 Youth Reproductive and Sexual Health Report by the United States Agency for International Development noted that the abstinence rate for women in Africa is varying increasingly. Despite the high rates of abstinence in Africa, the HIV and AIDS epidemic remains rampant, forcing one to consider whether abstinence could be a practical long-term solution against the spread of STIs. Although religion

within both developed and developing countries approach abstinence differently, it appears that neither female genital mutilation nor abstinence vows play a role in preventing the untimely initiation of sexual activity; instead they seem to delay unhealthy sexual decisions rather than prevent them (Lloyd, 2007).

Since religion affects the sexual lifestyles of adolescents, religious leaders can do a lot by mobilizing their members towards supporting HIV and AIDS prevention initiatives in their countries (Sinhla, Cnaan, & Gelles, 2007). Religion plays an important role in the life of individuals in any society. Its role as a moral builder has been variously acknowledged. Consequences of sex are not just limited to teenagers, but sex has a more profound effect. Adolescents who are sexually active find their world plagued with teen pregnancies and various forms of STIs. Young people who are sexually active are at risk of contracting HIV and AIDS. Most teenage mothers are unmarried and lack resources to give their children adequate care. A clearer picture of the relationships between religiosity and sexual behaviour may one day provide valuable insight into how to promote responsible and healthy sexuality among all teens (Strayhorn & Strayhorn, 2009).

2.8.4 Media Influence on Adolescent Health

The images that pervade the media (television, music videos, Internet and the like) are increasingly more explicit in their content. More than half of all television shows contain sexual content that is averaging more than three scenes with sex per hour. Only 9 per cent of the shows with sexual content include any mention of the possible risks of sexual activity, or any reference to contraception, protection, or safer sex. Among young people between 10 and 17 years of age, who regularly use the Internet, one-quarter have been exposed to unwanted pornography, and one-fifth have been exposed to unwanted sexual solicitations or approaches (Lou, Cheng, Gao, Zuo, Emerson, & Zabin, 2012).

Although media images of sex and sexuality may be socially defined as a negative influence on teenage sexual decision-making, there is considerable potential for the use of media in conveying messages about responsible sexual behaviour. For example, more than one-half of high school boys and girls indicated that they learn about birth control and pregnancy prevention from television (Guse, Levine, Martins, Lira, Gaarde, Westmorland, & Gillian, 2012). Studies of peer group interaction suggest that learning is not only an individual process, but that messages received

during peer group interactions may also contribute to how adolescents learn from and interpret media messages. Parents who openly communicate and actively co-view television may help 'inoculate' adolescents from potentially detrimental effects of exposure (Bahago, 2014). Frequency of viewing appears important as well as imperative. Although the majority of research regarding the impact of the media on sexuality has focused on harmful effects, the media do appear to have some positive effects on the education of adolescents regarding sexuality, sexual behaviour, and safe sex. While media campaigns that specifically target the sexual behaviour of adolescents can be effective, learning also takes place indirectly. Young girls read magazines to learn about sex and middle-school aged male peer groups use movies as their source of learning and sharing about male sexuality (Griffiths, 2010).

Mass media, policy debates, and community programmes often present an image of young people as problems. Too often, the focus is on school failure, substance use, gang violence, teen pregnancy, and/or HIV and STIs. Cultural images fluctuate from that of the uncontrollable, hard-to-reach, angry, and rebellious teen to the poor, disconnected, and distraught teen. Meanwhile advertising may build the image of the sexy, carefree teen. Actually, when adolescents repeatedly see and hear these images, they internalize them, and then struggle to live into an idealized or distorted picture which is inconsistent with their true identity (Carroll & Kirkpatrick, 2011).

Modern media contains more sexual messages than was true in the past and the effects on teen sexual behaviour remain relatively unknown. The Internet may further provide adolescents with poor information on health issues, sexuality, and sexual violence. Adolescent exposure to sexuality on television, in general, does not directly affect their sexual behaviours. Rather it is the type of message they view that has the most impact on their lives (Brown et al., 2009). What affected adolescents were the societal gender stereotypes they were seeing enacted in the sexual scenes they saw on television.

However, some scholars have argued that such claims of media effects have been premature. Furthermore, according to US government health statistics, teens have delayed the onset of sexual intercourse in recent years, despite increasing amounts of sexual media (Richards, 2010).

2.8.5 Peer Group Influence on Adolescent Sexual Health

The peer group is an important factor in adolescent development and has some bearing on teenagers' decisions about sex. Adolescents (ages 13 to 18) are most likely to get information about sexual health issues from their peers. They further report that pressure to engage in sex increases during middle adolescence stage. Peer group attitudes about sex influence the attitudes and behaviours of teenagers (Villanti, Boulay, & Joun, 2010).

Youths who resist engaging in sexual activity tend to have friends who are abstinent as well. They also tend to have strong personal beliefs in abstinence and the perception of negative parental reactions. Youth who are sexually active tend to believe that most of their friends are sexually active as well, and that rewards outweigh the cost of sexual involvement, and that sex overall is rewarding, and that it is all right for unmarried adolescents over the age of 16 to engage in intercourse (Kirby, Coyle, Alton, Rolleri, & Robin, 2011).

In adolescence, peers are important because they enable a teenager to form a sense of identity. Peers allow the adolescent to compare themselves socially either positively or negatively. Since peer acceptance is important, adolescents want to do the same activities their friends are doing. Downward and upward comparison permits the adolescents to see what they need to do to be on the same level as their peers. The caregivers of adolescents should, therefore guide the adolescents to make responsible decisions irrespective of their peer influence (Panday, Makiwane, Ranchod & Letsoalo, 2009).

2.8.6 Societal, Family and Parental Influence on Adolescent Sexual Health

Societal factors such as family structure, parental style and monitoring play a role in the type and timeline of sexual behaviour. The family is an important structure in the life of an adolescent. It provides values and beliefs about marriage, love and sex, and it is also the base of the relationships that they will have in later life. Parental monitoring and communication are essential. Parent-child communication 'about sex' was also significantly and negatively associated with consistent versus inconsistent condom use. This shows that parents and caregivers are the first role models of their children and should thus be a good example for them (Ratele, 2012).

Most families and communities work to assist young people to make healthy decisions about sex. Strategies for doing so vary. In some communities, teens are supported with information and services related to sexuality. In others, it is believed that teens should not be sexual beings, and the adults believe that information about sex will lead to sexual behaviour and work diligently to prevent teens from acquiring accurate and comprehensive sexual health knowledge. Some parents seek to prevent teens from initiating sexual intercourse, attempt to discourage young people from becoming involved in steady relationships (Coley, Mederios, & Schindler, 2008).

According to many young people, parents do not provide their children with as much honest and open communication regarding sexuality. Teens receive little parental and community support information about respect, intimate relationships, responsible decision-making, and using protection in sexual relationships. Some teens feel alienated from their families and communities and have little motivation to protect themselves or their sexual partners (Mason-Jones, Crisp, Mathews, & Dhansay, 2013). Therefore, the community should be well-informed so that it can motivate them.

The composition of the household plays an important role in adolescent sexual health. Adolescents from single-parent households (mostly single mothers) are more likely to engage in premarital sex than adolescents from two-parent households. Regular family activities may buffer adolescents, whereas negative parenting behaviours may increase adolescents' engagement in risky sexual behaviours. Parents are both a source of information about sexual behaviour and models of what is acceptable (Panday et al., 2009).

The neighbourhood is another societal factor that may influence the adolescent positively or negatively. Living in poor neighborhoods is associated with greater frequency of intercourse among males and higher rates of adolescent pregnancy. Community variables such as the percentage of women working full-time—are negatively associated with rates of premarital intercourse for both Black and White women, and they help account for racial disparities in the timing of first intercourse. The proportion of middle class neighbours is negatively associated with adolescent childbearing, whereas the prevalence of female-headed families is a positive predictor for early engagement in sexual behaviours (Salmon, Shackelford, & Michalski, 2013).

Since parents are role models of their children, it is critical that they understand parental behaviour in the context of adolescent sexuality. Unsafe parental behaviour, such as smoking, is linked to adolescent engagement in risky behaviour. The fact that a parent smokes increases the likelihood of an adolescent engaging in problem behaviour, including risky sexual behaviour. The idea that risk is reproduced in generations is evident. Parental behaviour is mirrored by the adolescent whose perceptions of parental caring are important mechanisms in the association between parental television involvement and adolescents' self-esteem, body image and sexuality. Parental involvement is desirable when viewing sexual behaviour on television. The shared experience enables parents to clarify what is seen. Parents and peers both influence adolescent sexuality (Fox, 2010).

Family processes, parent-child relationships and parent communication have all been implicated in adolescent sexual behaviour. Better parent-child relationships are associated with postponing intercourse, less frequent intercourse and fewer sexual partners (Caruthers, Van Ryzin, & Dishion, 2015). Several mechanisms may underlie the associations between family relationships and adolescent sexual activity. Poor parent-child relationships may enhance susceptibility to peer influence or increase the propensity to associate with deviant friends. Mechanisms for boys and girls may differ (Kibombo, Neema, Moore, & Ahmed, 2007).

Parental control is also related to adolescent sexual health. Typically, better monitoring is associated with postponing intercourse or less frequent intercourse. Presumably, parental monitoring and supervision reduce adolescent intercourse by restricting opportunities for sexual activity although some studies indicate that sexual activity is more likely when parental control is excessive (Coley et al., 2008). Direct communication is another way in which parents may influence their children's sexual behaviour.

However, family communication about sex is infrequent and teens and parents often disagree about the content of this conversation. Family composition and socio-economic status also contribute to adolescent sexual health. Consistent association has been found between family structure and socio-economic status, especially adolescents living in a single-parent family and earlier first intercourse (Sturgeon, 2008).

The sexual behaviour of family members is also associated with adolescent sexual

activity. Teenagers whose mothers initiated sex and childbearing at a younger age are more likely to have sex and to experience sexual debut. Moreover, the presence of older sexually active siblings, especially teenage sisters who are pregnant or parenting, is related to younger siblings' sexual experience, earlier first intercourse and pregnancy risk. Lower family income and lower educational attainment are associated with a greater likelihood of teenage intercourse (Makol-Abdul, Iman, Nurullah, & Rahman, 2009).

The family is seen as the principal unit of socialisation for children and, thus, it plays a powerful role in the sexual development of the children. Socialisation is the most comprehensive and consistent induction of an individual into the objective world of a society or a sector of it. This socialisation begins in childhood when the individual becomes a member of the society (Sinhla et al., 2007).

Primary socialisation, as it is called, is a process rather than an event, and it occurs until the individual becomes a functioning member of the society. The foregoing argument clearly indicates that what the child will become in society is the responsibility of the parents. It is their God-given duty to bring up the child in the way that will make him/her a responsible citizen in society.

Good parent-child relationship is important in fostering open communication that is non-judgmental, thus for the child to behave in a sexually responsible way when s/he reaches adolescence, will depend on the amount of communication that occurs at home among family members. Parents and other family members are in a unique position to help socialize adolescents into healthy sexual adults by providing accurate information about sex and fostering responsible sexual behaviour and decision-making skills (UNICEF, 2011).

Parents are the primary teachers of their children. They influence how children learn to think, use language, feel about themselves and others and organise experiences. Parent-child warmth and communication about sexuality promotes healthy behaviours and achievement and self-esteem. Furthermore, parent-child communication about sex varies by race, ethnicity, and gender, but parents are an important source of sexual health information for all youth (Pearson, & Wilkinson, 2013).

Negative or no communication can lead to negative results. Parents play the most

important role in sex education, but they need resources and support. Many parents face challenges in discussing relationships, development, and sex with young people. For that reason, schools are seen as important partner in helping young people avoid negative sexual health outcomes through comprehensive sex education (Vashistha & Rajshree, 2012).

2.8.7 Influence of Teachers on Adolescent Sexual Health

Children and adolescents need accurate and comprehensive education about sexuality to practice healthy sexual behaviour as adults. Early, exploitative, or risky sexual activity may lead to health and social problems such as unintended pregnancies and STIs, including HIV and AIDS. Sex education is about human sexual anatomy, sexual reproduction, sexual intercourse, human sexual behaviour, and other aspects of sexuality such as body image, sexual orientation, dating and relationships. Common avenues for sex education are parents, caregivers, friends, school programmes, religious groups, popular media and public health campaigns (Blackburn, 2009).

The view that sexuality is victimization teaches girls to be careful of being sexually victimized and to be taken advantage of. Educators who hold this perspective encourage sexual education, but focus on teaching girls how to say no, the risks of being victims of the diseases of being sexually active. This perspective teaches adolescents that boys are predators and that the girls are victims of sexual victimization (Miyakado, 2013). Other researchers state that this perspective does not address the existence of desire within the girls and that it does not address the societal variables that influence sexual violence, it also teach girls to view sex as dangerous only before marriage. In reality, sexual violence can be very prevalent within marriages too. Another perspective includes the idea that sexuality is individual morality. This encourages girls to make their own decisions, as long as their decision is to say no to sex before marriage. Some school programmes effectively decrease school dropout rates, increase attachment to schools and school performance, and reduce liberal sexual attitudes, as well as actual sexual risk-taking behaviours. Conversely, other studies have indicated that sex education courses do not change the frequency of intercourse, masturbation, oral genital sex, petting, or pre-marital sex among adolescents (Barrett, Pearson, Muller, & Frank, 2007). This education encourages self-control and chastity.

The correlation between the level of education and sexual health outcomes has been well-documented. One of the most effective ways to improve sexual health in the long-term is a commitment to ensuring that adolescents and young people are sufficiently educated to make healthy decisions about their sexual lives. Accurate, evidence-based, appropriate sexual health information and counselling should be available to all young people, and should be free of discrimination, gender bias and stigma. Such education can be provided via schools, the workplace, health providers, community and religious leaders (Smerecnik, Schaalma, Gerjo & Meijer, 2010).

The school should play a significant role in teaching adolescents about sexuality. The Department of Education (DoE) has included sexual issues in the curriculum, but still learners find themselves victims of unintended or unplanned pregnancies. Schools can be effective in fostering healthy adolescent sexual development, whether by delaying the onset of sexual behaviours or by promoting safe behaviours for those adolescents who are already sexually active (McKay, 2009).

2.8.8 Influence of the Health Service on Adolescent Health

Health facilities can play an important role in preventing health problems for adolescents, in promoting sexual and reproductive health, and in shaping positive behaviours. South African public health facilities are failing to provide adolescent-friendly health services. The National Adolescent-Friendly Clinic Initiative (NAFCI) is an accreditation programme designed to improve the quality of adolescent health services at primary care level and strengthen the public sectors' ability to respond to adolescent health needs (Kim, 2015).

The key objectives of the programme are to make health services more accessible and acceptable to adolescents, establish national standards and criteria for adolescent health care in clinics throughout the country, and build the capacity of health care workers to provide quality services. One of the indicators for success of NAFCI is the increased utilization of public sector clinics by adolescents. NAFCI is an integral component of the largest, most innovative, public health programme ever launched in South Africa, that is, 'Love Life' (Mda, O'Mahony, Yogeswaran, & Wright, 2013).

Achieving NAFCI accreditation involves clinic self-appraisals, quality improvements,

external assessments and awards of achievement stars. Boys generally start to have sex significantly earlier than girls and in greater numbers. Adolescents' knowledge of the reproductive functions and sexual functions is generally poor, and a substantial number have indicated that they need information on matters such as pregnancy, STIs, sexual intercourse and relationships. However, for the majority of young people access to sexual and reproductive health information and services is difficult (Popkin, Santelli, & Kirby, 2011).

Reproductive health problems contribute significantly to morbidity in South Africa. Young South Africans experience many reproductive health problems. Approximately four million episodes of STIs occur each year in South Africa, with a substantial proportion occurring among young people. In spite of a high level of awareness of HIV and AIDS among young people, the spread of infection among South African youth is still increasing (Kiloren, Uppdegraff, Christopher, & Umana-Taylor 2011).

Parents, teachers and health professionals can achieve proper sexual information and education either through programmes of social interference and sensitization or within the school environment. Transmitting knowledge and applying it in our love becomes the basic target for sexual education. It then helps to prepare the youngster for adolescence and makes him/her capable of accepting the physical and functional changes calmly and naturally without emotional judgments (Santelli, & Schalet, 2009).

Sexual education during adolescence is not a simple matter. It needs proper and coordinated effort, in order to achieve the desired results. It is certain that it constitutes an imperative need. Sexuality is a physical and natural component of human nature and comprises an inseparable element of every individual's personality, whether an adolescent, a man or a woman. It is the basic need and side of human existence which no one can isolate from other aspects of life. It is form of physical energy, which we carry inside all the time as an expression of our existence. It actuates us to make relationships which offer us emotional security, warmth and happiness. It is a powerful force which influences our thought, our feelings, our sensitivities, our choices and our physical and spiritual health (Simmons, & Blyth, 2008)

Besides, the fact that adolescents receive boisterous messages around sex, it

exposes them to dangerous forms of sexual behaviour. The realization of the dangers from an undesired pregnancy, HIV and AIDS and other STIs as well as the dangers lurking in circumstantial and rush sexual experiences during adolescence is mainly a work for the health professionals provided mainly through sexual education. It is, therefore, necessary for the health professionals to take responsibility of the sexual education of adolescents. It is important to mention that there should be supervision and assistance in issues related to adolescent sexual health. Discussion and reflection will help health professionals examine their own emotions concerning sexuality, and it will also promote their own emotional support (Papathanasiou et al., 2009). It is imperative that health professionals change their attitudes on adolescents so that they can freely access these services without feeling guilty or embarrassed. This will contribute to a healthy society. Adolescents should as well be given enough knowledge on the use of contraceptives.

2.8.9 Influence of Law and Policies on Adolescent Sexual Health

Affirmative legal or policy interventions are critical for supporting existing sexual health interventions or for introducing new ones. Countries may use laws, policies and other regulatory mechanisms that are enshrined in international treaties to guarantee the promotion, protection and provision of sexual health information and services, and to uphold the human rights of every person within their borders (Shaw, 2009).

Laws and policies can also provide legal protection against any discrimination and stigma related to sexuality and sexual health status. Such legislation is fundamental to the creation and maintenance of a sexually healthy society. While laws and policies can be supportive of sexual health and well-being, they may also be obstructive, or heavily influenced by restrictive cultural norms. Furthermore, it is important to recognize that the existence of a law or policy does not mean it will be implemented (Hoopes, & Chadra-Mouli, 2015).

The framework offered here uses a rights-based approach that seeks to integrate the norms, standards and principles of international human rights agreements into national policies and plans, in order to promote sexual health and development. This framework builds on the principles of equality and participation and rights of individuals. The right of education and access to information on sexual health issues, to privacy, to non-discrimination and freedom from violence, to self-

determination within sexual relationships, and to health care is important (Adinew, Worku, & Mengesha, 2013). South Africa is in line with other developing countries. Its policies are democratic, in that they also cater for adolescents because adolescents should also enjoy the human rights of not being discriminated against in any way.

2.9 Conclusion

Adolescence is like a bridge between childhood and adulthood, and it must be taken care of as it may have a lifelong impact on the person (WHO, 2011). Adolescents are faced with many challenges and pains as it is filled with mixed messages and conflicting demands from parents, teachers, friends, family and oneself. Growing up is like negotiating a path between independence and reliance on others, and it is a tough venture. Due to changes that adolescents undergo, they become vulnerable to injuries, legal consequences, STIs, unwanted pregnancies, traumatic injuries particularly from car and motor cycle accidents, to mention but a few (Schalet, Santelli, Russell, Halpern, Miller, Pickering, Goldberg, & Hoenig, 2014).

This then implies that adolescent sexual health should be taken into account by considering adolescent's culture, religion, and characteristics, and that the community should know how to maintain adolescent sexual health. This may reduce morbidity and mortality which may result from poor adolescent sexual health which will manifest itself in the form of HIV and AIDS, STIs, substance abuse, unwanted pregnancies (Lebese et al., 2013).

This chapter brought out the importance of factors that influence adolescent sexual behaviour and health, and how these factors should be contemplated and reflected upon to ensure a smooth transition from childhood through adolescence to adulthood. The next chapter covers the research methods used in this study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the research methodology used in this study. The study explored and described the perceptions of the community with regard to adolescents' sexual health and hence the qualitative approach was applied.

3.2 Research Design

De Vos, Strydom, Fouché and Delport (2005) defined a research design as a blueprint for conducting a study that maximizes control of factors that could interfere with the study's desired results. It is a plan of what is going to be observed (Babbie, 2007).

Maree (2007) and Welman, Kruger and Mitchel (2005) also defined a research design as a plan that helps to select research participants and collect data from them. In a Research design describes the process the researcher is going to undertake in realizing the research objectives. Blaikie (2009) described a research design as an integrated statement of and justification for the more technical decisions involved in planning a research project and can be likened to a process of the activities of an architect designing a building. The research design of this study was qualitative, explorative, descriptive and contextual in nature.

3.2.1 Qualitative research design

A qualitative study is descriptive and subjective; it is used for selected strategies of inquiry where clinical ethnography and qualitative interviews are intended (Creswell,

2009). A qualitative study is an investigation of phenomena, typically, in an in-depth and holistic fashion through the collection of rich narrative materials, using a flexible research design. It is a way of finding out what people think and feel through observing and interviewing in their natural environment and reading documents (Brink et al., 2012, Maree, 2007, Brink et al., 2006).

The study attempted to describe, explain, decode, and translate, and it comes to terms with the meaning of naturally occurring phenomena in the social world (De Vos et al., 2011, Neuman, 2011, Creswell, 2007, Wellman, Kruger & Mitchell, 2005). In this study, the researcher explored and described the perceptions of Tshiungani community on adolescent sexual health so as to understand their meaning of sexual health as it occurs in their community.

3.2.2 Exploratory Study

An explorative study is aimed at exploring the dimensions of a phenomenon and the manner in which it is related (Brink et al., 2006). An exploratory study will help to uncover unknown research areas and to gain new insights into the phenomena under study (De Vos et al., 2011). According to Polit and Hungler (2001), exploratory research is a preliminary study designed to develop or refine hypotheses, or to test and refine the data collection method. In this study, the in-depth information was gathered by means of interviews, wherein each participant was asked to describe his or her perceptions with regard to adolescent sexual health.

3.2.3 Descriptive Study

Descriptive research is defined by de Vos (2005) as a blend in practice, which presents a picture of the specific details of a situation, social setting or relationship, and which focuses on how and why questions. According to (Brink et al., 2012, Rubin & Babbie, 2005), descriptive research is more likely to refer to a more intensive examination of phenomena and their deeper meanings, thus leading to thicker descriptions. The participants were able to describe their perceptions on adolescent sexual health during the interviews.

3.2.4 Contextual Study

A contextual study focuses on studying a phenomenon because of its contextual

significance with the aim of producing an extensive description of the phenomenon, group or event within the context of a unique setting of the domain of the phenomenon. A phenomenon must be studied in its natural setting because individuals make their meaning for themselves, within their context (Lincoln & Guba, 1985). The study is contextual because it was undertaken in the village of Tshiungani in Mutale Municipality of Vhembe District in Limpopo Province.

3.3 Research Setting

Setting refers to an environment where a research is carried out. In qualitative research, the study takes place in a natural environment (Burns & Grove, 2007). Brink et al., (2012) referred to research setting as a specific place(s) where the data will be collected and where the participants live and have thus experiences.

In Limpopo health care service is provided in the primary health care facilities, health centers as well as local hospitals in the local municipalities and serious cases are transferred to district hospital then to the provincial hospitals respectively.

This research was conducted at Tshiungani Clinic in a rural village (Tshiungani Village) situated in Mutale Municipality of Vhembe District Limpopo Province served by Tshiungani Clinic. Tshiungani village has low socio-economic status and poor transport system. The community of Tshiungani is mostly populated by youths, has a high rate of unemployment, low educational status, high HIV-positive rate as well as teenage pregnancy and school dropout (Table 1.1). Most of the community inhabitants, including the adolescents are working at nearby farms for their basic living. The community is served by hospital is Donald Fraser Hospital which is 10 km away and has one primary health care clinic. Doctors visit the clinic once per month. There are 6 clinical nurse practitioners, 2 enrolled nurses and one auxiliary nurse. Only a few adolescents utilize the services offered at the clinic. The village has one high school and primary school and serve 8 other neighbouring villages and the furthest being ± 8 km away from the clinic. Tshiungani Village is hot sandy area.

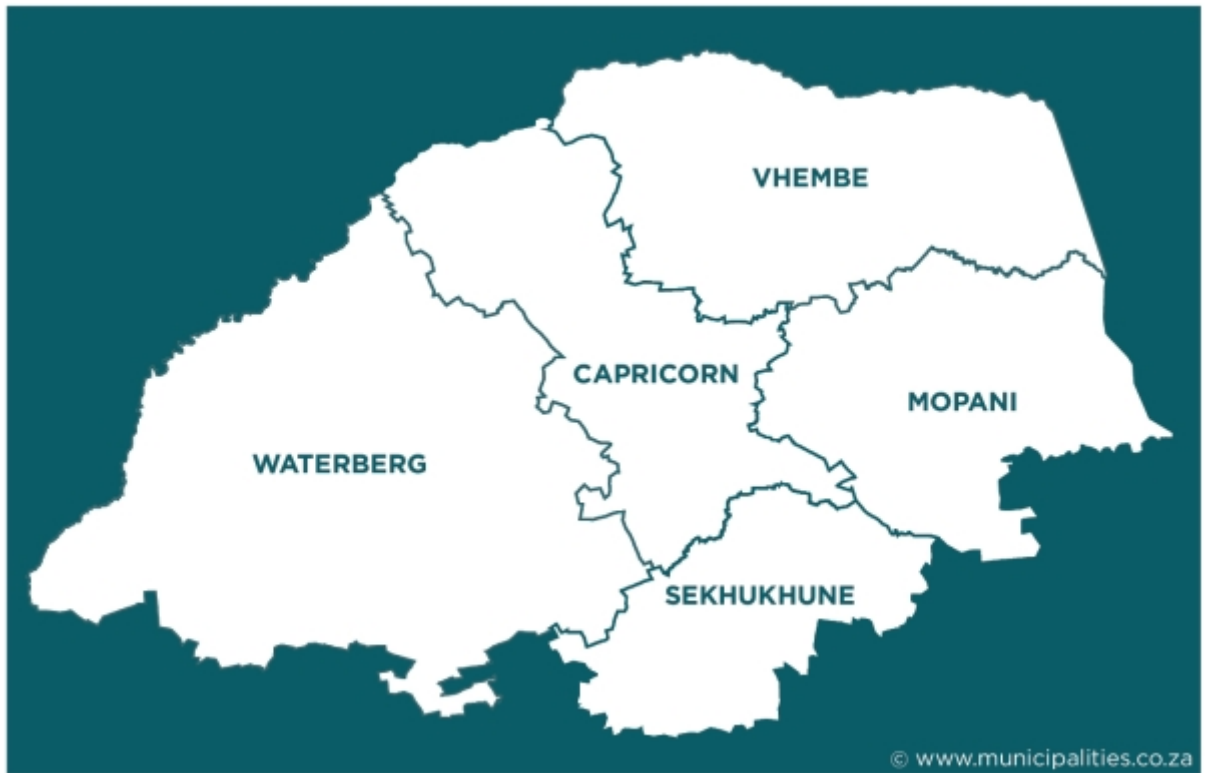


Fig 1.1. Map of Limpopo Districts

Source: Local government handbook

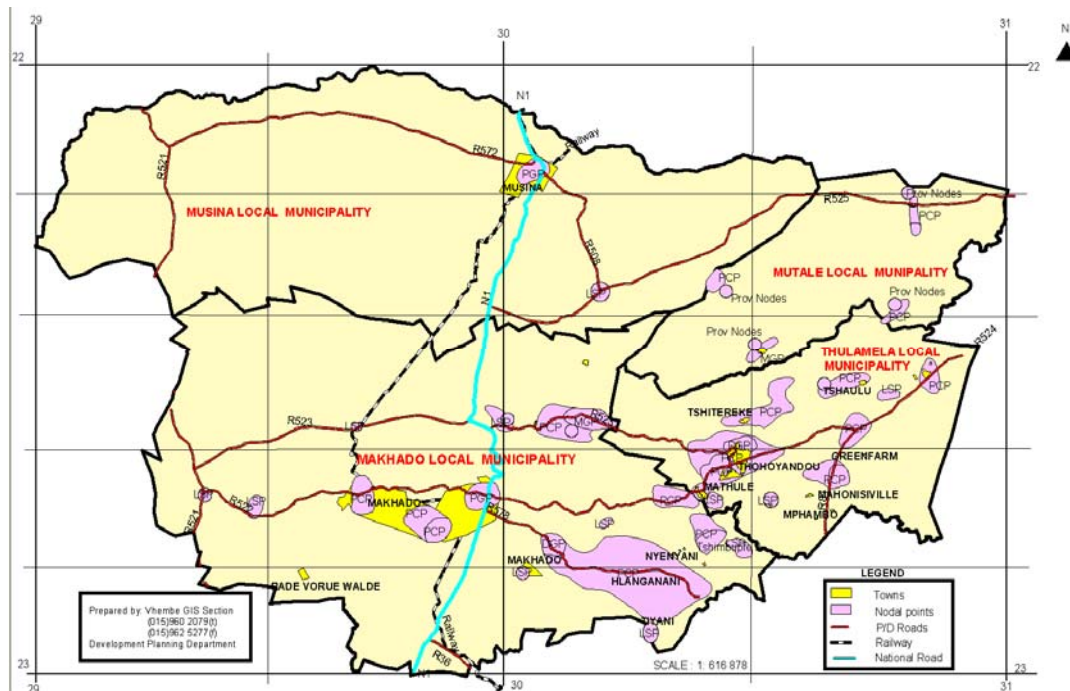


Figure 1:2 Vhembe District Map

3.4 Population

Population refers to the entire aggregates of the cases that meet the criteria (Brink et al., 2006). According to Burns and Grove (2009), population is the total set of people eligible to participate in a research study. The target population refers to the entire population in which the researcher is interested (Brink et al., 2012). In this study, the target population encompassed all adults in Tshiungani Village who were 30 years and above, and who were taking care of adolescents.

3.4.1 Inclusion Criteria

Inclusion criteria are the eligibility criteria which will form the basis for the researcher's decision to include the subject (Brink et al., 2012). In this study, the inclusion criteria focused on all adult and guardians in Tshiungani Village who were 40 years and above, and had adolescents in their care because they have experience in the care of adolescents and can provide relevant information. Participation in this study was voluntary.

3.4.2 Exclusion Criteria

Exclusion criteria refer to the eligibility conditions which will lead a researcher to exclude certain elements, individuals or objects from the population (Brink et al., 2006). In this study, all adults, parents and guardians who were not taking care of adolescents, who were less than 30 years and who had not agreed to participate were excluded from the study as they would not provide relevant information for the study.

3.5 Sampling, Procedure and sample

Sampling is a process of selecting a portion of the population to represent the entire population. The actual inclusion criteria of the study are considered during sampling (Polit & Hungler, 2008).

There are two types of sampling, namely, probability and non-probability sampling. Non-probability sampling is widely used in qualitative studies and may or may not represent the population. It is more convenient and economical and allows the study populations when they are not amenable to probability sampling, or when the researcher is unable to locate the entire population, or where access to participants is limited (Brink et al., 2012).

3.5.1. Sampling of households and participants

In this study, non-probability sampling was used and 10-15 households were estimated to form the sample size were purposively sampled at a community gathering (Khoroni- *means traditional gathering*), as the researcher has a theoretical knowledge of the family units in Tshiungani village which is served by the clinic in order to explore their perceptions of adolescent sexual health.

Purposive sampling is also called judgmental sampling (Rubin & Babbie, 2005). This type of technique is based on the judgment of the researcher regarding participants that are typical of the study or participants who are especially knowledgeable about the question at hand (De Vos et al., 2011). Purposive sampling was used to select the community based on the high incidences of social ills like teenage pregnancy and drug use.

Convenience sample was used for participants within households who consented and had adolescents in their care. The researcher works with this community; and therefore has some knowledge about it. During the visits the willing target were provided with the consent forms to avoid biases.

Description of and realization of the sample

- The sample comprised of parents and guardians who are taking care of adolescents.
- Their ages ranged between 30 and 56.
- 3 of the participants were housemaids, 2 were security guards, 1 was a clerk 1 was a caretaker of cattle whilst the remaining 3 were unemployed.
- Data saturation was reached after interviewing 10 participants.
- This was realised by the repetition of the responses they were providing.

3.6 Pilot Study

Pilot study was not undertaken as the researcher utilized one central question to guide the study and follow-up or probing questions emanated from the conversation which was unstructured.

3.7 Data Collection

Data collection entails the gathering of information needed to address a research problem (Polit & Hungler, 2008). The study used face-to-face interviews as a method of collection. The interview is a method of data collection in which an interviewer obtains responses from a participant in a face-to-face encounter, or through a telephone call or by electronic means (Brink et al., 2006). Face-to-face interviews were used in this study as they allowed the flow of perceptions of the community on adolescents' sexual health (Annexures 5 and 6). Interviews were conducted in each household in accordance with the agreement with the participants who have signed the consent forms.

During face-to-face interviews the researcher observed and made field notes in chronological order to establish which information would be written first and which later (De Vos et al., 2005). A voice recorder was also used and interviews were

recorded, transcribed, translated from Tshivenda to English and then analysed (Streubert, & Carpenter, 2005). The interviews were voice recorded with the permission of the participants. Each interview began with one central open-ended question that focused on the research question. This was followed up by probing questions which depended on the responses of the participants. The interview lasted for at least 40-45 minutes. At least 10 participants were interviewed.

3.7.1 Central Question

Participants were asked the following research question.

What are your perceptions of adolescent sexual health?

As suggested by in De Vos et al., (2011), an interview should be built on three kinds of question, namely, the main questions, followed by probing questions or questions that might be deemed necessary or appropriate, for example:

What do you think entails adolescent sexual health?

What do you think can be done to assist adolescents to attain sexual health and sexual maturity?

How can adolescents be assisted to cope with the stages of adolescents?

Data were collected continuously to the point of saturation of information, when no new information was forthcoming (De Vos et al., 2011). However, the saturated data were validated with literature in order to establish reliability

3.8 Data Analysis

Data analysis, according to Burns and Grove (2009) and De Vos et al., (2005), is conducted to reduce, organize and give meaning to the data. In a qualitative study, data management occurs in three phases, namely, description, analysis and interpretation (Burns & Grove, 2003). In addition, in qualitative research, data analysis begins during data collection and that will assist the researcher to refine the questions, if possible, and enable the researcher to remember what has been said or observed.

Creswell, (2009, 2007) stated that analysis of qualitative data is a creative process of making sense of the findings and meaning of the collected data. The transcriptions were analysed individually, in order to identify similarities, differences and relationships. Tesch's method of qualitative data analysis was followed as prescribed in Creswell, (2009) (Table 3.1).

Table 3.1: Tesch's eight steps of qualitative data analysis

<p>1. Getting sense of the data</p>	<p>The researcher read through all the transcription carefully, and some ideas were jotted down as they came to mind. At this stage, the researcher organized data, transcribed data verbatim and translated data.</p>
<p>2. Pick one document</p>	<p>The researcher picked one interesting shortest transcription or the one at the top and went through it, read and re-read and wrote thoughts in the margin.</p>
<p>3. Compile this task for several participants</p>	<p>After compiling this task for several participants, the researcher made a list of all topics and clustered together similar topics. Topics were formed in the columns. Notes and headings were written in the text while reading it. Data were treated as answers to open-ended questions or as data-specific questions.</p>
<p>4. Group topics that relate to each other</p>	<p>The researcher analysed the topics and then grouped those that relate to each other. The list of categories was grouped under headings. The aim was to reduce the number of categories by collapsing those with similarities or differences in broader categories.</p>
<p>5. Take list of topics</p>	<p>The researcher took the list of topics from the data. Topics were abbreviated as codes, and those were written next to the appropriate segment or margins.</p>
<p>6. Abbreviate each category</p>	<p>The researcher made decisions on the abbreviations for each category. Then the researcher made and alphabetised topic list as codes.</p>
<p>7. Assemble categories</p>	<p>Data material belonging to each category was transcribed.</p>
<p>8. Record data</p>	<p>Records of existing data were created. The findings were then presented in writing and the information gained from the findings was counter-checked (Creswell, 2003); (Brink et al, 2012).</p>

3.9 MEASURES TO ENSURE TRUSTWORTHINESS OF THE STUDY

Trustworthiness is a way of ensuring data quality or rigor in qualitative research, based on the model of Lincoln and Guba (1985). This model proposes four criteria for developing trustworthiness of a qualitative study, namely, credibility, dependability, confirmability and transferability (Polit & Beck, 2008). Streubert and Carpenter (2005) argued that triangulation should be used for the purpose of generating meaningful data and to validate it.

According to Guba and Lincoln (2005), the trustworthiness of the research is established through determining its credibility, dependability, confirmability and transferability (De Vos et al., 2005).

3.9.1 Credibility

Credibility in qualitative research is like internal validity in quantitative research. It is meant to ensure that the participants, setting and processes are accurately identified and described in order to ensure that the research is the truth (De Vos et al., 2011). Credibility of the study can also be achieved by using a variety of methods of data collection and by having a prolonged period of time in the setting. In this study, participants were correctly identified and described. The researcher sent the data to other researchers and discussed the data with them to have an inter-coder agreement. The researcher's own experience as an employee in the health care delivery system for many years increased the validity of the data. Staying in the field for a long time assisted the researcher to familiarize herself with the people's culture and their behaviour. It helped the researcher to set aside what was known about the experience which was studied (De Vos et al., 2011).

3.9.1.1 Truth Value

Truth value is a criterion that explains how one can establish confidence in the truth of the findings of a particular inquiry (Neuman, 2011). The researcher used this strategy of credibility to ensure that the findings of this study reflected the perceptions of the community on adolescent sexual health. Credibility refers to the truth value obtained from the discovery of human experiences as it is lived and perceived by informants (Guba & Lincoln, 1985). It includes activities such as

prolonged engagement, persistent observation, triangulation, peer debriefing and member checking. Credibility determines if all findings are purely from the participants' perspective (Brink et al., 2006). The researcher stayed for the whole months in the field.

3.9.1.2 Prolonged Engagement

The researcher ensured prolonged engagement by staying the whole month in Tshiungani village visiting the participants at Tshiungani Village for so many times and even spent a long time with them and listening to them attentively. The researcher also stayed in the field until data saturation has been reached. In this way, the researcher gained an in-depth understanding of the study and perception of the participants, their culture and experiences. Each interview took 40 to 45 minutes which enabled the researcher to build trust and rapport between herself and the participants (Brink et al., 2012).

3.9.1.3 Persistent Observation

The researcher ensured persistent observation by observing non-verbal cues e.g body language, mimic, records and consistently pursuing interpretations in various ways. The researcher looked for multiple influences through continuous process and tentative analysis as well as determining what counted and what did not (Brink et al., 2006).

3.9.1.4 Triangulation

The researcher ensured triangulation by asking different questions in line with the central question. She sought different sources and used different methods. This included collecting data about different events and relationships from different points of view of each participant e.g made most of recent scenarios (Brink et al., 2006).

3.9.1.5 Peer Debriefing

The researcher ensured peer debriefing by seeking the views of her peers. The researcher also consulted those peer researchers with similar status e.g colleagues to read and have a better understanding, and not novices or juniors. The researcher also consulted experts who were outside the study. These people had a general understanding of the study and were able to debate with the researcher on each

step of the research process (Brink et al., 2012).

3.9.1.6 Member Checks

In this study, the researcher ensured member checks by assessing the intentionality of the participants, in order to correct obvious errors and provide additional information. The emerging findings of the study were taken back to the participants, in order to discuss and confirm the interpretations of the data, as well as their adequacy (Brink et al., 2012).

3.9.2 Dependability

According to De Vos et al., (2011), dependability is another word for reliability. It is when ‘the researcher attempts to account for changing conditions in the phenomenon chosen for the study as well as changes in the design created by increasingly refined understanding of the setting’. In this study, the researcher accommodated changes accordingly, depending on improved understanding of the setting, in order to produce meaningful information for the study. In addition, and Creswell (2007) argued that qualitative reliability is determined by the ‘researcher’s approach being consistent across different researchers and different projects’. In this study, dependability was achieved by the researcher allowing cross-checking of codes also known as inter-coder agreement by other research experts, supervisor of the study to see whether they would code the data in the same way as the researcher (Creswell, 2009).

3.9.3 Confirmability

Confirmability is when several people or informants view the general findings as similar with the researcher’s findings (De Vos et al., 2011). In this study, the researcher sent the findings to experts and her supervisor also scrutinized the findings and confirmed them. Throughout the study, data checking was done and continuous discussion between experts and the supervisor ‘ensured the truth value of the data’ (Creswell, 2009).

3.9.4 Transferability

Transferability is concerned with the issue of whether a set of findings is relevant to settings other than the one or ones in which it was conducted. In order to enhance transferability, Guba and Lincoln (2005) recommend accounts of research settings. Such accounts allow other researchers to establish whether findings hold up in other contexts. In this study, the researcher asked experts whether the findings of the study could be transferred from a specific situation to another (Becker & Bryman, 2004). The setting of Tshiungani in Mutale municipality was well described to increase transferability.

3.10 ETHICAL CONSIDERATIONS

Ethical consideration is an important part in the research process because practicing ethics in research and science shows that the respect and dignity of participants are maintained (Pera & Van Tonder, 2005). In addition, this research project went through the approval of the University of Venda Higher Degrees and Ethics Committee (Annexure 1). The researcher was guided by the following ethical principles: request for permission to conduct the research, autonomy, privacy, confidentiality, anonymity and informed consent (Burns & Grove, 2005; Pera & Van Tonder, 2005).

3.10.1 Permission to Conduct the Research

Permission to conduct research was requested and obtained from the headman of Tshiungani Village in Mutale Municipality (Annexures 2A-2C), as well as from those people who were willing to participate. Obtaining permission from relevant authorities concerned was of vital importance in order to protect the participants. In this sense, the institution was equated to a person who was responsible to provide permission (Brink et al., 2006) in Pera & Van Tonder, 2005). Permission to use the voice-recorder was obtained from the participants. The researcher also explained how information would be protected.

3.10.2 Right to Self-Determination or Autonomy

Autonomy is when a person is capable of controlling his/her destiny or ability to conduct one's life freely without force or control (Burns & Grove, 2009; Pera & Van Tonder, 2005). Whether one was willing to participate or not, one was provided with information about the research and its purpose, without external control and force.

Explanation of the right to participate or not to participate and to withdraw from the research at any time was given to participants (Annexure 3). Participants were allowed to choose voluntarily whether to participate in the research. All the participants consented to participate voluntarily (Annexure 4).

3.10.3 Right to Confidentiality

Confidentiality of a participant's information is the 'management of private data in research in such a way that only the researcher knows the subject's identity and can link it with his/her responses' (Burns & Grove, 2007). In this research, confidentiality was maintained by not disclosing names, and by not reporting long quotations of participants on responses to questions, to avoid identifying participants by linking quotations to the participants. Information was not shared with others without the participant's authorization. All raw data were kept confidentially in a secure place. Participants' identities were not linked to their responses (Burns & Grove, 2005).

3.10.4 Informed Consent

Informed consent is an agreement by a prospective subject to participate voluntarily in a study after s/he has assimilated essential information about the study (Burn & Grove, 2009). Participants were assured that their participation was voluntarily and that they were free to withdraw from the study at any time. The research did not ask any question which will distress participants. The researchers' contact particulars were provided to the participants so that if they have questions at any time, they can ask. Finally, written and oral consent were obtained from all participants (Annexure 4).

3.10.5 Anonymity

The process of ensuring anonymity refers to the researcher's act of keeping the participants' identities a secret. Any participant who agreed to participate in a research study has a right to expect that the information collected from him/her remained anonymous and confidential. Anonymity literally means namelessness. According to Brink et al., (2012), even the researcher should be unable to directly link a participant with his/her data. In this study, the researcher kept the results of the study under lock and key and with no identities (Brink et al., 2012). Complete anonymity was not possible due to the fact that interviews were face to face with the

researcher. Pseudonyms were used to ensure anonymity (Roper, & Shapira, 2000). The researcher ensured that consent was obtained prior to any procedure being carried out.

3.10.6 Privacy

The researcher respected the right to privacy. The participant had a right to determine the extent to which, and the general circumstances under which his/her private information would be shared with others. If the relationship was a patient-doctor one, the doctor was legally bound not to tell anyone the details of the patient's case. Such information includes the participant's attitude, behaviour, beliefs, opinions and medical records. A researcher who gathers information from participants without their knowledge, for example, using hidden camera invades their privacy. Even the researcher who shares participants' information invades their privacy. The researcher only collected information when participants had signed written agreement (Brink et al., 2012).

3.11 Conclusions

In this chapter, the researcher outlined the plan of the research as well as the methods that were used, viz., study population, sampling, data collection, data analysis. The researcher also showed how ethical issues and measures to ensure trustworthiness were observed. The following chapter is a discussion of the study findings.

CHAPTER 4

RESEARCH FINDINGS AND LITERATURE CONTROL

4.1 Introduction

This chapter outlines the meanings extracted from the interviews conducted with 10 participants who lived at Tshiungani Village and were taking care of adolescents at the time of the study.

The main question asked in this study was:

What are your perceptions of adolescent sexual health?’

The interview sessions lasted for about 40-45 minutes with each individual participant in order to generate an understanding about the problem studied, voice recorder was used and the sample was determined by data saturation (Brink et al, 2006). Observations were made and written field notes were taken. The central storyline (De Vos et al., 2011) became apparent and reflected that participants perceived adolescent sexuality more or less in a similar perspective.

4.2 Biographical Background

Ten participants between the ages of 30 and 56 years were interviewed of whom four were males and six were females. Both were taking care of adolescents. Two were illiterate; four had senior certificate whilst the other four had only junior certificate. Three of the participants were housemaids, two were security guards, one was a clerk one was a caretaker of cattle whilst the remaining three were unemployed. The participants were the relevant target to explore their perceptions with regard to adolescents’ sexual health.

4.3 Themes Identified by Data Analysis, Interpretation and Literature Control

Table 4.1 summarises the findings and will be described and controlled by literature.

Table 4.1: Themes, categories and sub-themes

Theme		Category		Sub-Theme	
1.	Community expressed concerns related to sexual norms and behavior	1.1	Cultural perspective	1.1.1	Initiation school
				1.1.2	Cultural norms and values pertaining to sexuality
				1.1.3	Menarche
2.	Community expressed dissatisfaction on modernization	2.1	Acculturation	2.1.1	Poor parental guidance/supervision
				2.1.2	Family norms on sexuality
				2.1.3	Change in family structure
				2.1.4	Poor quality time spent with adolescents
				2.1.5	Role of family in sexual education
				2.1.6	Role of school in adolescent sexual health
3.	Community expressed concerns over the effects of media and sexual health	3.1	Electronic media	3.1.1	Mixed messages related to sexuality, e.g., drugs/ alcohol/ violence
				3.1.2	Poor usage of technology versus unsupervised usage of:

Continued/...

Table 4.1: Themes, sub-themes and categories (continued)

Theme	Category	Sub-Theme
4. Community expressed concerns related to effects of religion and sexual health	4.1 Christian perspective	4.1.1 Abstinence
		4.1.2 Virginity
		4.1.3 Supervision of youth gatherings and conferences
5. Community expressed concerns related to politics and sexual health	5.1 Abuse/ misuse of sexual reproductive health rights	5.1.1 Lack of understanding about sexual rights and responsibility
		5.1.2 Contraceptives issue
		5.1.3 Termination of pregnancy
6. Community expressed concerns related to socio-economic factors and sexual health	6.1 Poverty perpetuating risky sexual behavior	6.1.1 Sex with adult, sugar daddy
		6.1.2 Sex idols

4.3.1 Theme 1: Community Expressed Concerns Related to Sexual Norms and Behaviour

1.1: Cultural Perspective

According to Kioli, Were and Onkware, (2012) cultures seem too similar. They all have various mechanisms such as restriction of pre-marital sex to control and check sexual behavior of the adolescents. It emerged that various cultures dealt differently with issues surrounding how girls and boys should behave, issues about menstruation and masturbation as well as courtship, dating and marriage. However, over time; the traditional habits and mechanisms to restrict and control sexual behavior of adolescents are seen as outdated and redundant. Nowadays due to poor traditional moral codes, negligence and failure of parent to supervise or supports their adolescents, adolescents are highly involved in early sexual relations. The following sub-themes provide a description of cultural norms pertaining to adolescent sexual health.

1.1.1: Initiation School viewed as cornerstone of morality

Traditional initiation schools were the cornerstone of morality building. Youth emulated (*played mahundwane- meaning that they role played being man and wife, a mock family unit*) wherein they learned about relationships and explored sexuality, although full sexual intercourse was prohibited between boys and girls. Peers monitored each other's relationships and group leaders regulated limitations. One can also argue that this sexual socialization is found in all South African ethnic groups. The majority of participants expressed concerns that initiation schools were the ones that gave a lead to adolescents' lives because those who attended initiation schools demonstrated good conduct and even delayed sexual initiation as they were checked for the virginity every month as per the customs of the initiation school. One of the participants confirmed and stated: *"In the olden days, culture was so important to adolescents because like I said, every month a virginity test was conducted. Boys were sent to Tshitamboni where they were also tested for their virginity and manhood. The initiation schools were compulsory to every child and there were also some fines to be paid in cases where adolescents deny or fail to attend initiation school."*

These initiation practices are prevalent among black ethnic communities, and can also

be found also in other parts of Africa. Traditional rituals of initiation prepared young people for their adult role, including education on the responsibilities of sex, marriage and child-bearing. Mudlovozi et al., (2012) also reported similar sentiments that sexuality contributed to social cohesion, communities developed codes of conduct and principles relating to when, where and with whom sexual relationships might occur. Such practices were communicated to young people through initiation ceremonies.

1.1.2: Existing Cultural Norms and Values Pertaining to Sexuality

Communities have been rooted in their cultural norms and values for generations, these values made them proud of their journey to manhood or womanhood and contributed much to responsible sexual practices. During the interviews, the community expressed different concerns related to sexual matters. One participant had this to say: *“Adolescents of nowadays no longer respect sexual matters. They engage in sexual matters with anybody, including the elderly people and also have multiple partners.”* According to cultural norms it was misconduct for an adolescent to engage in sexual matters at an early stage.

This was verified by another participant who mentioned that: *“They sleep out as they wish or take those elderly people and sleep with them in their homes or in some cases those elderly sexual partners can take the youngsters and book a room and take as much time as they want sleeping with them there. They are not even faithful to a single partner, they have multiple partners which even worsens the spread of infections”* Norms within societies have been lowered, because elders and parents have divulged their roles of being parents to any child in a community, this shifting of norms has lowered morality in our communities.

Another participant mentioned: *“They use to form some groups and group themselves where they will usually gather and talk about sex issues. During this time they will be boasting to others that they were having sex with their girls and how it feels so as to inspire others. Of course some girls will also be doing show off to others girls about what they have brought from their partners as some will be dating married men in the name of getting money.”*

This is a reflection that adolescents expose themselves to STIs at an early age. Maticka-Tyndale, (2008) in his study, also argued that the first sexual intercourse occurred during the teenage years and it really constituted a threat of infections to adolescents. Culturally, communities have rules and principles regarding pregnancy, childbearing and childrearing.

One female participant had this to say: *“Initially, adolescents used to respect the sexual issues and it was a taboo for early engagement in sexual intercourse.”* Furthermore, she argued that, *“Adolescents of the olden days were warned that it was misconduct for them to bear children out of wedlock and that was an embarrassment to the whole family. Back then it was possible to find a fully grown-up adolescent who was still single and a virgin for that matter. Sexual affairs were solely meant for the married couples.”*

Every cultural group or community has a way of socialising and rearing its children, among the Vha-Vendas, there is a norm where older girls and boys play *mahundwane* (it's a mock family unit) where they go out and create some temporary shelters and they live there for a week or two, both males and females, but they never get tempted to indulge in sexual intercourse. They will be cooking, eating and sleeping there, but were never tempted in sexual matters. During this time they were learning responsibility and accountability as they were not collecting food or anything from home.

Even one participant stated that: *“In those olden days adolescents were having good conducts, they were having self-respect, respect for others and elders. They used to respect themselves in such a way that they did not engage themselves in sexual matters at an early age and they used to wait until they reached the age of ±20. It was just like that in both males and females. All of them use to respect their bodies. They never meant to damage their bodies unnecessarily.”* Delaying sexual initiation has been promoted as one of the methods of decreasing risks of HIV among young people. In traditional countries, such as Ethiopia, retaining virginity until marriage is the norm. Olsho, Klein, Walker and Locke, (2009) examined the effect of virginity norm on having sex before marriage and sexual behaviour after marriage among rural Ethiopian youth and revealed that delayed sexual initiation was related to healthy sexual behaviour.

1.1.3: Introduction of Girls to Menarche

Menarche relates to first onset of menstruation in young girls and is considered a delicate stage which should be well understood by girls. This stage, if not well treated, can expose an adolescent girl to a bleak future. Knowledge, attitudes and practices relating to menarche differs across cultures and there are usually myths and fears associated with menarche. Participants expressed their concerns that: *“Adolescent girls should be well introduced to this stage, should be taught about cleanliness during this stage. The adolescents should also be made to understand what it means to them and its implications if they engage in sexual intercourse at an early stage. It should be made clear to them as to where the blood is coming from and why they have such blood as well as how to take care of themselves. Alternatively, it should be clear to the boys as well about the deepening of their voices and so forth.”*

Another participant said: *“Yeah! I strongly believe that the adolescents should know the truth even as a child, about her body, how to care for the baby, good food that can contribute to good health, a girl should know about the periods and the implications that may follow messing up with her adolescence beforehand, information on cleanliness should be given to her not to let people see that she is on her menses. It should be loud and clear that adolescents should always keep their bodies clean and healthy and that they should reserve their bodies for their future families.”*

Menstruation can be confusing, just like a lot of the other changes that come with puberty (Scales, 2010). Some girls can't wait to start their periods. Others may feel afraid or anxious. Many girls (and most guys!) don't have a complete understanding of a woman's reproductive system or what actually happens during the menstrual cycle, which makes the process seem even more complicated (Russell, Anderson, Lieberman, Tremellen, Yilmaz, Cheerala, & Sacks, 2011).

4.3.2 Theme 2: Community Expressed Dissatisfaction on Modernisation

Modernisation can affect societies and communities differently—it can alter the social structure and affect family and social stability either negatively or positively, and this can impact on adolescent sexuality.

2.1: Dissatisfaction Expressed Regarding Acculturation Trends

Keyona (2011) defined acculturation as “those incidents which result when groups of people having different cultures come into contact, with subsequent changes in the original cultural patterns of either or both groups.” More recent acculturation theories support a dynamic bi-dimensional model in which individuals undergoing acculturation do so independently of the maintenance of their original cultural paradigms. In actual sense, individuals undergoing acculturation do not necessarily reject their original beliefs for those of the new dominant culture, but rather supplement or adapt their previous beliefs with those of the new culture. As individuals encounter a new culture, they may respond with different degrees of original cultural maintenance leading to varying levels of acceptance or rejection of either culture.

According to Sterling and Sadler (2009), there are subcategories of acculturation which are:- assimilation, separation, integration and marginalization. Assimilation is the process by which an individual prefers to interact with the dominant culture to the exclusion of his/her previous cultural identity. Separation occurs when individuals seek to maintain their original cultural identity and simultaneously reject that of the dominant culture. Integration takes place when an individual seeks to maintain his/her original cultural identity while at the same time incorporating the new dominant culture and marginalization arises when an individual is excluded from both his/her original culture and the dominant one. Individuals may adjust the expression of acculturation based on the context in which they find themselves.

Factors such as political, economic, and social, demographics before immigration, reason for immigration, role in the immigration decision, society of settlement's attitudes toward immigrants, new social and economic environment, age at time of settlement, legal and residency status, and time in the new culture are also identified in acculturation. Therefore an understanding of the relative importance of an adolescent's cultural influences begins with an understanding of both original culture and the teen's current cultural environment.

During acculturation teens acquire the skills necessary for life. People are leaving the cultural values and are following foreign cultures which at times they do not even

understand. Acculturation gives difficult time for parents to understand their adolescents who are adopting other cultures. One participant indicated that: *“We used to have collective agreement about the conducts or the social life as a whole and people used to respect their culture unlike today by then people used to respect initiation schools, but nowadays parents are hosting 21st parties and giving them keys to appreciate their age and hence the adolescent take that the key is for sexual initiation.”*

The community also expressed the concerns that irrespective of early engagement in sexual intercourse our adolescents have older partners. At some stages, adolescent are sleeping around and it's not clear if they are after money, they are not even ashamed and are not even afraid of sleeping with elderly people. Some are even sleeping with their biological parents. One participant states that: *“Nowadays; if you look you will find that even the HIV statistics is increasing mainly in youngsters. This is because our youngsters are sleeping around with their elders, both boys and girls. They are dating people who seem to be their mothers and fathers. We don't even understand if this is because of poverty or if they are after money. They sleep out as they wish or take those elderly people and sleep with them in their homes or in some cases those elderly sexual partners can take the youngsters and book a room and take as much time as they want sleeping with them there.”*

Acculturation can impact health by increasing levels of stress, access to health resources, and attitudes towards health. Another explanation for the negative sexual health behaviours and outcomes (e.g., STIs and teenage pregnancy) associated with the acculturation process is the acculturative stress theory. Acculturative stress refers to the psychological, somatic, and social difficulties that may accompany acculturation processes, often manifesting in anxiety, depression and other forms of mental and physical maladaptation (Kim, 2015).

2.1.1: Existing Poor Single Parental Guidance/Supervision

Parental monitoring is also an important correlate of adolescent risk behaviour, and the ability to monitor can be reduced if only one parental figure lives with the adolescent. There has always been a believe that adolescents who live with two parents (biological, step, other, or any combination thereof) are significantly less likely to engage in risk

behaviours such as smoking, property damage, illegal drug use, or running away, for example, adolescents in structured families tend to delay sexual intercourse longer than adolescents living in unstructured family units such as a single or cohabiting parent, and children living with neither of their biological parents are at the greatest risk of sexual debut at a young age due to lack of supervision and responsibilities required from them. One participant said:” *A child who is growing under the guidance of both parents will grow better than the one under the guidance of a single parents while the worst may happen to the one who is growing all alone .possibly; the two parents are able to complement each other during the growing time of their child than a single parent and moreover worst to those who are far away from their child as the child is taking care and guard against her/himself. That child is too independent in everything and every decision whether it is wrong or right. She/he does not even fear anything at all.*”

Those youngsters with no chores and less supervision have more freedom to do as they like with no parental control, while those with daily chores and constant supervision may be helping to run the household because their parents are very busy with work or other demands (Overturf et al., 2008).

2.1.2: Family Norms a Necessity for Guidance on Sexuality

Marriage was seen as a normative process, however with feminization and gender equity, more women are independent and thus family structures of single parents have emerged. Moreover, most parents are working and in some instances, far away from home. Transmission of sexual values from parents to children cannot occur under such environment, as parents are not always there to communicate and allay anxiety on issues that adolescents find themselves trapped in or needing solutions. However if parents are available, receptive and open to communicate sexual norms, parent-child communication improves and positive morality will be displayed.

One participant states that: ” *According to my perceptions it will involve an adolescent who is growing under the guidance of the parents who are duly married and are responsible to care for their children; of course parents with united families, who are Christians who will take their children to church with them. Those adolescent will not*

literally involve themselves in sexual relations, smoking as well as alcohol or substance abuse because they growing in church.”

Parents who are able to keep their communication informal and their emotions calm reduce the adolescents' anxiety level as they make a sensitive and emotionally-charged subject less scary and more approachable (Mantovani, & Thomas, 2014). Parents' abilities to have an informal and calm conversation are also determined in the timing of the conversation and by the existing relationship between the parents and children. For example, in religious families, such communications are often not avoided, but they are brief because sex is perceived as a non-issue by the parents. They think that their children are waiting to have sex and thus do not need to discuss the matter any further. It is possible that adolescents in such situations may lie about their desires for or adherence to abstinence as long as they live in their parents' house as a way to avoid having such conversations (Affi, Joseph, & Aldeis, 2008).

2.1.3: Change in Family Structure Affect Parenting

According to Beers, & Hollo (2009) family structure arrangements also appears to place children at risk for early sexual relations. Children who have experienced multiple parental marriages and divorces or multiple changes in parental figures are more likely to engage in sexual intercourse at an early age. Family forms an important background for the child growth and unstable family relationship such as violence and divorce may have negative impact on the adolescent sexual behaviour. Such an adolescent might be psychologically affected. A participant indicated this regarding family stability: *“If the family is always involved in violence; of course, the adolescent of that family might have psychological problem which may lead to abnormal sexual behaviour.”*

The issue of single parenting is dominating even because of high divorce rate and again increased statistics of children born out of wedlock. It is not easy for one parent alone to give guidance to an adolescent compared to an adolescent who has both parents. One participant stated that *“Maybe we are lacking control or guidance over them because some of them are from singles parenting families.”*

The community expressed dissatisfaction on the adoption of Western culture, nuclear,

single parenting, and poor parent sexual role models. Sturgeon (2008) supports the notion of structured family units that the presence of the biological father also appears to play an important role in adolescent sexual activity; the greater the time during childhood that a biological father resides with his children, intact family structure, the less likely that these children may to engage in early sexual activity. Family structure seems to matter more for the sexual behaviour of young teens than for the sexual behaviour of older teens.

2.1.4: Poor Quality Time Spent with Adolescents

The presence of adults in a home setting and the time parents spent with their children are important in moulding the character of a child when growing up

In this study participants also stated that: *“Children who are growing with their parents are likely to have good guidance with good conduct and mostly those with parents are likely to have better guidance than those who are on their own and those with single parents.”* They even added that: *“Such adolescents are protected under the guidance of their parents or guardians and are likely to imitate their parents on how they have taken care of them relating to habits, life style, conducts, customs etc. Those who are under the guidance of the guardians are also well trained and more so responsible than those who are on their own.”*

The community expressed concerns related to industrialisation and economic movement resulting in families left with single parents or children left on their own. The scourge of HIV and AIDS has also contributed to child-headed households. Even in a situation where parents are working locally children are always by themselves because parents spend much of their time at work and are almost buried in their work situation do not have much to supervise their children’s lives. One participant said: *“Some of them are on their own, that is, they are heading their families since parents have gone to work and the worst part being that some of them do not even have parents and as such they are controlling themselves. They have all the freedom that they want and no one is there to guide them.”*

Work-life balance is the maintenance of a balance between responsibilities at work and

at home and can adversely affect the quality of relations. Parents should always seek to balance work and family life as may lead to conflicts. These conflicts are intensified by the 'cultural contradictions of motherhood,' as women are increasingly encouraged to seek self-fulfilment in demanding careers (Sekiwunga et al., 2009). At the same time they also faced with pressures of finding adequate, affordable access to child care in order to prevent developmental problems (Balaji, 2014).

One participant even stated that: *“Moving out from our African culture to the Western culture, unlike parents of the olden days, parents of today’s generation are mostly working. The olden days parents were self-employed with farming that is both stock farming and crop farming. This enables them to spend time with their young ones and they were also able to teach them how to do it best, but as of today people are teachers, some are health professionals, police, etc., and this makes it difficult for parents to spend time with their kids. Parents of today spend most of their time at their workplaces and even some working conditions are strenuous in such a way that even when they knock off they will not want to hear anything from their kids. Some parents are always busy with books as they will be furthering their studies. There is no time to waste to listen to this adolescent that has many questions and concerns.”*

One participant said: *“Nowadays parents are not good role models to their adolescents because they practice the Western culture and are so busy at their working environment.”* The findings relate to Beers and Hollo’s (2009) assertion that some parents are buried in their studies or professional development that they have no time for their young ones.

2.1.5: Role of Family in Sexual Education a Necessity

Family plays an important role in the grooming of the youth. By virtue of things they say charity begins at home. It is socially acceptable that children must be trained at home. At times what children do and say do reflect the type of family they are coming from. Shtarkshal, and Santelli, (2007) is also of the opinion that parents should not be ashamed of talking sexual matters with their adolescents. It is imperative that parents open up and be receptive to their children. One participant even said that: *“But if the child knows the truth from the parents, it is far much better. Parents should learn to talk*

things with their children face-to-face and should also answer their question relevantly. It means that the child will know the truth from home and even when someone tries to manipulate that child, or mislead the child, the child can stand for her/himself. Even in terms of bad influence from the peer the child can overcome that.”

Successful parental discipline and control plays a significant role in the value orientation of the adolescent. Parental educational attainment and modernization affect family communication and, simultaneously, the risk factors exaggerate risky sexual behaviours in rural female adolescents (Ahmadian et al., 2014).

Again the participants indicated that: *“In a single and nuclear family, guidance is not so intense and at times the parents are away for job hunting and employment resources. Nowadays parents are always busy with their personal issues in such that they even lack the time to attend to their young ones. They have no time to listen to their young ones.”* According to a study conducted by James, Van Rooyen, and Strumpher (2012) teenagers, were found to be initiating sex at an early stage because their parents were not paying attention to them and thus were following their peers as their leads.

2.1.6: Role of School in Sexual Education a Necessity

The school is an important place for the development of adolescents. Most of their time; the adolescents are at school and only a limited time is spent with parents, so teachers should as well provide the relevant sex education. Nowadays teachers do not have enough time to attend to children because they are always attending workshops. Sex education for adolescents is the responsibility of both parents and teachers. One participant said: *“Even at schools adolescents are under a lot of peer group pressure because nowadays teachers are always attending workshops and this increases free periods where adolescents will be sharing and influencing each other. Teachers are not even having enough time for giving sex education because they are always busy.”*

Many teenagers find out about sex themselves as many parents and teachers fail to tell their children about the facts of life. Ramathuba (2008) reported that one in five parents believed that their children would find out about sex themselves and 9% believed that

schools should be the main source of advice about sex and relationships and indicated on the report by the Alan Guttmacher Institute which found that sex education in public schools often misses the target by dwelling on abstinence and deny the students information they need when they become sexually active

4.3.3 Theme 3: Community Expressed Concerns Over the Effects of Media and Adolescent Sexuality

The media (television, radio, newspapers, etc.) are an important channel for presenting information and channelling communication in our everyday life. Health educations are also given through mass media. Exposure to mass media may influence the promotion of risky behaviour as in advertising (Tolman, Kim, Schooler, & Sorsoli, 2007). The media, especially television and film, often portray risky behaviours (e.g., heroin addiction in the film 'Trainspotting', marijuana use in the TV show 'Weeds', gambling addiction in the TV show 'Sunshine').

These types of negative media influence various risky behaviours, television and film dramas often create confusion to adolescents (Griffiths, 2010).

In this study, the community also expressed the concerns that media influence adolescent sexual behaviour because media present everything, for example, when they are watching television; listening to the radio as well as using their cell phones everything is possible.

A participant pointed out that: *“Media can have both positive and negative impacts on the adolescent sexual behaviour depending on whatever is possible at that time. At some instance there are some educational lessons which are being presented in the radio and TV. In their cell phones the adolescents can as well Google some educational information. In the olden days it was not like that because there were few media resources.”* One participant said: *“Maybe the media is also an influencing factor because initially the media was an FM radio, there were no such things like the TV set,*

cell phones.”

Strasburger, and Jordan, (2010), argued that risks that teens face online are similar to those faced offline. It is just that, the risk profile for the use of various types of social media depends on the type of risk, a teen’s use of the media, and the psychological makeup of the teen using them. It is important to note that teens most at risk often engage in risky behaviours offline and also have difficulties in other parts of their lives.

Youth are much more likely to receive sexual solicitation between same-age youth than sexual predation and most of these solicitations come from same-age peers who are known offline (Mc Bride, 2011).

3.1: Electronic Media

The social environment of today’s adolescents is affected by the electronic mobile communication such as instant messaging and text messaging. With this expansion of Internet-enabled handheld devices, sending messages and images has become easier than ever before and texting is the most common form of daily communication used by teenagers more than phones or face-to-face. Even though adolescents of today may be more digitally intelligent than their parents, their lack of maturity and inattention to consequences can quickly lead them to serious negative outcomes like imitating some of the content found in this technology (Houck, Barker, Rizzo, Hancock, Norton, & Brown, 2014).

3.1.1: Potrayed Mixed Messages Related to Sexuality, e.g., Drugs/ Alcohol/ Violence

In this study, the community expressed annoyance that adolescents are more confused because of the mixed messages they receive from the media. At some point they get useful messages like educational lessons and at the same time there are some love actions and messages presented. The mass media such as TV, magazines, movies and Internet access can be regarded as important sources of sexual health information. Some people consider magazines an important source of information on such topics as reproductive health, STIs and HIV and AIDS. Magazines appear to be an especially important information source for adolescents’ because they are very fond of reading

magazines.

Not all of what adolescents can get from the media about sex can be considered sexually healthy content, but some may be the negative content (Brown, Keller, & Stern, 2009). The fact that adults' lack the general talk about sex and its effects, cautions, contraception, and make it more likely that young media consumers learn risky sexual behaviour from the media. Adolescents who frequently view portrayals of glamorous, casual, risk-free sex among sexually objective women and irresponsible men may also adopt similar beliefs about sex in the real world. Such a potentially unhealthy sexual media environment creates the need for alternative media messages about sexually healthy behaviour and lifestyle more important (Brown et al., 2009). One participant said that: *"there were no such things like the TV sets where they are able to watch pornography and eventually imitate."*

The community also expressed their concerns are on drug usage amongst nowadays adolescent. They pointed out that today's adolescents are alcohol and drug addicts. One participant stated that: *"Adolescents of yesterday were keen and never engage in alcohol and substance abuse as well as sexual activities at an early age."*

Marcotte, (2013) argued that alcohol consumption often has been seen as increasing adolescents' risk of HIV, and there is a positive relationship between drinking and risky sexual behaviour among adolescents. Adolescents who engage in increasing alcohol consumption manifest negative attitudes towards school, like poor academic performance, poor academic achievement, low school motivation, and truancy. While on the other hand, those students with high levels of achievement motivation and positive attitudes towards school show that they like and are interested in school. This may eventually decrease students' involvement in alcohol consumption and help to shape their attitudes towards school (Anyio, 2015).

3.1.2: Poor Usage of Technologies/Unsupervised Use of Television, Cell Phone, Radio, Pornography

The community expressed that the media had negative impact on the adolescent sexual

behaviour if not supervised properly. Parents give their children luxuries like expensive gifts as cell-phones, computers and tablets, which they do not control the usage of such. One participant even point out that: *“Most of their time is spent on media resources watching movies, reading magazines, watching love music videos, listening to love songs as well as texting.”*

This increasingly pervasive access to the Internet can be positive for the community; for example, people of all ages are turning to medium for information on sexual education and sexual health, social connection, work, shopping, entertainment, news, and academics. According to Tshomo (2014), parents often buy children cell phones without supervising how they use them and while on the other hand, unmonitored access for youth raises genuine concerns in view of the potential risks; adolescents often lack the risk attenuation needed to discern and manage online dangers and content in safe and healthy ways. One participant said: *“There is nothing that is good coming from the phones, they watch nude people, this is what excites them, and they are tempted to engage in those illicit behaviours.”*

Unlike adults, adolescents are believed to be immature and that they are unable to suppress sexual cravings, thoughts, and behaviours shown by pornographic content. This perspective is consistent with the belief that adolescents usually imitate whatever they are watching in pornography (Owens, Behum, & Reid, 2013).

- **Television**

The community expressed that the TV media is also having both positive and negative impacts on adolescent's sexual behaviour. There are some useful programmes to be viewed like news whilst there are also the useless dramas and soaps which have negative impact on adolescents because the adolescents might imitate them (Pfeiffer, Mbelwa, & Ahorlu, 2014).

One participant said that: *“This were all meant for a good purpose but no they are now using them for initiating love, just to watch soaps, they are imitating.”*

Flint-Bretler, Shochat, and Tzischinsky, (2013) argued that TV programmes, music and magazines usually portrayed sex as "risk-free". Sex is usually happening between

unmarried couples and examples of using condoms or other contraception were very rare.’ The strong relationship between media and adolescents’ sexual expressions may be due to the media’s role as an important source of sexual socialisation for teenagers. Adolescence is a developmental period that is characterised by intense information-seeking, especially about adult roles and, given the lack of information about sexuality readily available to teens, adolescents may turn to the media for information about sexual norms.

- **Cell Phones**

Cell phones, instant messaging, and social networking websites are all increasingly threatening, and harassing adolescents in sexual behaviours. Adolescents are using texting to communicate their whereabouts and everything around their lives. While media use is an integral part of the daily life of adolescents, there are a number of risks associated with social media use, mostly, negative effects on mental health, cyberbullying, texting/sexting, dangers of sexual request, and exposure to problematic and illegal content of mass media (Lou et al., 2011).

The community also has the concerns that cell phones were meant for communication, but adolescents are using them for texting sex messages. One participant expressed this concern as follows: *“The parents are buying them big phones so that that they can use them for searching educational information, but they are busy with the online sex. Another participant even said that:”And now they have cell phones which they use to communicate but they are now using them for online sex and texting sex messages.”*

The risk profile for the use of various types of social media by adolescents depends on the type of risk incurred; and the teen’s use of the media, as well as psychological makeup of the teen using them. It is therefore important to note that teens at risk of engaging in risky behaviours offline also have difficulties in other parts of their lives as well (Carroll, & Kirkpatrick, 2011)

- **Radio**

In this study, the community also expressed their concerns with regard to radio as another means of media. They argued that radio was supposed to be a good means of

acquiring information but instead adolescents will only choose to listen to love dramas and love songs. They added that you might find an adolescent who can imitate many love songs at a glance. One participant said that: *“Even the radio for now it is having negative impacts because they are choosing to listen to those love dramas and love songs only.”* In his study, Richards, (2016) demonstrated that among the sample of young adolescents; high exposure to songs about sex in popular music was independently associated with higher levels of sexual behaviour.

- **Pornography**

Unwanted online sexual requisition is defined as ‘the act of encouraging someone to talk about sex, to do something sexual, or to share personal sexual information even when that person does not want to’ (Suris, Akre, Ambresin, Berchtold, Piguet, & Zimmermann, 2014). The community also expressed concerns on visualization of pornography. They argued that an adolescent who watches pornography has the tendency of indulging in sexual activities at an early age. One participant pointed out that: *“Maybe the media is also an influencing factor because initially the media was an FM radio, there were no such things like the TV sets where they are able to watch pornography and eventually imitate.”* According to Carroll, Padilla-Walker, Nelson, Olson, and Barry (2008), adolescence is a delicate stage where adolescents are eager to learn, hence explore everything in life such as watching pornography and thereby imitating such scenes.

4.3.4 Theme 4: Community Expressed Concerns Related to the Effects of Religion and Sexuality

Religion is becoming an important and highly present factor in the lives of many adolescents and young adults. In addition to creating more space for them to maintain close relationships and participate actively in a religious environment and activities, some religions have promoted clearer standards and objectives for youngsters to meet their goals in life. Also some punitive measures sanctions are applied with respect to many aspects of their younger followers’ lives, including their sexual behavior in order to improve their sexual behavior (Fonda, 2013).

Even in this study the community recommended religion as a better measure to groom

adolescents. One participant stated that: *"Let us take a family of Christians, for example, they are living under church guidelines and maybe by God's word it is possible that they also brought up their adolescents in the same manner where they live being protected by the presence of God and under the blood of Jesus Christ."* Christianity is always highly esteemed because of its basis of enforcing morality as its principle. Christian values are based on respect, caring for one another.

The influence of religion has frequently been seen as an inhibiting force, which may contribute to postponing, reducing and restricting certain sexual behaviours, such as premarital adolescent sexual activity. (Verona, 2011)

4.1: Christian Perspective in Raising Children

Religious adherence may play a 'gate keeping' role in delaying sexual activity; in the adolescents, frequency of religious attendance is associated with delayed initiation of sexual intercourse, though there are some few deviations which shows that even church-based youths do not behave significantly differently from their larger peer group (Hear, 2008). Even in this study the community argued that Christian adolescents use to delay the engagement of sexual activities. Another participant pointed out that: *"According to my perceptions it will involve adolescent who are growing under the guidance of the parents who are duly responsible to care for their children; of course parents who are Christians who will take their children to church with them. Those adolescent will not literally involve themselves in sexual relations, smoking as well as alcohol or substance abuse because they growing in church."*

In Matthews 19:14, Luke 18:16 and Mark10:14; in Revised King James Version, (2001) Jesus urged parents to bring along their children to Him so that He can guide them and teach them good conduct which may help the children to behave and contain themselves and thereby promoting their health, including their sexual health. Religious adolescents who attend church and youth activities regularly, prayed often, are less likely to be sexually active churches promote religion amongst adolescents.

4.1.1: Abstinence

The practice of abstinence is subject to cultural, social, and religious differences, and its relevance and effectiveness are always in question because whatever its cultural variation, abstinence plays a major role in the regulation of adolescent sexual behaviour. In some developed countries, abstinence is characterized by rings and vows aimed at preventing sexual intercourse prior to marriage, while in some developing countries abstinence is enforced through female genital mutilation and other traditional practices like initiation schools, which are detrimental to the sexual development of adolescents (Kirby et al., 2011).

Regardless of the high rates of abstinence in Africa, the HIV/AIDS epidemic remains pandemic, forcing one to consider whether abstinence could be a practical long-term solution against the spread of STIs. According to a study done by Long (2010) adolescents who took abstinence pledges would delay sexual intercourse for less than two years but, upon becoming sexually active, and were less likely to use contraception than their non-abstaining counterparts.

The community expressed that in the olden days, the adolescents use to abstain from sexual intercourse until they are fully grown-up and be ready for marriage. Likely, there was a virginity test which was conducted every month to also endorse the issue of abstinence. One participant also said that: *"They use to respect themselves in such a way that they did not engage themselves in sexual matters at an early age and they use to wait until they reach the age of ± 20 . It was just like that in both males and females. All of them use to respect their bodies. They never meant to damage their bodies unnecessarily. They were so respectful and so considerate of their health that they never engage themselves in alcohol and substance abuse or smoking. This make them to be physically fit and even when they marry or gave birth, one could see that they are matured grown-ups who know what they are doing and all about what is happening. They knew how to care for their families, their babies and what is expected from them.*

Although cultures within both developed and developing countries approach abstinence differently, it appears that neither female genital mutilation nor abstinence vows play a role in preventing the untimely initiation of sexual activity; instead, they seem to delay

unhealthy sexual decisions rather than prevent them. In the study done by Klingberg-Allvin, Nguyen, Arvidson, & Johansson, in 2007, attitudes towards pre-marital sexual relations were characterized by strong disapproval in most adults. Adolescents who were living a healthy life style were those who were practicing sexual abstinence before marriage, while those who were living an unhealthy lifestyle were those who engaged in premarital sex which often leads to school dropout and possibly linked to 'social evils' such as prostitution and gambling (Klingberg-Allvin et al., 2007)

4.1.2: Virginit

As adolescents fight internal battles when they come to embrace their sexual identities, they are also forced to grapple with the influence of peers, family, cultural beliefs, and the media. In spite of the differences in their experiences and the obstacles they face, all adolescents eventually come to an understanding of who they are as sexual beings. Adolescent sexuality is, and will continue to be, a topic of debate and interest. Regardless of a particular country or culture, similarities in the views, intentions, and practices regarding adolescent sexuality can be found around the world. Surely adolescent sexuality is a universal issue (Lebese, 2010).

The community expressed that a virginity test was conducted every month by elderly experts to ensure that an adolescent girl remain intact. They said: *“That it was a big misconduct for an adolescent girl to tamper with her virginity.”* They also added that: *“There were some punitive measures to deal with such misconduct.”* Another participant said: *“The initiation schools were compulsory to every child and there were also some fines to be paid in case where adolescent deny or fail to attend initiation school. These were some of the rules from the traditional leaders and the communities of that time use to comply with no question and was their adolescents. It was also seen as an embarrassment to the adolescent and the family concerned. Sexual behaviour has a tendency to cause harm and hence parents use to stress the virtue of maintaining virginity in order to protect their adolescents from such sexual harm (Mudhovodzi et al., 2012)*

4.1.3: Supervision of Youth Gatherings and Conferences

In this study, the community expressed concerns that the adolescent also need

supervision in their youth gatherings and conferences to keep them on par with the church standards as they may deviate from the standards. If not closely supervised, adolescents might go astray and lead a non-Christian life where they might misbehave and indulge in sexual relations. One participant said: *“Tjo! On the other hand they are not all serious about church matters. Some of them are using those service time to go and visit their partners meanwhile their parents/guardian are cork sure that they are at church services. Even if it is late the elders at home are relaxed as they know that church services may take long sometimes meanwhile such adolescents are not at church. It will be a worst confusion when she gets pregnant or when she has a sexually transmitted disease.”*

Religion and adolescent sexual decisions suggests that religion largely forbids certain actions. Religion is almost always associated with sexual conservatism, repression, abstinence, and general condemnation of such issues. Individuals in religious communities, therefore, may conform to religious norms because they fear potential social sanctions. Consequently, religious norms are very often enforced via the possibility of negative sanctions for non-compliance (McFarland, Jeremy, & Regnerus, 2010).

4.3.5 Theme 5: Community Expressed Concerns Related to Politics and Sexual Health

Sexual and reproductive health requires knowledge of normal physiology and development, healthy expression of sexuality and understanding of the consequences of sexual and reproductive behaviours as well as communication skills that assist people in making, informed and responsible decisions. Access to services that provide contraception, safe abortion, pregnancy care and diagnosis and treatment of STIs is also important to the community (Regnerus, & Jeremy, 2007).

In this study, the community also expressed concerns that the political issue has an influence on adolescent sexual health. They argued that the adolescents are misbehaving because of the issue of children’s rights. They further added it becomes difficult to guide and reprimand them as the guardian has to consider their rights.

One participant said that: *“There is this issue of children’s rights. Don’t you know that parents should always consider these rights and never infringe them whenever they discipline their children. Our children are only interested in rights and they choose to ignore the responsibilities of those rights. They only chose those things that suit them. This you can rightfully note if you compare the so called nowadays adolescents and the olden days adolescents.”*

While adolescents generally enjoy good health compared with other age groups, they face health risks, which may be detrimental not only to their immediate future, but for the rest of their lives because of not being conversant with their health rights. Clearly adolescents’ ill health and death constitute a large portion of the global burden of diseases and, therefore need special attention with regard to their health rights.

Childbearing is related to higher maternal mortality. Promoting respectful attitudes among adolescents in connection with sexuality and other health behaviours such as reducing the harmful use of alcohol and substances will form the foundation for the good health of populations as adolescents become adults and for social and economic development more broadly (Chandra-Mouli, Svanemyr, Amin, Fogstad, Say, Girard, & Temmerman, 2015).

5.1: Abuse/Misuse of Sexual Reproductive Health Rights by Adolescents

It is evidently clear that the adolescents of today are so loose and free that they can initiate sex at an early age and at the same time they have the rights for reproductive health services freely. One participant said: *“Tell you what! Initially health services were paid for and a letter for permission was needed when an adolescent needs any reproductive service.”* Attempts to mandate parental involvement for reproductive health care often focus on contraceptive services and are typically linked to federal or state funding. Adolescents are scarcely accessing contraceptives even though they are free in the South Africa. Mandated parental involvement for contraception discourage teenagers from having sex, but would likely result in more teenagers using the least effective methods, such as withdrawal, or no method at all. Family planning clinics encourage teenagers to voluntarily talk to their parents, but relatively little information is available about the extent to which activities to promote parent-child communication

have been adopted (Ratlabala et al., 2007).

5.1.1: Lack of Understanding About Sexual Rights and Responsibility by Adolescents

Reproductive and sexual rights are for all people, regardless of age, gender and other character. That is, people have the right to make choices regarding their own sexual and reproduction behaviour, provided that they respect the rights of other. Protecting and promoting the reproduction and sexual rights of youth and empowering them to make informal choices are the key to their well-being.

The youth are unable to deal with such violations because of barriers like shame, guilt, embarrassment, not wanting friends and family to know. Confidentiality and fear of being bullied as well as inadequate knowledge and poor experience on sexuality issues, including legal instruments may accord them opportunity to claim and protect sexuality-related rights. Young people face increasing pressure regarding sex and sexuality, including conflicting messages and norms which may be perpetuated by lack of awareness of their right. This results in many young people being either unable to seek help when they need it and may prevent them from giving input within policy and decision-making processes (Adinew et al., 2013).

It was also argued by the community in this study that adolescents lack the understanding of sexual rights and responsibility because they sleep around and have children out of wedlock as well as children from teenage parents. A participant said: *"Again if we check the statistics of the children who were born within wedlock and illegal children or teenage parents we will find the high number being the one of illegitimate or children of teenage parents. It also indicates that children of teenage parents are the ones who are dying most due to malnutrition. They are mostly dying as from 2 years and below."*

All adolescents need access to quality youth-friendly services provided by clinicians trained to work with this population. Sex education programmes should offer accurate, comprehensive information while building skills for negotiating sexual behaviours. Girls and boys also need equal access to youth development programmes that connect them

with supportive adults and with educational and economic opportunities (Chandra-Mouli et al., 2015).

5.1.2: Contraceptives Issues

Most teenagers are not using contraceptives due to misconceptions surrounding contraceptives; this is also accounted by the fact that they cannot relate conception with contraception. This can largely be attributed to lack of access to sex education and information regarding contraceptives. Contraceptive knowledge is also hindered by the attitudes of the health workers. Furthermore, the context in which the adolescents find themselves contribute tremendously to teenage pregnancies as there has been an acculturation and changes in norms and values regarding virginity and pregnancy. This state of affair is also related to peer influence portraying teen pregnancy as acceptable and receiving social grant as a benefit (Miriri, Ramathuba, & Mangena-Netshikweta, 2014).

Even though in South Africa, contraceptives are given freely and mandatory, and are vested to every youngster who is willing to use them. However, adolescents are not considering it because there is still escalation of teenage pregnancy and unwanted babies as well as illegitimate babies, including STIs. Contraceptives are marketed all over the world. A participant said that: *“Condoms and other contraceptives are available in clinics, bar lounges, respectively, and everywhere. But as a matter of fact adolescents are not even considering that; they are getting infections and pregnancies to show that they are not even using it.”*

Research is still needed to discover the best approaches for improving adolescent sexual and reproductive health and rights, in addition to rigorous evaluation of existing projects and programmes. It is also important that adolescents, particularly the most vulnerable and marginalized; must be reached earlier in their lives.

5.1.3: Termination of Pregnancy

Unsafe abortion is a health and socio-economic problem of global concern in many countries. In many developing countries women have little knowledge about abortion and its implications. In some instances they have limited access to effective

contraceptive methods. As a result, many women and adolescent girls may experience unplanned and unwanted pregnancies. In some cases this restrictive abortion laws, poor access to safe methods in termination of pregnancy, and cultural and religious beliefs are seen as some of the reasons that push women and adolescent girls to resort to abortion under unsafe conditions. In South Africa, Counselling and Termination of Pregnancy (TOP) was granted to women under Act No. 92 of 1996. Since women and adolescents were losing their lives in backstreet abortions (Klingberg-Allvin et al., 2007).

In this study, the community also expressed disillusionment with those adolescents who are using TOP irresponsibly, that is; instead of using the method of contraception they are using TOP repeatedly. A participant raised that: *“There is this issue of TOP which they are using irresponsibly because they are now using it as a means of contraception repeatedly.”*

Abortion figures remain a challenge to measure and compare over time, firstly as many young women who access abortions continue to access ‘unsafe/illegal abortions’ (which are difficult to capture in data). And secondly, the latest report on maternal mortality in South Africa: Saving Mothers, 2008-2010: Fifth Report on the Confidential Enquiries into Maternal Deaths in South Africa (Department of Health, 2012) did not present the data in easy and comparable ways. For example, the data did not explicitly report on abortion figures. Instead for the period 2008-2010 the new category is ‘miscarriages’ and while minding that data provide some insights into abortion figures, it has become difficult to analyse and compare with previous years (Willan, 2013).

4.3.6 Theme 6: Community Expressed Concerns Related to Socio-Economic Factors and Sexual Health

The most important reason for adolescents to engage in early sex is the perceived or real rewards, both financial and material, that may be gained from sexual interactions for money or gifts. Rewards include cash, gifts especially mobile phones, cars, clothes and, in educational establishments, favours relating to admission and examinations (Ankomah, Mamman-Daura, Omoregie, & Anyanti, 2011).

The community also expressed their perceptions on poverty as the other factor that

seems to promote risky sexual behaviour among the adolescents of today. They argued that it seems as if in some instances adolescents are engaging in sexual relations at an early stage because of poverty and they have some needs which are not attained like inability to have expensive clothing. They added that adolescents need luxurious things and need to compete with others with some accessories like cosmetics, for example costly perfumes.

One participant said: *“In some instances the adolescents are influenced by the socio-economic status of the family. It is also a problem for an adolescent if the parents are poor. The adolescent will always think about what to take along to school like snacks, how better to wear and what to put on when it is cold. Also as adolescents you like to look stunning to yourself and others and if there is no provision, it becomes a problem. Adolescents need accessories like perfume and others to keep them smarter and if there is no provision, they begin to behave awkwardly like when they start dating older people, because they will love to be like other adolescents and also compete with those other adolescents.”*

Root causes of teen childbearing should be evaluated in various populations and contexts. Interventions that address socio-economic influences at multiple levels could positively affect large numbers of teens and help eliminate disparities in teen childbearing.

6.1: Poverty Perpetuating Risky Sexual Behaviour

The community expressed their perceptions with regard to poverty perpetuating early sexual initiation. Adolescents engage in sexual affairs at an early age. Especially adolescents from the poor families engage in sex at a tender age. A participant said: *“Honestly speaking because if you check you will agree with me that around the whole world, the adolescents are engaging in sexual affairs, as well as alcohol and substance abuse at an early age round about 13 and 14 years of age and it is so pathetic. This is so pathetic because even their bodies are not yet ready for such things and such behaviours.”*

Socio-economic disadvantage, disrupted family structure and limited education appear

to be most consistently related to early initiation in sexual activity. Many health-compromising lifestyle factors (e.g., risky sexual behaviours, alcohol, drug or tobacco use) were also shown to have some association with poor sexual health.

It was also outlined that poor teenage sexual health is related to a poor sexual behaviour, including early sexual initiation, increasing number of partners and non-use of contraceptives (Imamura et al., 2007).

Ciera et al., 2007, also link the relationship between wealth, multiple partners and risky sexual behaviour in adolescents. This implied that the wealthiest girls had later sexual debut compared with their poorer counterparts, but this association was not significant to all communities. Wealth status was weaker at some instances compared to the poorest.

Moreover, wealthier adolescents were most likely to use condoms at the last sexual act, but wealth status was not associated with number of sexual partners. Although the link between wealth status and sexual behaviour is not consistent, there is evidence that poor females are vulnerable to infection because of earlier sexual initiation and non-use of condoms (Ciera et al., 2007)

6.1.1: Existence of Intergenerational Sex e.g. Sex with Adult, Sugar Daddy

Low socio-economic status not only increases female odds of exchanging sex for money or goods, it also raises female chances of experiencing coerced sex, and male and female odds of having multiple sexual partners as well as elderly partners. It lowers an adolescent's chances of secondary abstinence, condom use, and communication with most recent sexual partner about sensitive topics. Sex at a younger age with an older partner has been linked to poor reproductive health outcomes during adolescence and is usually done for money (Ryan, Franzetta, Manlove & Schelar, 2008).

Nowadays it is common that adolescents are dating and sleeping with older partners. The adolescents believe that age does not matter any longer. Adolescents also have multiple partners, they are not faithful. A participant indicated: *"This is because our youngsters are sleeping around with their elders, both boys and girls. They are dating*

people who seem to be their mothers and fathers. We don't even understand if this is because of poverty or if they are after money." Another participant indicated: "They sleep out as they wish or take those elderly people and sleep with them in their homes or in some cases those elderly sexual partners can take the youngsters and book a room and take as much time as they want sleeping with them there. It is no longer like in olden days where a neighbour can guide a neighbour's child. These days youngsters are rude in such a way that they can't even listen and are arrogant and rude. So they are left like that and because they date older people they are victims of illnesses and pregnancies. They are not even faithful to a single partner so they have multiple partners which even worsen the spread of infections."

A study done by Odimegwu and Adedini in (2013) indicates that poverty encourages early and risk sexual behavior as youths engage in risky sexual behaviors in order to earn some incomes to take care of their needs. It is indicated that most youngsters do this in order to get money to pay for their school fees and meet other pressing needs, which their parents and guardians cannot provide. Adolescents with better educated parents tend to postpone sexual intercourse, receive sexuality education from their parents, possess greater knowledge about sexuality and have higher aspirations than those who begin having sex early in life.

6.1.2: Sex Idols

Fashion industry and trends in the range of clothes that are portrayed to be sexy, and the models and celebrities in the media have a way of dressing and adolescents view these things as a trademark. The participants argued that such adolescents wear short attractive clothing in order to attract customers thereby promoting the business: *"Due to poverty some adolescents are used by the businessmen who will make them to dress in such a way that they attract men who will come and support the business, especially in case of alcohol. At the end of the day the businessmen will be checking a large amount of money, not even taking care of the well-being of the adolescent. This is usually done on adolescent girls. They are the ones who are exposing their bodies in exchange for money. Men will pack around them like flies thereby promoting the business."*

According to Danielsson, (2009), adolescents usually adore some clothing styles from

media and imitate them. Because of their immaturity, they are often exposed to unhealthy sexual behaviours such as engaging in sex at an early age and risking teen pregnancy.

4.4 Conclusion

The principal themes, categories and sub-themes that emerged from data analysis and the findings of the study were discussed in this chapter. The principal theme and its sub-themes and the categories focused on the perception of the community with regard to adolescent's sexual health in Tshiungani Village were discussed in relation to a literature control. Based on the perceptions of the community with regard to adolescents' sexual health, it would be prudent to develop recommendations on education and training to improve adolescents' sexual health.

CHAPTER 5

CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

5.1 Introduction

The previous chapter discussed the perceptions of the community residing in Tshiungani Village with regard to adolescent sexual health. The perceptions were sorted into themes, categories and sub-themes. Inferences were drawn from the perceptions incurred when taking care of adolescents. In this chapter, recommendations will be made based on the principal theme, categories and sub-themes to give effect to the perceptions of the community at this study site and also to improve adolescent sexual health. The recommendations will be presented to the community of Tshiungani Village and to the adolescents as well.

5.2 Purpose of the study

The purpose of the study was to:

1. **Explore the perceptions of community regarding adolescent sexual health; and**
2. **Describe the perceptions of the community regarding adolescent sexual health.**

5.3 Conclusion in Relation to the Purpose of the study

This study answered the following question:

“What are the community’s perceptions on adolescent sexual health?”

By answering this question, the study had achieved the purpose:

It explored and described the perceptions of community members regarding adolescent sexual health.

5.4 Discussion of the Findings

The following themes emerged from the study:

5.4.1 The Community Expressed Concerns Related To Sexual Norms and Behaviour

The study revealed that nowadays adolescents have no respect for their bodies because they are engaging in sexual intercourse at an early age. They do not respect their parents or any other adult like it was done before. They do not follow their norms and values whereby every adolescent used to regard every adult as their own parents and gave them the necessary respect.

More and more adolescents no longer attend initiation schools where they would be taught cultural norms and values of their society so that they can behave in an acceptable manner. The customs and traditions of the land/kinship agreed upon by the community itself are followed less e.g., compulsory attendance of the initiation school as well as penalizing those who have disrespected the laws of the land. There are polarised opposing differences between the new adopted ways and traditional cultures that create cultural tension for adolescent growing up in their communities. These teens are also faced with the challenge of cultural identity and the need to belong, while trying

hard not to upset their more traditional parents. It was found that the ability to maintain identification with 'both one's own culture and the mainstream culture predicted higher levels of self-esteem,' and that the 'level of acculturation has a dramatic impact on the development of self-esteem (Keyona, 2011).

However, adolescents growing up in their communities, trying to compromise the two different cultures is a difficult, if not impossible, task. There are often conflicts between traditional values of parents and the new values embraced by their children and these may affect the psychological well-being of these adolescents (Killoren, Updegraff, & Christopher, 2011).

At times, adolescents having a dual identity which may cause a lack of consistency in one's identity, and create confusion in these adolescents as to whom they really are. These conflicts generally begin to occur during adolescence over issues of autonomy and independence (Sterling & Sadler, 2009).

5.4.2 Community Expressed Dissatisfaction with Modernisation

The participants expressed dissatisfaction with the issue of nuclear and single parenting. Family forms the basic part in the growth of adolescents. It is in the family where the adolescent should learn community norms and values. Family socialisation contributes in the grooming of adolescents for better ways of life. It is a pity because nowadays parents don't have time for their kids. At times they are ashamed to talk about sexual matters with their children. The parents are so busy that they even lack enough time to give guidance to their children. Moreover, some families are single headed, hence it is difficult to raise and guide a child alone.

According to Beers and Hollo (2009) the important changes observed in family structures are the result and also the causes of changes in the relationships. Both partners, relationships and parent-child relationships are characterized by several changes in the values and beliefs that prevail in the society. The family relationships determine the adolescent lifestyle and even decision making.

Parent-child relationship assists the growing adolescent in acquiring paternal power to

parental authority, from submission to self-development, from obedience towards exploration and adventurous, from unilateral towards bilateral transmission of values and knowledge (Beers & Hollo, 2009).

5.4.3 Community Expressed Concerns Over the Effects of Media and Sexual Health

Media can be a good instrument for teaching adolescents while it can also mislead them. It is through media whereby students can learn topics related to their educational curriculum and again learn misconduct such as substance abuse, etc. The media (television, radio, newspapers, etc.) are an important channel for portraying information and channeling communication. Knowledge about how the mass media work may influence both the promotion of potentially risky behaviour (as in advertising), and for the promotion of health education (such as promoting abstinence or moderation of risky behaviours). Much of the research about advertising is carried out by the companies themselves and thus remains confidential. The media, especially television and film, often portray risky behaviours (e.g., heroin addiction in the film 'Train spotting', marijuana use in the TV show 'Weeds', gambling addiction in the TV show 'Sunshine', etc.). Because of this constant portrayal of various risky behaviours, television and film dramas often create controversy because of claims that they glorify potentially addictive behaviour. The popularity of media drama depicting various risky behaviours requires an examination of their themes and the potential impact on the public and, in particular, adolescents (Griffiths, 2010).

5.4.4 Religion

Socially, it seems like children who are born from families who are church-goers have better conducts than those from non-church attending families. Those who are attending churches are likely to be guided by many people and can as well try to be perfect though it can be confusing because it is not clear as to whether they behave likewise even after church. Even their parents will be pushing them into the right direction of a better life style.

The church, a socialization agent traditionally held responsible for the prescription of values and standards of sexual behaviour, may play an important role in shaping sexual

decision-making among adolescents and young adults. Fonda (2013) formulated an integrated account of religion's constructive influence in the lives of American adolescents and helps elucidate this idea.

This author suggested pathways aggregated around the dimension of moral order, through which religion may act directly. He considers three factors in such a dimension: moral directives, role models, and spiritual experiences. According to Fonda, these factors promote particular normative ideas of what is good and bad, right and wrong, worthy and unworthy, and so on, thus guiding human consciousness, choice and action.

5.4.5 Political Perception

Adolescents of today's generations have human rights. They are protected from the abuses by those rights. The rights go along with responsibility, but the adolescent seem to undermine the responsibility and only considers their rights. The adolescents are at times abusing and their reproductive health rights, such as using TOP as the method of contraception. On the other hand, they fail to understand their rights to free health services and they fall pregnant and become HIV infected at a teen age whilst the method of prevention and protection are free of charge. Some are even dropping out from schools whilst education is free and bursaries are available.

5.4.6 Socio-Economic Factors

Socio-economic disadvantage, disrupted family structure and limited education appear to be most consistently related to risky sexual behaviours. Many health-compromising lifestyle factors as risky sexual behaviours, alcohol, drug or tobacco uses are also shown to have some association with compromised sexual health. They also tended to co-occur; thus the independent effects of these factors remain unclear (Ugoji, 2011).

Imamura et al., (2007) reported higher risky sexual behaviour in relation to a range of self-reports of sexual behaviour, including early sexual initiation, increasing number of partners and non-use of contraceptives and one report demonstrated earlier age at sexual initiation independently related to teenage pregnancy (at age <18 years). The associations between sexual health knowledge, attitudes and accessibility of services, and lower compromised sexual health rates are complex with greater uncertainty about

strength of any associations (Imamura et al., 2007).

5.5 Integration of Findings Related to Theoretical Framework

Health-whole person theory describes health as the holistic health movement. In this theory, the concept 'whole person' is the interconnectedness of the physical, mental and spiritual aspect of the human being. It shows that people cannot function in isolation but rather function with their fellow beings and they inter-depend with each other. People also share instincts and a desire for wholeness in the sexual domain (Klebanoff, & Hess, 2013). The totality of the person is also influenced by the external and internal environments within which that person lives. Whole person further clarify that people work as a system and need each other for their full functioning. The health of the individual is equated with wellness, and this is when the condition in which all parts and subparts are in harmony with the whole of the person.

The findings of the study indicated that the community's perception of adolescents were influenced internally by the immediate relationships within the home and family structure, i.e., that the modern single headed or single parent have a significant impact on adolescent sexuality, the change in family structure and sexual orientation of lesbian and gay communities, also the external forces like modern technology, the media that exposes adolescents to a myriad of sexual experiences propagating them to experiment. Cultural and religious aspects within communities also influence adolescent in various ways as these sometimes cause interpersonal and intrapersonal conflicts within adolescents. Thus, adolescents' sexual health should be a balance between the internal and external environment, in order to view an adolescent as a whole connected person. Adolescents complete sexual health involve the physical, the spiritual, the psychological, the social and the emotional well-being equated to the religion, socio-economic, political and being in harmony with the whole person.

5.6 Recommendations

5.6.1 Policymakers

Based on the evidence obtained from the study, the following recommendations have been suggested to guide policy decisions that would help reduce the incidence of

compromised sexual adolescent health. Given the educational, social, economic and employment histories common among adolescents, career development is a priority for helping this group make the transition from adolescence to economic independence. Policy makers should give priorities to rural poor developed communities and work with traditional leaders for assistance to reach people in the communities. This early stage is so special in psychosocial and psychological development, life skills development, career awareness, and job skills development.

5.6.2 Government, Businesses and Companies

Governments should prioritize the career development of adolescents, local government and municipalities as well as local business should assist adolescents with youth projects. Again, a number of psychosocial factors can affect the education and training of adolescents. These factors include low self-esteem; low aspirations, motivation, and expectations; unrealistic goals and ambitions; limited emotional resources for support and maintenance; and lack of role models.

5.6.3 Education

To help adolescents overcome the ramifications of their disadvantaged backgrounds, attention should be given to the building of their self-concept and support systems; learning how to meet the challenge of combining work and family roles; learning how to give and receive emotional support and enhancing interpersonal communication and relationships. Also, in addressing risky sexual behaviour, there should be comprehensive sex education and the provision of contraception. These strategies would provide viable and effective avenues for giving students a better chance to complete their education, while also offering training in responsible independence.

Moreover, as stated earlier, adolescents who drop out of school have fewer opportunities for themselves, and their children are also less likely to succeed in school or careers. For this reason, it is important to support and encourage adolescents in getting their education. Furthermore, they also need someone to encourage them through the hard times and help them reach their goal. Parents, teachers, school counsellors, social workers and peer support groups should provide them with the much needed support to help them complete their education and skills development

programs. Furthermore parents and guardians should also be capacitated with life skills to be able to guide, support and open communication with adolescents in a non-threatening manner.

Finally, poverty was one problem revealed by the study as a cause of risky sexual behaviour. To address this, it is recommended that the government should strengthen families to be able to provide the needs of their members, including adolescent girls. In sum, it can be concluded from the study that a compromised adolescent sexual health can affect the educational attainment of adolescent. Given the multiple levels of predisposing factors of compromised adolescent sexual health, single intervention strategies by single sectors will not solve the problem. What is required is a comprehensive approach that incorporates the home, the school, the community, the health care setting as well as changes at the structural level.

5.7 Implications for Future Research

This study concentrated on the perceptions of the community on adolescent sexual health, hence there is a need to further research on the perceptions of adolescents themselves with regard to adolescent sexual health. A few research studies have already been done in this regard.

5.8 Limitations of the Study

The study was limited to the parents or guardians residing at Tshiungani Village who were taking care of adolescents. Accordingly, the findings cannot be generalized.

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ANNEXURE 1

RESEARCH AND INNOVATION!
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Ms AV Mashapha

Student No:
11629997

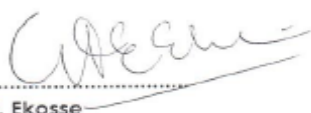
PROJECT TITLE: The community's perceptions regarding adolescent sexual health in Tshiungani, Mutale municipality of Limpopo Province: South Africa.


PROJECT NO: SHS/14/PDC/07/2110

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr DU Ramathuba	University of Venda	Supervisor
Dr M Maluleka	University of Venda	Co-Supervisor
Ms AV Mashapha	University of Venda	Investigator - Student

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: October 2014
Decision by Ethical Clearance Committee Granted
Signature of Chairperson of the Committee: 
Name of the Chairperson of the Committee: Prof. G.E. Ekosse


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"A quality driven financially sustainable, rural-based Comprehensive University"

ETHICS CLEARANCE CERTIFICATE

RESEARCH AND INNOVATION!
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Ms AV Mashapha

Student No:
11629997

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NAME	INSTITUTION & DEPARTMENT	ROLE
Dr DU Ramathuba	University of Venda	Supervisor
Dr M Maluleka	University of Venda	Co-Supervisor
Ms AV Mashapha	University of Venda	Investigator - Student

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: October 2014

Decision by Ethical Clearance Committee Granted

Signature of Chairperson of the Committee:

Name of the Chairperson of the Committee: Prof. G.E. Ekosse



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ANNEXURE 2A

REQUEST TO STAKEHOLDERS TO CONDUCT THE STUDY

Box 1012
Mutale
0956

Dear Sir/Madam

Re: Request to conduct a research study at Tshiungani Village in Vhembe District, Limpopo Province

My name is Mashapha Azwihangwisi Valeria. I am a nursing student doing Masters Curationis at the University of Venda. As part of the university requirement, I am expected to conduct a research study and I would like to conduct the study in your village. My research topic is *“The perceptions of the community on the concept of adolescent sexual health in Tshiungani Village Vhembe District in Limpopo Province.”* The objective of the study is to explore and identify the perceptions of the community on adolescent sexual health. Tshiungani Village was chosen because it will provide the study with relevant participants.

The participants will comprise all adults of both sexes who are 40 years and above and who are taking care of adolescents at Tshiungani Village. Information will be treated with respect and confidentially. The study, with its findings, will be made available to the institution when it is completed. In order to proceed with the study, I kindly request you permission to conduct the study at your village. Your co-operation in this regard will be highly appreciated. For any further additional information, please do not hesitate to contact me on 082 8323 967

Yours Faithfully

Azwihangwisi Valeria Mashapha

Box 1012

Mutale

0956

The Headman

Tshiungani village

Dear Sir/Madam

Re: Request to conduct a research study at Tshiungani village in Vhembe District, Limpopo Province

My name is Mashapha Azwihangwisi Valeria. I am a nursing student doing Masters Curationis at the University of Venda. As part of the university requirement, I am expected to conduct a research study and I would like to conduct the study in your village.

My research topic is *"The perceptions of the community on the concept of adolescent sexual health in Tshiungani village Vhembe District in Limpopo Province"*. The objective of the study is to explore and identify the perceptions of the community on adolescent sexual health. Tshiungani village was chosen because it will provide the study with relevant participants.

The participants will comprise all adults of both sexes who are 40 years and above and who are taking care of adolescents at Tshiungani village. Information will be treated with respect and confidentially. The study, with its findings, will be made available to the institution when it is completed.

In order to proceed with the study, I kindly request you permission to conduct the study at your village. Your co-operation in this regard will be highly appreciated. For any further additional information, please do not hesitate to contact me on 082 8323 967

Yours Faithfully

Mashapha Azwihangwisi Valeria



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ANNEXURE 2C

PERMISSION TSHIUNGANI TRADITIONAL COUNCIL TO CONDUCT THE STUDY

Tshiungani Territorial Council

To: Ms Mashapha A.V

You have been granted permission to conduct research on this topic "The perceptions of the community on the concept of adolescent sexual health in our village (Tshiungani)

Yours Faithfully

A.M. Makushu

TSHIUNGANI TRADITIONAL LEADER
P.O. BOX 227, MANENZHE 0967
10-11-2014
MBEDZI A.S
Cell: 082 720 9955

ANNEXURE 3

INFORMATION SHEET FOR KEY INFORMANTS

INTRODUCTION AND BACKGROUND

Good day

My name is A.V Mashapha. I am a student at the University of Venda, doing this study in partial fulfilment of the requirement of the Masters in Nursing. The main aim of this study is to explore and describe the perceptions of the community on the concept “adolescent sexual health.” I am inviting your participation as key informants for the study.

The interview will last an hour. If you agree to take part, I will ask you questions about your perceptions on adolescent sexual health. The questions are not a test and there are no right or wrong answers. It is your opinions that are essential for the study. My role as a researcher is to listen and understand your point of view, and not pass to judgements. If you feel uncomfortable in answering some of the questions, feel free to say so, you will not be penalised.

Confidentiality

The information that you give will be kept confidential. All participants will be given codes and these codes will be used when transcribing interviews. This code will only be known by the researcher. I undertake that all information provided by you will be used only for the purpose of the study. Everything that you will say will be treated as private and confidential. No one will know how you answered the question apart from the researcher. The answers given by participants will be combined and analysed according to common themes and categories. The combined information will be written in the form of a report.

Consent

Ethical clearance will be obtained from the University of Venda Ethical Committee. Permission to carry out the study will be obtained from the School of Health Sciences Higher Degree Committee, SENEX Committee of the University of Venda and from authorities of Tshiungani Clinic. I will ask you to sign an informed consent form, to participate in the study and to record the interview. If you consent, the researcher will appreciate your participation and the information you will give.

Benefits and risk of participation

Please note that participation in this study is voluntary and there will be no direct benefits to anyone who participates. There will be no penalties if you want to withdraw from the study or if you do not want to answer some of the questions if you believe they are violating your rights. However, I will really appreciate it if you share your thoughts and feelings on the questions asked.

Recording the interview

I would like to request your permission to voice record the interview because it is not possible to write down all your answers quickly enough, and to capture all the important information. I might misrepresent your responses to some of the questions that you will be asked if recording is not done. It is important for you to know that the voice recorder, digital voice data and notes will capture your honest responses to the questions.

The voice recorder will be listened to only by the researcher. The voice recorder and digital voice data interviews will be transcribed and transcripts of the interview will bear codes and not the name of the interviewee. The information will be analysed and organised into a report according to themes. The voice recorder and digital data files will be kept in a locked safe. As per national requirements, the tapes and voices digital data will be destroyed two years after the publication of the research findings.

Contact details

I will be happy to answer any question or clarify any aspect you have about this study. This study has been approved by the research Ethics committee of the University of Venda. If you have any questions about your rights or any aspect of the study, you may contact me on 082 832 3967. If you have further questions about the research or interview, contact:

A.V. Mashapha

Cell: 082 832 39

ANNEXURE 4

INFORMED CONSENT FORM

PARTICIPANT'S STATEMENT

1. I,, have been asked to participate in the research study to be conducted by Mashapha A.V. student number 11629997. The title of the research is *“The perceptions of the community on the concept of adolescent sexual health in Tshiungani Village Vhembe District in Limpopo Province”*
2. The aim of the study was explained to me and my right to participate/terminate my participation was also explained to me.
3. I understand that the benefits from participating in this study may help the researchers and managers in the work place to understand the perceptions of the community towards adolescent sexual health. I was assured confidentiality of information that I will provide and the research will be used to identify my response from those of other participants and no information will be linked to my personal details.
4. I understand that my refusal to participate will involve no penalty or loss of rights to which I am entitled to. I may withdraw from the study at any time without any fear of losing any services or benefits.
5. The study is one of the requirements of Masters in Nursing at the University of Venda

.....

Name of the Participant

.....

Signature of Participant

.....

Date

.....

Name of Witness

.....
Signature of Witness

.....
Date

INVESTIGATOR'S STATEMENT

I, the undersigned, have defined and explained to the volunteers in a language she/he understands, the procedures of this study, its aims and the risks and benefits associated with his/her participation. I have informed the volunteers that confidentiality will be preserved, that she/he is free to withdraw from the study at any time without affecting the care she/he will receive at the clinic. Following my definitions and explanations, the volunteer agreed to participate in this study.

.....
Name of Investigator

.....
Signature of Investigator

.....
Date

ANNEXURE 5

INTERVIEW GUIDE

What are your perceptions of adolescent's sexual health?

What do you think adolescent sexual health entails?

What do you think can be done to assist adolescents to attain sexual maturity?

How can adolescents be assisted to cope with the stages of adolescents?

ANNEXURE 6

INTERVIEW TRANSCRIPT

R: Good afternoon, Sir!

P: Afternoon, Mam!

R: I am Mashapha A.V., a research student at UNIVEN; and I want to know more about your perceptions with regard to adolescent sexual health.

P: Eish! Ah, you know what? Things that are happening in this world cannot be looked in one way only, no! This should be looked in various dimensions. We must look at this in the so called western culture and at the same time in our own African culture.

R: Ok

P: When you have looked at these in all dimensions, is then that you can look where we are living in this world of today. We should also look at our adolescents in relation to the laws of our country. One should know what the laws are saying with regard to our adolescents or all children in general. Because as of now our children are living under this democracy world where we are talking about the rights of the children and it makes it even difficult for us to control and guide them. At some point parents are even threatened to legal implications when they try to discipline their children.

R: How?

P: There is this issue of children's right. Don't you know that parents should always consider these rights and never infringe with them whenever they discipline their children. Our children are only interested in rights and they choose to ignore the responsibilities of those rights. They only chose those things that suit them. This you can rightfully note if you compare the so called nowadays adolescents and the olden days adolescents. Tell you what! Initially health services were paid for and a letter for permission was needed when an adolescent need any reproductive service. The olden days adolescents were having good conducts, they were having respect to themselves, others and elders. They use to respect themselves in such a way that they did not engage

themselves in sexual matters at an early age and they use to wait until they reach the age of +-20. It was just like that in both males and females because they know the difficulties of health consultations. All of them use to respect their bodies. They never meant to damage their bodies unnecessarily. They were so respectful and so considerate of their health that they never engage themselves in alcohol and substance abuse or smoking. This make them to be physically fit and even when they marry or gave birth, one could see that they are matured grown-ups who know what they are doing and all about what is happening. They knew how to care for their families, their babies and what is expected from them. These also protect them from diseases such as cancer of cervix which is predisposed by early engagement in sexual intercourse. They were also protected from other sexual transmitted infections such as urethral or vaginal discharge.

R: How did they manage this protection?

P: Surely; it was not easy but in those olden days there were strict rules from the family and the village as a whole. People use to have consensus about a thing. They use to have collective agreement about the conducts or the social life as a whole and people use to respect their culture unlike today. There were also some initiation schools like vhusa, tshikanda, domba in females and also tshitambo in males which also help in channelling the conduct and the behaviour of the adolescents. Adolescents were taught about good conduct and responsibilities in this initiation school. They were also tested for virginity and manhood and womanhood training were provided in these imitation schools. It was a responsibility and a plea for each parent to ensure that their adolescents attend the initiation school. Back then, parents were proud of the good conducts of their children and this use to build the good name of the family.

R: Ok

P: Again, for those children who were attending school, because back then some children were not attending school you will find that such children will engage in sexual matters after completion of their school issue. Mostly school was meant for boys as they were considered as the head of the family and for that they were prepared to provide for the family. In this case this adolescent is able to maintain the family and pay attention to his/her family because she/he would be working. Even with the issue of alcohols. It was not like today where you will find a young boy/girl drunk and even asking some draws of cigarette from others. You will never understand where these adolescents get such money to buy alcohol and substance but they are always intoxicated.

R: What makes other children not to attend school?

P: In case of girls, they were considered as children caterers who need remain at home to take of children. Back then, there was no free education. We use to pay for everything and it was hectic. There were no feeding schemes programs and no child grant was available on that time. People use to feed and depend on what they have worked for. Poverty was prevailing and as such poor children from poor families were denied education and also schools were far away and distance

was also a stumbling block.

R: Ok

P: Again if we check the statistics of the children who were born within wed locks and illegal children or teenage parents we will find the high number being the one of illegitimate or children of teenage parents. And also it also indicates that children of teenage parents are the ones who are dying most due to malnutrition. They are mostly dying as from 2 years and below.

R: Was this common in olden days?

P: No, it was not common back then; because infect it was a taboo for a young child to bore. It was also an embarrassment to the family. The respective child was also disowned by the parents for such misconduct. It was a taboo also for a girl child to bear children out of wedlock. Right now it is common because the teenagers are so busy with giving births. They even left their babies with grannies to take care of them when they go to school. Meaning that the babies are not breastfed at an early age and some may not have nutritious food to feed the babies. This then expose the babies to malnutrition conditions such as kwashiorkor and eventually they die of poor care. They don't even have artificial milk to feed the babies because of poverty. No one is ready to provide such things; and even if provision of milk is established, it is still difficult for the granny to prepare milk for baby. It needs a literate granny to prepare milk as it involves measurements.

R: Were such diseases common initially and how were they treated?

P: No, such diseases were not common because mothers use to breastfed babies for a long time. Babies were breastfed until they were able to walk and talk. The babies use to be grown-up until they can summon their mothers to sit down so that they can breastfed. The other thing was that people use to plough and plant their crops which thus prevent malnutrition diseases. We use to have fresh crops from our fields. Food use to be in large amount and thus we use to eat whatever we feel like eating.

R: Ok

P: At the same time some of this adolescents use to run away to Gauteng claiming that they are going for job hunting and then leave their kids behind with their grannies. They will go ever and only come back when they got messages that their babies are sick or has passed on in such that they only came for the kids burial, and all this happens because the babies are left at a tender age and they are weaned at an early age and they died of malnutrition.

R: Ok

P: The other problems again is that the girls who are giving birth at teenage; experience a problem of rejection from the boy's family claiming that their child is still young knowing that the girl will guilt

the relationship and whilst the boy will be attending school and furthering his studies. At the end of the days both the boy and the girl come to have relationship and eventually are married to different partners. The big problem will be the mess that the girl would drop out of school whilst the boy is furthering his studies. Usually the parents of the boy would request the girl's parents to take care of the girl and the baby for them.

R: Was it common for a wife to be kept at her home?

P: No, not like that; because both the male adolescent and the female adolescent use to be matured grownups when they engage in sexual matters. Both were responsible and accountable and it was then easy for them to live together and take care of each other, let alone the baby. They elders according to the law of the land of cause, use penalize the boy for having a sex out of wedlock. The guy was punished, and summoned to pay some penalties for his offence. After this damages as they called it; is then that the guy will arrange for lobola and then the logistics are done formally and then he marries his wife. At some point the man was also expected to pay the damages even for the baby, especially if the baby was born at the wife's family.

R: Ok

P: Yeah, that was that at our olden but today the boy's parents will request the girl's parents to keep her and baby for them; whilst they know that there would not be any security or any guard to guard against their boy. This boy will again impregnate another girl and again the girl is kept under the care of her parents. This is the other reason of increased number of single parenting, because you will find that one boy has many babies from different mothers before he can even decide to marry. It's like the adolescents of today consider having sex as another way of entertainment. The adolescents of today like to engage themselves in premarital sex.

R: Hmm

P: If I go back again looking back to our tradition, I mean African tradition; what it says. It uses to encourage the adolescent girl to have a virginity test every month; by grannies who were accountable for that, to ensure that they have not engaged in sexual matters. The adolescent boys were taught that they should not have sex with those girls because they will be burnt. That was a saying to make them realize that if they ever sleep with girls they will acquire some kind of illnesses. And you know what? Back then the adolescents were so co-operative, they would just follow suite and do likewise as they were told with no dissatisfaction. No questions, clarity or what so ever like adolescents of today. They olden days adolescent would just admit that sexual activities can expose one to sexual transmitted illnesses. If it was today we would be talking of urethral discharges and vaginal discharges.

R: Were such diseases common like today? And how were they treated?

P: No, such infections were not common. It was only happening once upon a time. And indeed those

older people were not that busy with sexual matters like it is today. There were few traditional healers who specialize in such illnesses and were and able to treat them.

R: But again, how were such infections prevented?

P: Yeah, it was very easy because people respect sex. It was not a simple thing to do and it was only meant for married couples. Also people use to delay themselves to engage to sexual matters in the name of preparing themselves. It was treated with respect in such a way that even the married couple use to do that in a private way. It was done in such a way that children will never notice that their parents do sleep together. The wife would sleep with her children and only in the middle of the night she can rush to the husband's room but ensure that she come back before they are awake and notice that, also people were faithful to their partners and only men were allowed to marry as many woman as they can. As much as those men can manage to satisfy and maintain their families there were no problems. Women use to respect each other and even respect the husband. Even if the wives were many, they were loyal to the husband and thus prevent infections. Not like nowadays were both men and women are sleeping around, all look the same; each one of them having as many sexual partners as s/he can.

R: Ok

P: Yeah; back then because of that saying that if you sleep with a girl you would be burnt, boys use keep their distance away from the girls. It was just like that saying which says does not sit on the stoop. That was to ensure that you do not block the way because people would be moving in and out through that stoop. So, adolescents of that time just take it as it is with no further challenges or justifications.

R: Hmm

P: You know what? There was a certain initiation school which use to be conducted during winter and autumn. It was called "Mahundwane." At this school we use to vacate our homes through the permission of our parents and our traditional leaders. We were adolescent boys and adolescent girls. We go out near the fields and prepare a shelter to live in. It was like families and houses. Each family would have two parents that is the father and the mother and children. Those who are playing the role of the parents should ensure the smooth running of the family.

R: Ok

P: These members of each family were matured adolescents who can make a baby if they have sex; but that never crossed their minds at that time. It was not allowed for them to go home and collect food. No, the father adolescent as the head of the family should learn to work and make plans on how to provide for his family. He will then go out for hunting and bring back animal meat. This may be sold to have money whilst some meat will be enjoyed by his family. This was another way of training the male adolescent skills for being a head and acquiring responsibility and accountability

as it was expected of them that they provide and protect the family.

R: Ok

P: Alternatively, the adolescents female would take a container and go to the harvested fields and look for the left over's. She will then collect some left over meal cops and keep them in that container. She would take them to the shelter and mill them manually and grind them to make meal-meal to prepare porridge. Then they will have their meal and enjoy happily; just like that. This was also done to prepare this girl for womanhood and nowadays that is no longer practised. That is why our children are not even patient in anything, they only want shortcut in everything and thus why they are dying. They cannot wait for everything because they are always in hurry and even food they use to buy readymade ones. Some of our adolescents cannot even cook for themselves because they don't even want you learn. They are always running around and they never listens to elders. Moreover they are no longer tested for virginity both boys and girls.

R: Why are they not tested?

P: Yoyo! All these new married women consider their female in law as their enemies. They say the male in laws are good. Because of this hatred which they have created, if the elderly female suggest a virginity test to this young in law, then the young mother will point a finger at the elderly in law calling her a witch and saying that she want to practice the witch craft on the granddaughter. Because of that the granddaughter is no longer a victim of the virginity test and she will then sleep around as she is aware that no one will ever conduct the virginity test for her. Even when the old lady tries to guide her, the girl will never listen and do as she wishes.

R: Hmm

P: Moving out from our African culture to the Western culture, unlike parents of the olden days, parents of today generation are mostly working. The olden days parents were self-employed with farming that is both stock farming and crop farming. This enables them to spend time with their young ones and they were also able to teach them how to do it best but as of today people are teachers, some a health professionals, police, etc. and this makes it difficult for parents to spend time with their kids. Parents of today spend most of their times at their work places and even some working conditions are strenuous in such a way that even when they knock off will not want to hear anything from their kids. Some parents are always busy with books as they will be furthering their studies. There is no time to waste to listen to this adolescent that has many questions and concerns. The poor adolescents are getting advices from their peer groups. Even at schools adolescents are under a lot of peer group pressure because nowadays teachers are always attending workshop and this increase free periods where adolescents will be sharing and influencing each other. Teachers are not even having enough time for giving sex education because they are always busy. Even those who were not interested in sexual matters will eventually conforms because this song will be sung to them everyday.

R: Ok

P: Yeah, this is where you will find young adolescents being bullied by the elder ones to can join the evil deeds of substance abuse and alcohol as well as engagement in sexual activities. It means the experience ones will teach them everything and will also invite them to attend their clubs were they are involved in such evil things. The young ones will have to conform as they may be bullied. They are forced to comply even if they are not ready because they know how badly they can be treated. This is what is commonly happening these days.

R: Ok

P: Let's look to the health of these adolescents as a whole. Because they have engaged in sexual relations and alcohol and substance abuse earlier, they have already damaged their health. Since there is a big difference between older days and nowadays many things are there to attract these adolescents to misbehave. Earlier on the sexually transmitted infections were not that common like they are today; nowadays sexually transmitted infections are so prevalent, and irrespective of the infections, the adolescents are sleeping with elderly people. It is only a few adolescents that are dating their age groups or young ones. It is like some of them are trying to overcome poverty because they just believe that dating older people will earn them some little money. Due to poverty some adolescents are used by the businessmen who will make them to dress in such a way that they attract men who will come and support the business especially in case of alcohol. At the end of the day the businessmen will be checking a large amount of money, not even taking care of the well-being of the adolescent. This is usually done on adolescent girls. They are the ones who are exposing their bodies in exchange of money. Men will pack around them like flies thereby promoting the business. Even when they are attending festivals and bands you will find that young girls are dating older men. You will find them in these men's cars not even caring about their health. They don't even think about HIV and AIDS.

R: Hmm

P: Those adolescent girls who look decent like they are clean papers no, they are also under the same spirit of dating older men who has families instead of dating boys. They say this is because young are not working and as such they do not have money; where as those men are professional e.g. teachers, nurses, traffic officers etc. Even if the girl is given only R100-00 she still looks impressive because she was not having it.

R: Hmm

P: One more thing, if you can go and check for business statistics you will find that most of them are selling alcohol and they are not even respecting the laws with regard to children's Act. Most of those businesses that sell alcohol are just next door or in front of the school premises and this usually interferes with the children's conduct. This is the other reason that promotes the

adolescents to abuse alcohol and substance because all those things are within their reach. They do not struggle to get hold of these. And once they have started drinking and smoking, they eventually sleep tighter because these work hand in hand. For that reason they will not even further their studies as they will be concentrating on alcohol and substance abuse. This makes them to neglect themselves thereby compromising their health.

R: Ok

P: This is the main reason that is causing death to our young ones. If you check, you will realise that they are dying like flies, and they are dying in large numbers.

R: Ok

P: So now, if I was a president I was going to establish a team which will take care of adolescent sexual health. The team was going to test the virginity for both boys and girls. The team will also teach and guide children on good conducts. Those adolescents who would be found with good conduct will be awarded some prizes to motivate them and others to keep themselves healthy. The test was going to be conducted monthly to ensure that adolescent grow up healthy. The team was going to involve some other stake holders such as churches, headman etc to improve the health well being of our adolescents. Even when the award winning adolescents were marrying, it would be the responsibility of the team to support and encourage the other adolescents to behave well in a good manner. May be it was going to motivate our adolescents to keep healthy; and contain themselves. Because as of now only a few people are free from illnesses. Mostly the uninfected population is among the elderly who are no longer giving birth, and who are not so busy in life. And there is nothing left for them in this world. Those who are energetic and still productive are mostly infected. When they give birth they eventually die of infections. most of them these young ones when they are ill they are taken care of by their parents who do not know what they are suffering from. The poor parents will eventually get infected due lack of knowledge and die.

R: Ok

P: So, my plea is that all the departments should come together and form a committee which will be able to take care of adolescents may be use would have another generation for tomorrow. So that even if we can have a cure for HIV/AIDS we should be having a generation to cure. Because it looks like even if the cure can be invented there would be no one by then. People would have been killed by HIV AIDS, alcohol and drug as well as substance abuse.

R: Ok

P: Yeah, because not so long, our government was condoning that a twelve years can give consent for sexual relations and that there is no case for such things; meaning that we as adults were the ones who need these young girls and for that were trying to protect ourselves. We don't want to be

arrested and be judged. We want to use these kids freely with no disturbances. Looking at the issue of the legalized abortion, our adolescents are abusing this opportunity and are using it as a method. They are doing it every three months and they are exposing themselves to habitual abortion. They are not even considering other contraceptives methods maybe we should not have let them conduct it without the parents' consent; because it is as if they don't understand it and its implications. Some adolescents are going for the abortion and the next day they are having sex with their boyfriends out of knowledge poor boys are getting infections and some of them eventually die.

R: Ok. What do you think entails adolescent sexual health?

P: This entails an adolescent who is psychologically matured. The adolescent who would be able to take responsibilities for his/her actions. The adolescent who is able to give good judgement in everything that happens to her/his life. An adolescent who is able to deny and accept whatever is relevant to him/her. Who has respect to elders and can also listens to them. Such adolescent should understand the world in which s/he is living in but at the same time respecting his/her culture because sometimes there will be cultural confusion and such an adolescent should consult elders and have alterations solutions. Some advice will load the adolescent to that cultural to clubs. So the adolescent should be able to make the right choice and decision; as s/he is well informed.

R: Ok, what do you think has changed today?

P: According to my perceptions everything has changed, even the world that we a ling in has changed and we have to understand and accept it as it is. But move over we should be able to care for our adolescents even in this world and when it is like this.

R: Wow, what do you think can be done to correct this?

P: Like I said initially, we should have some teams and clubs to train our adolescents on how to take care of their health. This will help them to know what to eat and what not to eat.

R: How can we assist adolescents to grow well?

P: To help these adolescents the team should start training them at their younger ages. They should know the bodies: incuse of girls even before menarche. For instance the training should start as from crèches for them to cleanliness and good eating habits.

R: Ok

P: We should not expose them to dangerous situation, like going to school walking in tall grasses and bushes because they can be raped or killed easily. Also incuse of those children who are under the care of single parents they are vulnerable, because the parent may go to work and they are

left alone. They then lack guidance and control and they change their home into a brothel. Every bad or evil thing is explored there and even if the next doors kids are under the guidance of their parents they will be trapped there no matter hard you can train your adolescents, those situations makes them vulnerable. They will be under the peer group pressure.

R: Ok

P: A serious parent will try to guide the adolescent in every step; even at school for the progress of the child the parent will make follow-ups regularly. Because even at school some teachers are sleeping with adolescents; some parents may be aware of these and keep quite with the thinking that the child may get money especially in poor families. In this case there should be strong committees to look after the children so that a teacher who is using adolescent should be reprimanded or be punished. Because teachers will mess the life of the adolescent or even impregnate her and leave for his family. So I'm still making a plea for us to form teams to empower our adolescent so that they can be responsible and answerable in everything concerning their lives. If they are empowered they can defend themselves in only situation even if it's abuse by the teachers. Those who abuse adolescents should be punished heavily for what it worth.

R: Ok

P: The minister who deals with children should be allocated good budget to can develop relevant programmes to take care of children. There should be organisations which are solely for the protection of adolescents from infector's other diseases, sexual abuse, alcohol as well as substance even the food that our children are eating should be inspected to ensure that they are eating well balanced diet.

R: Ok, what else?

P: Nothing

R: Thank you

ANNEXURE 7

CONFIRMATION BY LANGUAGE EDITOR



UNIVERSITY of the
WESTERN CAPE

FACULTY OF NATURAL SCIENCES
DEPARTMENT OF MEDICAL BIOSCIENCES

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7 December 2015

To Whom it May Concern

This serves to confirm that I have edited the language, spelling, grammar and style of the MCur thesis by **Azwihangwisi Valeria Mashapa**, titled: **“The Community’s Perceptions Regarding Adolescent Sexual Health in Mutale Municipality of Limpopo Province.”**

Sincerely Yours



Dip. Freelance Journalism, Dip. Creative Writing, MSc (Medicine), PhD