A CONCEPTUAL FRAMEWORK FOR INTERSECTORAL APPROACH TO SEXUALITY EDUCATION IN KWAZULU – NATAL, SECONDARY SCHOOLS

by

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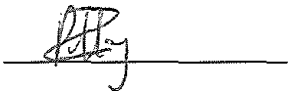
DECLARATION

I declare that **A CONCEPTUAL FRAMEWORK FOR INTERSECTORAL APPROACH TO SEXUALITY EDUCATION IN KWAZULU – NATAL, SECONDARY SCHOOLS** is my original work, all references used and mentioned have been properly acknowledged, and this work has never been submitted for credit toward any other degree at any other university before.

DATE: 1 February 2024

SIGNATURE: 

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ABSTRACT

Introduction: Adolescents are in a period of self-identity crisis and will generally seek attention by taking actions that are detrimental to themselves. Adolescence is a crucial time for sexual development, and leading a healthy and fruitful life depends in a significant way on knowing how to maintain excellent sexual health. It is essential for stakeholders to provide continuous support and context based, age-appropriate and learner-centred sexuality education (SE).

Purpose: The purpose of this study was to develop a conceptual framework for an intersectoral approach to sexuality education in KwaZulu - Natal (KZN), secondary schools.

Research Methodology: The inquiry was conducted in a selected Health Sub-district of Umhlathuze, a natural environment for participants. The study utilized a qualitative case study design. The population of this study comprised of seven senior managers, sixteen Life Orientation (LO) teachers and thirty-nine school-going adolescents. Purposive critical case sampling was used for the senior managers, purposive homogeneous sampling was used for the LO teachers and purposive maximum variation was used for school-going adolescents to select a total of sixty-two participants. Data were collected through in-depth interviews and focus group discussions.

Data Analysis: Emerging patterns were observed once the data were transcribed and subjected to theme analysis. The most common codes were identified to create the notable categories after the researchers carefully analysed and contrasted these categories. These were condensed into the narrative format.
Three themes emerged from the findings of phase 1: sexuality education in schools; implementation of sexuality education; challenges and barriers. Two themes emerged from phase 2 Sample A: implementation of sexuality education and evaluation of sexuality education. Two themes emerged from phase 2 Sample B: comprehensive and inclusive sexuality education, and challenges to effective implementation of SE.

Study findings and Conclusion: The study revealed that schools were not receiving sufficient support. In this regard, the study found it essential that the Department of Basic Education (DBE), Department of Health (DoH), Department of Social Development (DoSD), school institutions, and community leaders actively participate in supporting school-going adolescents in sexuality education. This could be an example of what is occurring in schools in general institutions in South Africa. Therefore, the study secondary lighted several inputs that could be used in intersectoral collaboration of sexuality education in secondary schools, and it is believed that these inputs will strengthen LO teachers' teaching experience and improve the quality of sexuality education. School-going adolescents' satisfaction with their education is viewed as an important indicator of success in all education institutions. It was evident from the findings that more needed to be done to strengthen and improve intersectoral approaches for a successful implementation of Comprehensive Sexuality Education (CSE) implementation in secondary schools. Hence, the study developed a conceptual framework to provide input to guide improvements of intersectoral collaborative support systems, to strengthen and improve health promotion and disease prevention of school-going adolescents in secondary schools.

***Keywords**: Adolescent, Adolescent Sexuality Reproductive Health (ASRH), Implementation, Intersectoral collaboration/approach, Life orientation (LO), Perception, Public policy, Senior managers, Sexuality education, Stakeholders.*

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DEDICATION

To my Lord Jesus Christ, my husband, and my son for the support

that they have provided me during my studies.

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LIST OF ABBREVIATIONS

ASRH	Adolescent Sexuality Reproductive Health
NASRH&R	Adolescent Sexuality Reproductive Health and Rights
CAPS	Curriculum Assessment Policy Statement
CDC	Centre for Disease Control
CSE	Comprehensive Sexuality Education
DBE	Department of Basic Education
DoH	Department of Health
DoSD	Department of Social Development
GBV/IPV	Gender based violence/ intimate partner violence
HIV/AIDS	Human immunodeficiency virus/ Acquired immunodeficiency syndrome
HSP	Healthy Schools Programme
IPPF	International Planned Parenthood Federation
ISHP	Integrated School Health Policy
KZN	KwaZulu-Natal
LO	Life Orientation
NASRH&R	National Adolescent Sexual and Reproductive Health and Rights Framework Strategy and Department of Health
NAYHP	National Adolescent and Youth Health Policy of South Africa
NDoH	National Department of Health
NGOs	Non-Governmental Organisations
SANC	South African Nursing Council
SE	Sexuality Education

SA	South Africa
SACAP	South Africa College of Applied Psychology
SLP	Scripted Lesson Plan
STIs	Sexually transmitted infections
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

The term "adolescence" refers to the stage of life between the ages of 12 and 19 in which individuals transition from childhood to adulthood (Kaltiala, Heino, Marttunen & Frojd 2023:1). Adolescence brings about rapid developments in both anatomy and in behaviour, with the reward-seeking areas of the brain developing before the brain regions that are in charge of planning and emotional regulation. This implies there is actual ability to mitigate detrimental outcomes and that the experimentation, exploration, and risk-taking that occur during adolescence are more typical than pathological (WHO 2014:6). The World Health Organisation (WHO) (2023:1) argues that maintaining good sexual health is important and that dysfunctional sexual development is common. Therefore, the need to develop educational approaches that will address developmental needs during this stage, especially regarding sexual and reproductive health, is essential. This is reflected in the National Adolescent Sexual and Reproductive Health and Rights (NASRH & R) Framework Strategy and Department of Health (DoH) (NASRH & R 2015:3,31; DoH 2012:12) on the implementation of school-going adolescents sexual and reproductive health and rights.

This chapter gives an overview of the research problem, the purpose of the study, research objectives, research questions, significance of the study, definitions of key terms, theoretical foundations of the study, research methodology, summary of the research process, setting of the study, ethical considerations, and scope of the study.

1.2 BACKGROUND

The Department of Basic Education (DBE) stated that Life Orientation (LO), being a compulsory life-skills subject, is vital, and must be improved in South African classrooms, where life skills are taught in order to foster personal development and well-being (DBE 2014:1; Kubekha 2019:1; United Nations Fund for Population Activities (UNFPA) 2015:4). According to UNFPA (2014:48) sexuality education requires building a multisectoral team and developing an operational plan that fits within the larger institutional context. Hence, teaching comprehensive sexuality

education (CSE) in collaboration with stakeholders to compliment the Department of Basic Education (DBE) scripted CSE is an approach designed to reach many school-going adolescents and provide them the knowledge and abilities to make informed decisions that will safeguard their health. Schools are vital in facilitating educational programmes to reach vast numbers of adolescents from diverse backgrounds before they become sexually active, offering opportunities to inspire adolescents to delay the commencement of sexual activity (Gallagher, Eames, Roddy & Cunningham 2022:8). Therefore, CSE should be strengthened with an intersectoral approach involving stakeholders, namely, senior managers who oversaw the implementation of the policy, parents, educators, training facilities, and youth-friendly services can play in supporting adolescents' healthy sexual behaviour (Badenhorst 2018:1; Ellerbeck 2019:1).

Although CSE programs are taught all over the world, research indicates that they have not had much success in changing the sexual behaviours of adolescents. International studies confirm and concur with the current study that adolescents who do not receive adequate sexuality education have numerous sexual partners and secondary rates of sexual debuts as early as 15 years old are at risk of acquiring Human immunodeficiency virus/Acquired immunodeficiency syndrome (HIV/AIDS) and sexually transmitted infections (STIs) (Hailegebreal, Gilano, Seboka, Sidelil, Awol, Haile, Simegn & Haile 2022:7; Castro, Viana, Rufino & Madeiro 2023:2), while in Sub-Saharan Africa findings reveal that the first sexual encounters are from as young as 10 years old; adolescents have multiple concurrent sexual partners and 64% of adolescents with HIV/AIDS (Omona & Ssuka 2023: 21; Yosef, Nigussie, Getachew & Tesfaye 2020: 4; Zgambo, Kalembo & Mbakaya 2018:1; Nguyen 2022:9). In South Africa, tragically, 2000 youngsters acquire HIV/AIDS each week (Badenhorst 2018:1). Adolescents who engage in risky sexual behaviour are more likely to experience unintended pregnancies and abortions, as well as diseases like HIV/AIDS and STIs. It is suggested that a more context-based approach involving stakeholders must be implemented in the CSE initiative to discover answers to challenges in South African classrooms. Some successful strategies involve the use of interactive and participatory methods via multimodal approaches. Instead of relying solely on traditional methods, educators now employ multimodal hybrid approaches such as interactive techniques that engage students in discussions and role-plays to activate

the audio and visual senses of the learners (Zong, Aodha & Hospedales 2023:8). This approach allows school-going adolescents to actively engage in the process of learning to ensure a more thorough comprehension of sexual health issues and a more informed decision-making process. Furthermore, the use of technology has played a significant role in adolescent sexuality education. Recent studies have found that online platforms, mobile applications, and social media are utilized to provide accessible and youth-friendly information about sexual health (Moro, Smith & Stromberga 2019:1; Haleem, Javaid & Suman 2022:275). These resources cater to the diverse needs and preferences of school-going adolescents, enabling them to access information independently and discreetly at their own speed.

Another crucial aspect of adolescent sexuality education in developed countries is the integration of topics such as consent and gender equality. Leung, Shek, Leung & Shek (2019:3) highlighted the importance of addressing these issues to create inclusive learning environments that promote respect and understanding among adolescents.

United Nations Educational, Scientific and Cultural Organization (UNESCO) (2018: 28) and UNFPA (2020:10-11) found that in developed countries CSE is successful when working in collaboration with the government, ministry of education and adolescent-friendly sexual and reproductive health services, where there is a rise in the use of contraception and a drop in the number of sexual partners, late sexual debut, frequency of sex, and risk-taking in both males and females by up to 90%.

According to the National Adolescent and Youth Health Policy of South Africa (NAYHP) (NDoH 2017:1), despite numerous initiatives by the public and nonprofit sectors to incorporate sexuality education into the curriculum for schools through awareness campaigns such as “Love life” that aim to empower adolescents with sexuality awareness, there still has not been a noticeable decrease in the number of pregnancies or frequency of STIs among school-going adolescents. The primary cause of young people's increasing tendency to believe in the dire health effects of early and unprotected sexual engagement is the deficiency of comprehensive, age-appropriate sexuality education (Shibuya, Estrada, Sari, Takeuchi, Sasaki, Warnaini, Kawamitsu, Kadriyan, Kobayashi 2023:18; Badenhorst, 2018: 1). There is evidence to suggest that this could be the result of a curriculum for sexuality education that is not

well-developed. As a result, successful health promotion programs and services have been committed to respond to the causes of disease (NDoH 2017:1; UNFPA 2015:17).

Adolescents require age-appropriate education and support to assist them to make informed and responsible decisions; however, the approaches used in schools should be based on collaborations with diverse stakeholders (DoH 2012:12). According to the Global Strategy for Women's, Children's, and Adolescents' Health there is a need for a meaningful change through intersectoral collaboration (WHO 2016:48). Hence, there is recognition of the need for accelerating and deepening coordination between intersectoral approaches for school-going adolescents. Given that very little research has been conducted in Kwa-Zulu Natal (KZN) schools in this regard, the researcher has taken note of this gap in knowledge.

1.3 STATEMENT OF THE RESEARCH PROBLEM

The WHO points to risky sexual behaviour as one of the most common problems among adolescents, with its adverse sexual and reproductive health consequences, namely, increased incidence HIV/AIDS, STIs, unintended pregnancies, and abortions (Statista 2023:1; WHO 2023:1). Furthermore, the uMhlathuze Municipality reported 70 275 individuals that were HIV positive in 2021 equating to 17,2% of the total population. This percentage is greater than the provincial levels of 15% and national levels of 11% (City of uMhlathuze 2021:58). In 2022, there were around 7.6 million people living in South Africa who were HIV positive, and the adolescent fertility rate were 97 births per 1000 girls (Statista 2023:1). According to WHO (2023:1) more than 1 million sexually transmitted infections (STIs) are acquired every day worldwide. This implies that there is a greater demand for sexuality education as this is a great concern for the population's health outcomes (Statista 2023:1; Broughton 2017:22). Hence, the Sub-district of uMhlathuze was selected. Issues of sexuality and sexual behaviour involve self-awareness, self-identity, need to belong, bullying, and risk-taking characteristic of adolescence. Hence, there is a need to facilitate joint collaborations between various agencies to address challenges facing school-going adolescents at different levels.

Despite various efforts by governments, private and non-government organisations to include sexuality education into school curriculum, awareness campaigns which empower adolescents with sexuality information, the frequency of sexually transmitted infections and the rate of pregnancies among adolescents have not significantly decreased (NDoH 2017:1,4,5).

In South Africa (SA), it is common knowledge that government ministries, departments and agencies are organized along sectoral lines, with a clear mandate to address specific issues. Also, the introduction of sexuality education in SA schools was done with little guidelines on the implementation process and a lack of teacher support as well as a lack on how the sectors could collaborate to develop a multifaceted curriculum for sexuality education in secondary schools. Hence, the need for this study.

Research indicates that collaborations between state and civil society organizations, education and health sectors can effectively share the knowledge and experiences of various stakeholders to develop collaborative programs promoting sexual and reproductive health (UNESCO 2018: 28; Gallagher, Eames, Roddy & Cunningham, 2022:8). Therefore, a well-structured collaborative intersectoral approach was advocated.

1.4 RESEARCH AIM/PURPOSE

The purpose of this study was to develop a conceptual framework for an intersectoral approach to sexuality education in KZN secondary schools.

1.4.1 Research Objectives

To achieve the aim of the study, the objectives of the study are to:

- Explore the processes involved in sexuality education implementation in secondary schools (phase 1 – in-depth interviews)
- Describe Life Orientation teachers' perspectives on intersectoral collaboration in sexuality education in secondary schools (phase 2 – focus group discussions)

- Explore viewpoints of school-going adolescents regarding implementation of sexuality education in secondary schools (phase 2 – focus group discussions)
- Develop a conceptual framework to strengthen intersectoral collaborations in sexuality education in secondary schools (phase 3).

1.4.2 Research Questions

Kumar (2014:381) defines research questions as those to which the researcher intends to conduct a study to obtain answers.

- What are the processes of sexuality education implementation in secondary schools?
- What are the perspectives of LO teachers on intersectoral collaboration in sexuality education in secondary schools?
- What are the viewpoints of school-going adolescents regarding implementation of sexuality education in secondary schools?
- What conceptual framework can be developed to strengthen intersectoral collaborations in sexuality education in secondary schools?

1.5 SIGNIFICANCE OF THE STUDY

The objective of the study is to develop a conceptual framework to strengthen intersectoral collaborations in sexuality education in secondary schools by collaborating with senior managers from DBE, DoH and DoSD who implement sexuality education policies in schools.
The beneficiaries of this study include various stakeholders involved in policy making and implementation of sexuality education in secondary schools.
Policy makers at local, regional, and national levels can leverage the research outcomes to develop evidence-based policies and programs that promote robust inter-sectoral mechanisms.

LO teachers can utilise the findings of this study to enhance their understanding of the sexuality education policy and design learner-centred health promotion activities using various platforms.

Adolescents stand to benefit significantly as improved teaching practices will provide them with valuable insights into understanding their sexuality and acquiring the knowledge and skills they need for a lifetime of sexual health.

This framework on educating school-going adolescents about sexuality and sexual behaviours would allow health and policy developers, as well as members of school boards, to take cognizance of the specific needs of school-going adolescents in relation to sex education and would therefore, contribute to promoting the quality of life and preventing disease. Additionally, data from this study will likely shed light on the sexual and reproductive health of adolescents which could assist with thoughtfully developed programs that target their needs and issues related to reproductive health. The results of this study can also serve as a basis for an evaluation study on the developed framework.

1.6 DEFINITION OF KEY TERMS

Adolescent: According to WHO (2024:1), an individual who is between the ages of 10 and 19 is referred to as an adolescent. In this study, an adolescent refers to a male or female learner whose age ranges between 16 and 19 years, and who attends a secondary school in one of the Health Sub-districts in the North Coast of KZN.

Adolescent Sexuality Reproductive Health (ASRH): A state of whole physical, mental, emotional, and social well-being regarding all aspects of the reproductive system, its functions, and its processes is known as reproductive health. It includes sexual education, improving one's life and interpersonal relationships, counselling, and treatment for STIs and reproductive issues (WHO 2024:1). In the current study, ASRH refers to the sexual and reproductive health of adolescents in secondary schools.

Implementation: is “a predefined set of actions intended to implement a program or activity” (Signe 2017:10). In this study implementation refers to the carrying out of the formulated frameworks and policies.

Intersectoral collaboration/approach: Intersectoral collaboration is the joint action for a common purpose, working together for people-centred policies that encourage health by the health and other governmental sectors, in addition to representatives from the private sector, nonprofit, and volunteer sectors, to improve population health. It is the process, and one that requires vigilant and constant dynamic engagement (Leeuw 2023:208). In this study intersectoral collaboration refers to the joint action taken by the policy implementors and LO teachers to improve the sexual and reproductive health of adolescents. The key terms intersectoral collaboration and intersectoral approach will be used interchangeably.

Life orientation (LO): According to the DBE's 2005 Curriculum and Assessment Policy Statement (CAPS), to enable learners to make informed decisions and take appropriate action regarding their health, social development, personal development, physical development. The LO learning area comprises developing the skills, knowledge, values, and attitudes that are necessary (SACAP 2024:1). According to this study, LO is the subject which aims to give adolescents the life skills required for social and emotional growth.

Perception: the manner that something is viewed, comprehended, or interpreted is called perception (Oxford Learners Dictionary 2023). For this study, perception is defined as the way the LO teachers perceive the implementation of sexuality education.

Public policy: is the study of government actions intended to address an issue of public concern, a general framework within which government actions are performed to attain public purposes (Howlett & Cashore 2014:17). In this study public policy entails frameworks, guidelines and laws that guide a range of related actions in sexuality education in schools.

Senior managers: Can be described as persons who are responsible for planning and co-ordinating an organisation (Oxford Learners Dictionary 2023). In this study, senior managers are managers from education, social development, and health

departments, who oversee the implementation of sexual education policies in one of the Health Sub-districts in the North Coast of KZN.

Sexuality education: Comprehensive sexuality education is defined as teaching and learning concerning human sexuality, encompassing sexual reproduction, intimate relationships, human sexual anatomy, STIs, sexual activity, gender identity, sexual orientation, abstinence, contraception, and rights and responsibilities regarding reproduction (Breuner & Mattson 2016:1). For this study, sexuality education refers to teaching comprehensive sexuality education (CSE) in secondary schools.

Secondary school: According to South African basic education system**,** secondary schools or high schools provide higher education that follows primary education and run from Grade 8 to Grade 12 (South Africa 2011). In this study secondary schools are those schools with pupil enrolment from Grade 10 to 12 pupils within the selected district of KZN province.

Stakeholders: are individuals or groups who can impact or be impacted by the project, who can contribute to knowledge or support, or who have an interest in or some aspect of rights or ownership in a project." (McGrath & Whitty 2017:728). In this study, stakeholders refer to senior managers who oversee the implementation of the policy.

1.7 FOUNDATIONS OF THE STUDY

1.7.1 Theoretical framework

Creswell (2018:44) defines theoretical framework as a process of organizing a network of theories that either directly or indirectly relate to the study issue is known as the theoretical framework. A diagram or map illustrating the relationships that serve as the foundation for a study can be used to represent a study framework. (Brink, van der Walt & van Rensburg 2018:96).

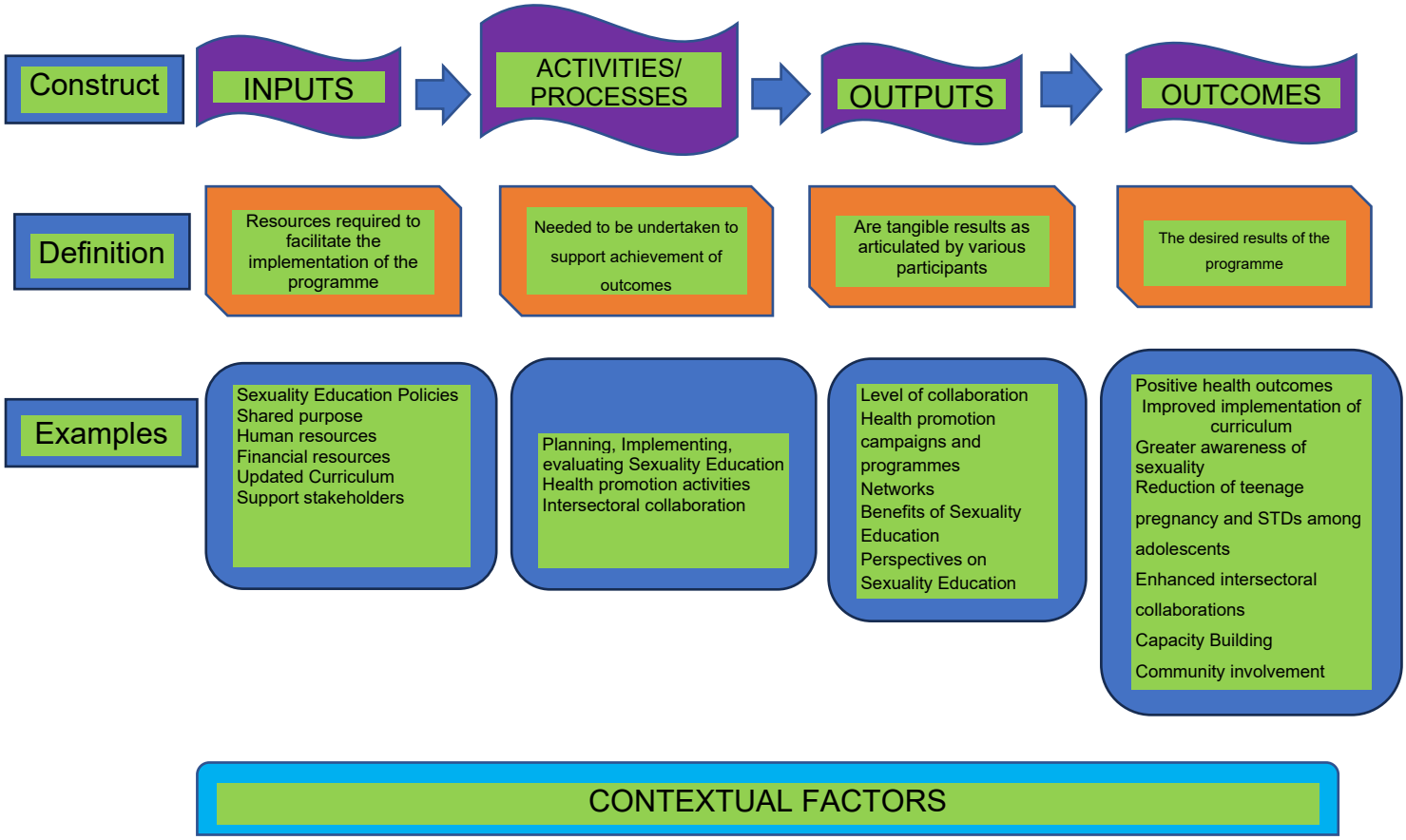

Figure 1.1 Adapted from the CDC Logic Model (CDC 2019:2)

This study adopted a Logic Model to achieve all four objectives of the study, namely, to explore the processes involved in sexuality education implementation in secondary schools (phase 1 – in-depth interviews); to describe Life Orientation teachers' perspectives on intersectoral collaboration in sexuality education in secondary schools (phase 2 – focus group discussions); to explore viewpoints of school-going adolescents regarding implementation of sexuality education in secondary schools (phase 2 – focus group discussions) and to develop a conceptual framework to strengthen intersectoral collaborations in sexuality education in secondary schools (phase 3) and to explore intersectoral involvement in comprehensive sexuality education for school-going adolescents in secondary schools in KZN. A program or intervention can be described and communicated using logic models. The programme activities add intended effects; the context in which the programme functions are graphically presented. The Logic Model describes the behaviours that would result in the desired outcomes and communicates the program's goal and expected outcomes

(Centre for Disease Control) (CDC 2019:13). Full description and its applicability as the theoretical framework in the study was discussed in chapter 2 (section 2.5).

1.7.2 Research paradigm

The Greek word paradeigma, which means pattern, is where the word paradigm first originated. It refers to a common conceptual framework that scientists use to examine problems and finding solutions (Khun 1970: 175). It outlines potential connections to that universe as well as the methodological, ontological, and epistemological tenets of the researcher (Creswell 2018:548). A paradigm is a foundational collection of beliefs that directs behaviour. These beliefs are which the researcher brings to the investigation, could be referred to as worldviews (Creswell & Plano Clark 2018: 68).
Mukherji and Albon (2015:24) claim that a paradigm, or a particular approach to "seeing the world and making sense of it," serves as the foundation for study." The researcher provided guidance for the investigation, including the researcher's perspective on reality (ontology), the way the investigator knows reality (epistemology), the investigator's value-based perspective (axiology), and the methods employed in the investigation (methodology) (Creswell 2018:65). It likewise influences the research methodology that determines how the study is conducted as well as the philosophical framework that the study adopts (Guba & Lincoln 1994:105; Guba 1990:17).
Statements that are accepted as true or taken for granted are known as assumptions. They are often employed in research with theories and paradigms (interpretive frameworks) (Grove, Gray & Burns 2015:42). It's not always simple to distinguish between philosophical assumptions and paradigms, but it can be useful to distinguish between things that function at a more practical level (interpretive frameworks) and those that exist at a more general philosophical level (assumptions) (Creswell 2018:65). This is a collection of philosophical assumptions concerning the nature and characteristics of reality (ontology); the nature of knowledge and the methods by which knowledge claims are supported (epistemology); the function of values in study (axiology); and the technique of research (methodology) (Creswell 2018:65). The assumptions determine how the researcher frames the topic and research questions to be studied, which in turn affects how the researcher gathers data to address the questions (Creswell 2018:68). The paradigm utilized in this study is constructivism. The study is, therefore, qualitative. The researcher utilized in-depth interviews for the

senior managers and focus group discussions for the LO teachers and school-going adolescents. This approach has its roots in constructivism. The study utilized the qualitative data to explore the processes used in implementing sexuality education in secondary schools, describe Life Orientation teachers' perspectives on intersectoral collaboration in sexuality education in schools, explore viewpoints of school-going adolescents regarding implementation of sexuality education in schools.
The data was analysed individually for both phase 1 and phase 2, then both phases were integrated for phase 3.

1.7.2.1 Constructivism

Yin (2016: 334; 22) defines constructivism as the theory that generates social reality. It is produced not just by the characteristics of the outside environment, but also by the individual monitoring and documenting these circumstances. According to this perspective, all social reality is relativist in character rather than absolute because of the way it is formed. Initially referred to as naturalistic inquiry, constructivism eventually gained popularity due to its numerous realities, value-bound research, limitations on temporal and context-specific findings, and disregard for cause-and-effect studies. Although participants interpret their experiences by their own methods, qualitative researchers try to comprehend how participants interpret the circumstances (Creswell 2018:550). Individuals who adhere to social constructivism try to make sense of the society in which they work and live. They are not merely imprinted on people; rather, they are developed via social interactions. Practically speaking, the questions get broader and more generic to allow participants to interpret a situation; meaning is usually developed through conversations or interactions with other people. Since the researcher is paying close attention to what people say and do in their everyday lives, the more open-ended the questions are, the better. Constructivist researchers so frequently focus on the "processes" of interpersonal interaction. Therefore, the researcher's goal was to decipher what other people were trying to say about the world. For this reason, interpretive research is a common term for qualitative research (Creswell 2018:79).

Adom, Yeboah and Ankrah (2016:1) describe the constructivism philosophical paradigm in more detail, claiming that individuals build their own knowledge and understanding of the world by engaging in experiences and critically analysing those

experiences. It rests on the notion that most of what people learn is formed or constructed by experience. Therefore, a constructive paradigm will be used.

These are the four philosophical assumptions that are applicable in this paradigm: They ontology (the nature of reality), epistemology (what constitutes knowledge and how knowledge claims are validated), axiology (values in research), and methodology (the process of research). The assumptions are discussed below:

- **Ontology**

It is the philosophical study of the nature of existence or reality, and of the fundamental subthemes of existing objects and their relationships. These assumptions guide how the research problem is thought of. It is focused on the assumptions made to accept anything as real or logical (Creswell 2018:69; Kivunja & Kuyini 2017:27). According to constructivism, ontology refers to a variety of viewpoints that are formed via interactions with other people and lived experiences. It answers the following query: When is anything real? or What is reality's nature? The response given is that in qualitative research, anything is real when it is created in the imaginations of the people (Creswell 2018:548).

Qualitative research embraces the concept of different realities, according to researchers. Diverse realities are embraced by various researchers, as well as by the subjects and readers of a qualitative study. Qualitative researchers aim to report these diverse realities through their studies of persons. The use of many types of evidence in themes that portray several viewpoints and use the actual words of various people is one way to demonstrate numerous realities (Creswell 2018:69). Thus, in this study, the researcher sought to explore the processes involved in sexuality education implementation in secondary schools, describe Life Orientation teachers' perspectives on intersectoral collaboration in sexuality education in schools, and explore the viewpoints of school-going adolescents regarding implementation of sexuality education in schools. The multiple realities were represented by three different populations, which included senior managers who oversaw the implementation of the policy, LO school teachers and school-going adolescents.

- **Epistemology**

The way that something is known, such as the truth or reality, is described by epistemology. It addresses the fundamentals of information and how it can be learned and shared with other people. It focuses on the types of human knowledge and understanding that researchers may be able to obtain to deepen, expand, and broaden understanding in the field of study (Kivunja & Kuyini 2017:27. According to this assumption, the researcher and the subject of the study are interconnected rather than separate relationship (Creswell 2018:546; Creswell 2013:21). According to epistemology, a qualitative study entails the researcher trying to understand the participants and how knowledge is created, as well as what the participants' knowledge is. Researchers "know what they know" from first-hand information to a greater extent the longer they remain in the field or come to know the participants. To put it briefly, the goal of a qualitative researcher is to reduce the perceived “distance” or “objective separateness” between the subjects of the study and the researcher (Creswell 2018:71). Epistemology addresses this question: What constitutes knowledge for the senior managers? Were the sexuality policies known to the senior managers and were they adhered to? What was understood about intersectoral collaborations? A qualitative study involves the researcher attempting to comprehend the participants, how knowledge is formed, and what the participants know, according to epistemology. The more time researchers spend in the field or get to know the participants, the more they can "know what they know" from first-hand information. A qualitative researcher's mission is to lessen the perception of "distance" or "objective separateness" between the study participants and the researcher.

- **Axiology**

Axiology refers to the ethical decisions that must be considered when designing a research project. It considers the philosophical method of determining what constitutes acceptable and incorrect behaviour in relation to the research by defining, assessing, and comprehending notions of such behaviour. It considers the values placed on the various components of research, the participants, the data, and the audience to which the research's findings is presented (Kivunja & Kuyini 2017:28). It addresses this question: What is the role of values? Subjectivity and values, according to

constructivist researchers, are both desirable and unavoidable (Creswell 2013:22). The assumption maintains that all research is value-laden and considers the researcher's value systems, the theory, the paradigm employed, and the participants' and researcher's respective social and cultural norms (Creswell et al. 2018:545). While all researchers add values to their work, qualitative researchers explicitly express their values in their work. Personal values are also respected. In a qualitative study, the researchers actively disclose their values and prejudices as well as the value-laden nature of the data they have collected. They also acknowledge that the study is value-laden (Creswell et al. 2018:72). By avoiding leading questions, requiring participants to evaluate the data to clear up any ambiguities, and using triangulation, the technique ensured that the results of the study were impartial.

- **Methodology**

Methodology has been defined as the approach used in executing the inquiry (Antwi & Hamza 2015:218). The logic and flow of the methodical processes used to conduct a research endeavour to learn more about a research problem are expressed through methodology. It contains the assumptions made, the obstacles faced, and the ways in which they were reduced or avoided. When considering the methodological questions of how to obtain the data and knowledge that allows the researcher to respond to every query and contribute to knowledge (Kivunja & Kuyini 2017:28), it addresses this question: What is the research process? What language is used in research? How is the inquiry process approached? Through techniques like observation, text analysis, and interviewing, the researcher applies inductive logic. The researcher also employs a developing design while researching the subject in light of its surrounding environment. Prioritizing details over generalizations, the researcher thoroughly outlined the study's setting and continuously updated the questions based on experiences in the field (Cresswell 2018:99).

A study's methodological approach must align with its ontological and epistemological positions. It is well known that there is only one reality and that interactions lead to the formation of numerous realities within the constructivist paradigm. Therefore, as is frequently done in qualitative research, the constructivist paradigm holds that the methodology used in research should investigate "the minds and meaning-making,

sense-making activities" (Salkind 2018:175) such as the case study approach that uses methods including interviews and observations. Constructivists believe that to fully comprehend the phenomenon being studied, thematic qualitative analysis should be employed. According to this assumption, a qualitative researcher has a certain conception of the research process. For example, to inductively develop ideas in a study from particulars to abstractions, a qualitative researcher relies on participant perspectives and examines those perspectives within the environment in which they occur (Creswell 2018:547).

In this study, a qualitative case study method approach was followed from a constructivist paradigm whereby ‘the what questions’ of the LO teachers’ perspectives and school-going adolescents’ viewpoints were described and explored in the context of sexuality education in secondary schools. Qualitative research is characterized by inductive, developing techniques that are moulded by the researcher's experience in data collection and analysis. The logic used by the qualitative researcher is inductive, starting from beginning rather than being predicated solely on a theory or the perspectives of the researcher. At times, as the study progresses, the research questions are modified to better reflect the kinds of inquiries required to comprehend the research problem. In response, the pre-study data gathering strategy is adjusted to consider the additional inquiries. The researcher pursues a path of data analysis to get ever more in-depth understanding of the topic under study (Creswell 2018:72).

1.8 RESEARCH METHODOLOGY

1.8.1 Research Design

Brink, van der Walt and van Rensburg (2018:81) research design can be defined as a plan for carrying out a study that optimizes control over variables that may conflict with the intended results. The study adopted the qualitative case study design. An in-depth, contextualized understanding of the phenomenon is the goal of qualitative research. These studies seek to comprehend specific occurrences within their own contexts, and "thick," detailed descriptions provide insight into the opinions and actions of the participants (Babbie 2020:154). Case studies are a unique form of data collection on human behaviour for several reasons. Firstly, case studies concentrate on a single subject or person (such as a person or a school), allowing for a close

inspection and analysis as well as the gathering of a substantial amount of specific data. Secondly, case studies promote the use of a variety of methods to obtain the information required, such as personal observations, interviews with people who may be familiar with the subject matter. Thirdly, a case study is the only way to obtain a more detailed description of what was happening. Fourthly, although case studies don't always lead to the testing of ideas, they do offer avenues for future research (Salkind 2018:175). According to Yin (2018: 41, 45), when the goal of the study is to address "what, why, how," and "why" questions and the researcher wants to draw attention to specific contextual factors, the study is deemed a case study. Hence, a case study was appropriate for this study. The participants (senior managers who oversee the implementation of the policy, LO teachers and school-going adolescents), in the processes involved in sexuality education program, lend themselves to a case study approach. This approach is appropriate for this study because case studies have both exploratory and descriptive components (Flick 2014:225).

1.9 SETTING OF THE STUDY

The study setting is the geographical location in which a study is conducted (Babbie 2020:76; Brink et al. 2018:135). A natural setting is an uncontrolled environment. Conducting a study in a natural setting means that the researcher does not manipulate or change the environment for the study. The study setting was the DBE, DoH, and DoSD. Two rural and two urban secondary schools in the selected Sub-district of uMhlathuze were selected. Thus, the study’s participants were in basic education, health, and social development. A full description is presented in chapter 3.

1.10 TABLE 1.1 SUMMARY OF METHODS ADOPTED IN THIS STUDY

	Phase 1	Phase 2	Phase 3
Approach	In-depth Interviews	Focus group Discussions	Integration of phase 1 and 2 findings that led to: Development of a conceptual framework
Population	Senior managers who oversaw the implementation of sexuality education policies from the DBE, DoH, DoSD in one Health Sub-district in the North Coast of KZN.	LO Teachers School-going adolescents	Experts in the field of sexuality education from the DBE, DoH, DoSD in one Health Sub-district in the North Coast of KZN were used as validators of the proposed conceptual framework.
Sampling and sample	Purposive critical case sampling was used to select senior managers from the DBE, DoH and DoSD.	Purposive homogeneous sampling (Crossman 2020:1) was used for the LO Teachers and Purposive maximum variation was used for school-going adolescents (Yin 2016:94).	The researcher obtained a list of the experts in the field of sexuality education from the DBE, DoH and DoSD in one Health Sub-district in the North Coast of KZN.
Data collection	Semi-structured in-depth interviews	Focus group discussions (FGD) were used in the schools.	A self-designed evaluation tool was used to obtain consensus on the proposed conceptual framework.
Data analysis	Data from both phases was analysed using Flick's (2014:371) thematic analysis steps. -All recordings were studied and transcribed. -Reading and re-reading transcriptions to identify significant statements and phrases were done. -Coding was developed. - Themes were described by developing emerging meanings into subthemes and categories from individual quotes.		Integration of phase 1 and 2 findings to develop a conceptual framework that was validated by experts in the field of sexuality education.

A detailed discussion of the methodology is presented in chapter 3.

1.11 ETHICAL CONSIDERATIONS

The degree to which research methods comply with professional, legal, and social obligations to study participants is a matter of ethics, a system of moral principles (Polit & Beck 2017:1008). The protection of research participants' human rights is one of the tenets, standards, and values that make up research ethics. Self-determination, privacy, anonymity, and confidentiality, as well as fair treatment and selection processes and protection from discomfort and harm are among these human rights (Gray & Grove 2021:610) were adhered to.

1.11.1 Permission

The researcher sought permission from various authorities to conduct the research. The researcher obtained ethical clearance to conduct the study from the Health Studies Research Ethics Committee of the Department of Health Studies of the University of South Africa (UNISA) (Annexure A), and permission to conduct the study from the KZN Department of Education (DBE) (Annexure K), Department of Health (DoH) (Annexure L), District Hospitals (Annexure M), and the school institutions (Annexure N).

1.11.2 Informed consent

According to Polit and Beck (2017:1023), According to the ethical concept of informed consent, participants must voluntarily consent to study after having been informed of any potential risks and benefits. In order for them to decide whether to consent or decline to participate in the study, participants were given details about the research. The researcher also informed them that data collected would be used for research purposes only. The researcher informed the participants of the purpose of the study, and they signed a form indicating their informed consent to participate (Annexure F, Annexure H, Annexure I). They were made aware that they were not being forced to participate in the study, and that they had the right to withdraw at any time, the right not to answer questions that they felt violated their privacy, and the right to withhold information without being penalised. Assent informed consents (Annexure G) were

signed for those students that were below 18 years old and who wished to participate in the study.

1.11.3 Self-determination

The ethical precept of respect for persons serves as the foundation for the right to self-determination, which affirms that people have agency over their own lives. Individuals ought to be regarded as independent agents with the freedom to live their life as they like, free from outside interference. Researchers treat participants as autonomous agents in a study as they are informed about the study. Researchers also allow them to choose whether to participate, and to withdraw from the study at any time, without any penalty (Gray and Grove 2021:610; Brink et al. 2018:28).

1.11.4 Privacy, anonymity, and confidentiality

The option to choose when, how much, and under what broad circumstances one's personal information is disclosed to or kept secret from third parties is known as privacy. A person's views, ideas, behaviours, opinions, and records are all considered private information. The research participants' privacy is protected if the participants are informed, consent to participate in a study, and voluntarily share private information with a researcher (Gray & Grove 2021:610). In this study, the researcher ensured the participants' privacy was maintained by ensuring that the participants were informed, consented, and voluntarily shared information with the researcher.

Complete anonymity exists when the participants' identity cannot be linked, even by the researcher, with his or her individual interests. In most studies, researchers know the identity of their participants, and they promise the participants that their identity will be kept anonymously from others and that the research data will be kept confidential (Gray & Grove 2021:634). In this study, participants were identified by code numbers rather than names in order to maintain their anonymity.

Maintaining people's privacy by withholding their identities is the goal of confidentiality. This applies to any data that participants provide to the researcher (Polit & Beck 2017:1010). For individual interviews, the researcher ensured that they are undertaken in a private room space with no distraction. These were anonymous interviews, which means that participants' names were not identified; instead, person's identity was to

be protected by use of identification numbers. All the information provided by all participants in all the phases of this research was kept confidential. The recorded information was discarded during data processing. Although during focus group discussions confidentiality cannot be guaranteed. However, a confidentiality agreement must be signed by each participant. All data was kept under lock and key by the researcher. Only the supervisor had access to the data. The study's personnel were the only ones with passwords to access computer-based records. The data was only accessible to the supervisor and the researcher. It is imperative that the researcher not disclose this information without the participants' consent (Babbie 2020:530). In this study, the researcher ensured confidentiality. Confidentiality agreements were signed (Annexure J). No unauthorized individual was permitted to view the information.

1.11.5 Fair selection and treatment

Based on the ethical concept of justice, which mandates that the researcher select the study population in general with fairly, participants have the right to fair selection and treatment (Babbie 2020:64). The selection of participants must be based on factors directly associated with the research problem (Brink et al. 2018:116). In addition, Grove et al. (2015:98) add that human participants should be treated fairly in terms of the benefits and the risks of the research. Participants received equitable treatment, and commitments were honoured by keeping scheduled appointments for the purpose of gathering data.

1.11.6 Right to Protection from Discomfort and Harm

The ethical principle of beneficence, which comprises ensuring the participants' physical, psychological, emotional, spiritual, economic, social, or legal well-being, is the foundation for participants' right to be shielded from discomfort and injury (Brink et al. 2018:29). Additionally, Grove et al. (2015:98) encourage the researcher to act morally and, most importantly, without harming anyone. In the present study, the participants were periodically reminded and encouraged to communicate any form of discomfort. They were also monitored for any sign of psychological distress.
A detailed discussion of these ethical considerations is presented in chapter 3.

1.12 SCOPE OF THE STUDY

A qualitative research method was used to conduct this study. Purposive critical case sampling was used to select participants. The study was limited to the senior managers who oversaw the implementation of the policy in education, health, and social developments of sexuality education in secondary schools, LO teachers and school-going adolescents from 4 schools in one Health Sub-district of uMhlathuze in the North Coast of KZN. Therefore, the findings do not lend themselves to wider generalisation.

1.13 OUTLINE OF THE STUDY

Chapter 1: Orientation to the study

This chapter discusses the research problem, the purpose of the study, research objectives, research questions, significance of the study, definitions of key terms, theoretical foundations of the study, research methodology, summary of the research process, setting of the study, ethical considerations, and scope of the study.

Chapter 2: Literature review

This chapter describes the broad perspectives on intersectoral collaboration and adolescent sexuality education, literature on sexuality, sexual behaviours, sexuality education policies, adolescent sexuality education globally and in South Africa. The Logic Model was used to discuss the literature reviewed for this study.

Chapter 3: Research methodology

This chapter describes the research design and methods used in all the three phases of this study. The research methods include the design, research setting, population, sampling, data collection processes, data analysis, ethical considerations, and trustworthiness.

Chapter 4: presents data analysis and presentation of research findings for both phase 1 and phase 2.

Chapter 5: presents the integration, interpretation, and discussion of combined findings.

Chapter 6: presents the development and validation of the conceptual framework.

Chapter 7: presents conclusions, recommendations, contributions, and limitations of the study.

1.14 CONCLUSION

This chapter presented and discussed the general overview of the study. The focus was on providing a general introduction to sexuality education in secondary schools. The research methodology was summarized, and details are provided in the methodology chapter. The next chapter discusses the broad literature in reference to the Logic Model.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The chapter gives broad perspectives on intersectoral collaboration and adolescent sexuality education. The following databases were searched by the researcher to find relevant research: BioMed Central, Google, Google Scholar, and Research gate. The following concepts were used as search items: sexuality education in schools, comprehensive sexuality education in schools, risky sexual behaviour, and collaboration in sexuality education in schools. The researcher reviewed the abstracts and titles to identify studies that might be relevant. Thereafter, these potential studies were identified and read to determine the relevant literature for the study. The researcher was aware of the arguments surrounding qualitative research's stand-alone literature review chapter. However, it was important to review the literature because it ensures that previous research is not repeated and aids in identifying the most widely recognized empirical findings in the field of study, according to Brink, Van der Walt, and Van Rensburg (2018:71). Additionally, understanding what was previously known made it easier for the researcher to concentrate on topics that could lead to the discovery of new information.

2.2 ADOLESCENCE AS A CONCEPT

The concept of adolescence is especially significant as it denotes a crucial developmental stage accompanied by challenges and changes. Adolescence describes the period between childhood and adulthood, spanning from around 10 to 19 years old (Kaltiala, Heino, Marttunen & Frojd 2023: 1). At this point, sexual development is perhaps the most significant. It includes the period between the ages of 10 and 19 years, and physical development, taking on new opportunities, and forming relationships, development of identity, and taking risks (Jackson & Goosens 2016:2; Landis 2020:3).

Adolescence is a crucial time in an individual's development when they undergo rapid changes including their physical, psychological, and social identities. Adolescents develop their sense of self throughout this stage. The transitional phase could

present concerns regarding identity and independence (Naude & Van Damme 2023: 7; Doble 2018:38). Aspects such as lifestyle, self-concept, and individual identity are greatly impacted by these changes. This supports the theories of identity theorists, who consider puberty as a difficult time from infancy to maturity that leads to an autonomous process of self-discovery and identity formation (Assor, Soenens, Yitshaki, Ezra, Geifman & Olshtein 2020:13; Diem-Willie 2021:10; Inomovna 2023:2).

Adolescents frequently behave in manners that are harmful to themselves to get attention because they are going through a phase of self-identity crisis (Febriani & Miden 2022:1). It is imperative that stakeholders offer support and guidance on the sex characteristics development. Loureiro, Ferreira, Oliveira and Antunes (2021:2) found that through encouraging open discussions about these subjects and clearing up any misunderstandings or fears that may surface, relevant stakeholders may assist adolescents in navigating this phase of transition with increased assurance and understanding. Hence, the researcher explored the viewpoints of school-going adolescents regarding implementation of sexuality education in schools to elicit their thoughts and opinions on the application of sexuality education at school.

2.2.1 Implications of rapid development of sexual characteristics

Adolescence is a crucial time with several developmental stages. This stage is made more complicated by the erratic development of sexual characteristics. Sexuality education is impacted by the erratic development of sex characteristics during adolescence. To address these challenges effectively, strategies such as individual counselling sessions or group therapy focused on body positivity can be implemented. Additionally, encouraging adolescent healthy interactions with family and friends can have a good impact on their overall wellbeing during this phase.

Adolescence is an important phase for sexual development, and leading a healthy and fruitful life depends on knowing how to maintain excellent sexual health. The WHO (2023:1) states that understanding how to maintain excellent sexual health is important because sexual development is frequently characterized as problematic.

Teachers are essential in supporting adolescents manage through the transitional changes by offering knowledge, encouragement, and interventions that support

positive body image and self-esteem. Through comprehension and resolution of these concerns within educational institutions and pertinent divisions, professionals can make a meaningful impact on the welfare of adolescents at this critical stage of development.

However, the brain's satisfaction-seeking regions mature before the reasoning and emotional regulation regions. This implies that there is a genuine opportunity to mitigate unfavourable changes and that the experimentation, exploration, and risk-taking that occur during adolescence are more normal than pathological (Ciranka & van den Bos 2021:1). Bawa (2018:1) reports that numerous adolescents are unaware of how their bodies work during puberty and adulthood.

2.2.1.1 Social Influences on Adolescents Sexuality

Adolescents' sexual behaviour is greatly influenced by their social settings. Social standards, the media, family, and friends have an enormous effect on their decisions about relationships and sex. Adolescent sexual knowledge and behaviour may be influenced by parental attitudes and communication about sexuality. This is because adolescents who experience a lack of communication about sexuality from their parents may experiment or seek out information from unreliable sources (Mazibuko Saruchera & Okonji 2023:10; Assor, Soenens, Yitshaki, Ezra, Geifman & Olshtein 2020:9). One of the best defenses against secondary-risk behaviour is parental modelling of appropriate sexual behaviour and good relationships.

Additionally, peer pressure can significantly impact decisions regarding sexual activity. They may act riskily because they want to be accepted by others or fit in with their peers (Mazibuko, Saruchera & Okonji 2023:10; Putri, Ariadi & Lestari 2023:489). Moreover, the manner that casual sex is portrayed in the media without any emphasis on safe practices is one way that this impact is evident (Harpote, Rousseau & Eggermont 2020:1). They may believe that having sex will make them more attractive, even if there could be drawbacks (Brito & Kassel 2020:1). Adolescents require social and academic support given that it is the primary factor in psychological health since they have trouble controlling their impulses and may participate in risky sexual

behaviour without fully considering the possible consequences (Gebeyehu & Mulatie 2021:2,7).

2.2.1.2. Education and Access to Information

A comprehensive sexual education program's efficacy and accessibility are important determinants of how school-going adolescents behave sexually (Iddings & Wadsworth 2021:75). Adolescent students can acquire accurate information on safe sexual behaviours, contraception, and the consequences of engaging in risky sexual behaviours through adequate sexuality education. Kubekha (2019:1) and Achen, Fernandes, Kemigisha, Rukundo, Nyakato & Coene (2023:3) confirm that adolescents who have access to reliable sources are better able to make informed decisions and engage in appropriate sexual behaviour.

According to CDC (2021:1) a well-designed and executed school-based health program can improve academic achievement and reduce risky sexual behaviours associated with HIV, STIs, and unintended pregnancies, among other health consequences.

2.2.1.3 Cultural Influences on Adolescent Sexuality

Adolescent sexual behaviour is greatly influenced by cultural customs, gender norms, and socioeconomic variables. While some cultures encourage abstinence, others permit early sexual activity (Khumalo, Taylor, Makusha & Mabaso 2020:5). Cultural norms surrounding sexuality also have a major influence; societies that stigmatize conversations about sexuality education can make it difficult for people to make informed decisions about STI prevention and contraception (Pebble, Isabu & Muojekwu 2023:348, 353). Thus, it is worthy to note that the link between education and sexual behaviour is critical in adolescent sexuality and reproductive health. The complex sexual behaviour of adolescents is influenced by cultural variables (Munea, Alene, Debelew & Sibhat 2022:7). Schools provide adolescents appropriate direction and support by addressing cultural issues, which promotes responsible and informed sexual decision-making. Adolescents should first be taught about sexuality in a comprehensive and non-judgmental manner.

2.2.2 Risky Sexual behaviour

Adolescent students engaging in risky sexual behaviour is a major issue. It refers to engaging in sex in a manner that raises the risk of unfavourable outcomes like STIs and unintended pregnancies (Gebeyehu & Mulatie 2021:1). There are several changes that occur throughout this stage of adolescence, along with a rise in risky behaviour. Adolescents encounter many risks including the consumption of alcohol, tobacco, and sexual exposure. To effectively avoid risky sexual behaviour and encourage positive attitudes regarding sexuality, it is essential to comprehend the variables that contribute to it.

2.2.2.1 Factors related to risky behaviours

Psychological factors like impulsivity and low self-esteem have a significant effect on unsafe sexual behaviour. Adolescents with low self-esteem can behave in risky ways to gain acceptance from others. Literature confirms that adolescents' intentions of engaging in sex are significantly influenced by their peer group, as young people may be more likely to engage in risky sexual behaviour in order follow the expectations from their peer (Eyiah-Bediako, Quansah, Omotosho & Hagan 2021:7; Peci 2017:100).

Additionally, sexuality-related beliefs held by an adolescent's culture and religion can affect their behaviour. Talking about sex may be considered improper or even prohibited in certain cultures. Inadequate education and communication can lead to misunderstandings and risky sexual behaviour (Gebeyehu & Mulatie 2021:7). Furthermore, risky sexual behaviour can also be influenced by a lack of understanding about sexual health and safe sex practices. According to research those who lack knowledge about STIs, contraceptives, and disease transmission are risks of engaging in unsafe sexual behaviours (Eyiah-Bediako et al. 2021:3). This ignorance may lead to erroneous beliefs or assumptions, such as the notion that a given behaviour has no risks. Therefore, it is crucial to address these factors through comprehensive sexuality education, improved access to healthcare services, and promoting open communication about sexuality to reduce the prevalence of risky sexual behaviour.

By implementing comprehensive sexuality education programs and fostering supportive environments, school-going adolescents can be equipped with the knowledge and skills necessary for responsible decision-making in their sexual lives.

2.2.3 Consequences of Risky sexual behaviour

Adolescent students frequently encounter issues related to risky sexual behaviour. Given that risky sexual behaviour raises the possibility of negative effects for one's sexual and reproductive health, such as HIV, STIs and unintended pregnancies, abortions, it represents a persistent and critical public health issue. According to Statista (2023:1) there were 7.6 million people living with HIV in South Africa in 2022. According to the WHO (2023:1), 21 million girls aged 15 to 19 years fall pregnant each year. 50% of these pregnancies are unintended and the girls then undergo unsafe abortions: these numbers increase with the frequency of unprotected sex. According to the data above, adolescents are naturally curious and experimental when it comes to sex, thus for them to make sound decisions, they need to be adequately and appropriately informed about sexuality and sexual behaviours. If school-going adolescents are given the necessary in-depth knowledge about sexuality and sexual behaviour, they can effectively address these issues and acquire the skills to live healthy, productive lives in a society that is changing frequently and poses many challenges. The goal is, therefore, for school-going adolescents to reduce their risky sexual behaviours by, for example, initiating sexual activity at a later age, having fewer sexual partners, and using condoms or contraception consistently. Programmes that will enable adolescents to defend themselves and understand the need of adopting positive habits is needed.

Chawla and Sarkar (2020: 29) found that having intercourse without protection and using condoms infrequently increase the risk of acquiring diseases like syphilis, HIV, chlamydia, and gonorrhoea, which can have adverse health consequences. Furthermore, individuals who engage in risky sexual behaviour may unintentionally carry these diseases and transmit them to their partners, increasing the spread of the diseases and raising the population's overall disease burden (Ajayi, Ismail & Akpan 2019:8).

In addition to STIs, risky sexual behaviour can also result in unintended pregnancies and abortions (Hatchfield, Atkinson, Calmy, Martinez de Tejada, Hasse, Kahlert, Boillat-Blanco, Stoeckle & Popp 2021:65). There is a greater possibility of pregnancy for many young individuals who participate in sexual activity without taking contraception. Unintended pregnancies can have detrimental effects on parents and the community. For instance, pregnant adolescents present several difficulties, including limited job opportunities, interrupted schooling, and unstable finances for new parents (Amoadu, Ansah, Assopiah, Acquah, Ansah, Berchie, Hagan & Amoah 2022:5). Moreover, unintended pregnancies can have negative social and economic effects on the children involved. Unplanned pregnancy can cause conflict in relationships, impede personal growth, and prolong cycles of inequality and poverty (Nakazi, Ben & Matsiko 2021: 38). Mitigating the harmful effects of risky sexual behaviour requires acknowledging the need of comprehensive sexual health education and offering easily available treatments. Young people may safeguard their health and well-being, make educated decisions, and contribute to societies that are healthy by doing so.

2.3 ADOLESCENT SEXUALITY EDUCATION

Education and availability of comprehensive sexual health services are essential in reducing the negative effects of risky sexual behaviour. Acknowledging the significance of inclusive sexual health education and offering easily accessible treatments is essential.

2.3.1 Perspectives from developed countries

Some successful strategies in developed countries use multimodal approaches to incorporate interactive and participatory methods (Anis & Khan 2023:254). Rather than depending only on traditional methods, educators are currently employing multimodal hybrid approaches, like interactive strategies that involve students in role-plays and discussions in order to stimulate their auditory, visual, and tactile senses (Zong, Aodha & Hospedales 2023:8). This approach allows school-going adolescents to actively participate in the learning process by engaging in activities, reading, writing,

discussions, and group presentations, ensuring a deeper understanding of sexual health issues and a more informed decision-making process.

Furthermore, technology use has been a major factor in the education of adolescents about sexuality. According to recent research, social media, mobile applications, and internet platforms are used to disseminate easily available sexual health information to young people (Moro, Smith & Stromberga 2019:1; Haleem et al. 2022:275). Adolescents can access information discreetly and at their own pace thanks to these tools, which are tailored to meet their varied needs and preferences.

The inclusion of subjects like consent and gender equality in the teaching of adolescents about their sexuality is another important component in developed countries. According to recent studies, it's critical to address these problems in order to provide inclusive learning settings that encourage adolescents to respect and understand one another (Leung, Shek, Leung & Shek 2019:3).

Technological platforms, age-appropriate content, youth participation, and intersectoral collaboration techniques were successfully employed in developed countries with well-defined implementation frameworks (Achen et al. 2023:6). Lamb (2015:73 concurs that young people who engage in events and activities grow in their abilities, experiences, and knowledge base.

2.3.2 Insights from low and middle-income countries

Zgambo, Kalembo and Mbakaya (2018:1) found up to 64% of adolescents living with HIV in sub-Saharan Africa engage in multiple risky health behaviours. Badenhorst (2018:1) reports that an alarming 2 000 children contract HIV/Aids per week in South African schools. Mturi and Bechuki (2019:143-145) found that sexuality was restricted in underdeveloped nations due to a lack of resources, improper content, gender norms, and stereotypes. Govender, Naidoo and Taylor (2019:86) found that adolescents' health is gravely endangered by ignorance. They proposed that schools should be involved in lowering the prevalence of secondary-risk sexual behaviour and enhancing the general wellbeing of adolescents through CSE.

Mturi and Bechuki (2019:146) argue that the main challenge with CSE was the design and implementation of the curriculum. Sein (2021:51) found that inefficiencies and inequities in health financing were widespread and would likely not meet SDG 3 (Good Health and Well-being) and 4 (Quality Education). Maphumulo and Bhengu (2019:7) contend that for local government to fulfil its responsibilities, it is necessary for the government to enhance the quantity of both human and material resources. Nevertheless, South Africa has the capacity to apply its understanding of health inequalities and the detrimental impacts of historical segregation to create first-rate service delivery that would benefit its populace. Rispel, Blaauw, Ditlopo and White (2018:16) concurred that there are inadequacies in the quantity of healthcare professionals. Human Resources for Health Strategy South Africa (HRH SA) (DoH 2017:7) states that it is essential to establish and employ a workforce in healthcare that is productive enough to revitalize education. The study believes that increasing the capacity of human resources to develop, lead and implement health policies, strategies and programmes is crucial on the way to attaining improved health outcomes.

Dibakwane and Peu (2018:5) found that a lack of manpower was an obstacle in service delivery to schools. Nevertheless, it is recommended that to enable the successful implementation of the Integrated School Health Programme (ISHP), the collaboration between the DoH and DBE as the primary role players must be always maintained. Sharshor, Elkazeh, Fahmy (2022:234) who found that the shortage of resources was an impediment to the delivery of education to schools. In many developing countries formal sexuality education in schools was found to be inadequate. This often leads to unprotected sex, unintended pregnancy, and STIs (Govender, Naidoo & Taylor 2018:74). Thus, according to literature, inadequate sexuality education can result in negative health outcomes.

2.3.3 Sexuality education policies in South Africa

Throughout the years, policies in South Africa regarding sexuality education have evolved significantly. The country understands the value of comprehensive sexuality education in encouraging healthy sexual and reproductive lifestyles among its population, given its progressive attitude on equality and human rights. Highlighted

are the changes in South African policies regarding sexuality education, and the difficulties encountered.

South Africa has made great strides in reducing the vertical transmission of human immunodeficiency virus (HIV) in the first two months of life from 23% (2003) to 0.7% (2019) (Wessels, Sherman, Bamford, Makua, Ntloana, Nuttall, Pillay, Goga & Feucht 2020:1). South Africa's sexuality education policies continue to be criticized and challenged, despite these encouraging developments. According to certain conservative organizations, providing comprehensive sexuality education is incompatible with cultural and religious values (Shibuya et al. 2023:2; Ngabaza 2022:97). Additionally, concerns have also been raised regarding the curriculum's age appropriateness and its ability to appropriately address the unique needs of various age groups (Shibuya et al. 2023:18). Moreover, the implementation of these policies at the ground level has been inconsistent. Many teachers lack the support and training needed for effectively providing comprehensive sexuality education. This alone emphasizes the necessity for teachers to continue their professional development to make sure they are prepared to handle challenging topics (Venketsamy & Kinear 2020:11). This leads to variations in the quality and depth of the information provided to students.

The outcomes of South Africa's policies on sexuality education are clear despite these obstacles. Research indicates that students who receive thorough sexuality education are more likely to comprehend gender equality, practice safer sexual behaviour, and have lower rates of teen pregnancies and HIV infections (George, Beckett, Reddy, Govender, Cawood, Khanyile & Kharsany 2021:274). This not only improves the well-being and reproductive health of individuals but also has broader social and economic implications.

Over time, South Africa's policies regarding sexuality education have undergone substantial changes, progressively shifting towards a more all-encompassing and inclusive approach (Charskalson 2021:1). Despite obstacles, there is evidence of their beneficial effects on the country's youth (Rahmani, Merghati-Khoei & Fallahi 2018:4). Thus, ongoing efforts are needed to address implementation gaps and ensure that all

learners receive quality sexuality education that empowers them to make informed decisions about their sexual and reproductive lives.

Policies in South Africa are essential when it comes to addressing the needs of adolescents regarding their sexuality and reproductive health (Mbachu, Agu & Onwujekwe 2020:3). Sharshor, Elkazeh and Fahmy (2022:227) found that the services were insufficient even though the personnel were aware of the policies that direct the implementation process.

2.3.3.1 Comprehensive sexuality education

Historically, South Africa has had a conservative stance to sexuality education, with many institutions choosing to ignore the subject either completely or just provide a limited amount of it. However, when democracy arrived in 1994, the government realized that a more all-encompassing and inclusive strategy was required (Wasserman 2020:459).

A thorough and evidence-based approach to teaching adolescents about sexual and reproductive health is known as comprehensive sexuality education. It includes attitudes, knowledge, and skills relevant to a person's age that empower adolescents to make decisions about their own sexual and reproductive lives (UNFPA 2015:4; Chaskalson 2021:446). CSE seeks to enable individuals to advance their own health and well-being and is based on social justice, gender equality, and human rights. These CSE programs are based on sexuality, and the Life Orientation (LO) subject integrates and incorporates the key curriculum areas of sexuality education. According to the DBE, LO, a required basic life skills subject, is essential and needs to be improved in South African classrooms where children learn life skills for health and personal development (DBE CAPS, 2014:3; Kubekha, 2019:1; UNFPA, 2015:4).

The promotion of sexual and reproductive health and rights is one of CSE's main goals (Chaskalson 2021:446). Adolescents receive accurate and trustworthy information about their bodies, relationships, and sexual health through CSE, enabling them to make responsible choices regarding their sexual behaviour.

It also addresses negative gender norms and stereotypes that support discrimination and gender inequality while fostering a more just and respectful society (Leung, Shek, Leung & Shek 2019:3). Furthermore, Wangamati (2022:2) found that CSE provides youth the skills necessary to navigate relationships and make good decisions in addition to imparting knowledge. It imparts skills in, informed consent, empathy, communication, and negotiation as well as respect for oneself and others. These abilities are crucial for fostering positive interactions and averting unfavourable consequences.

CSE's critics claim that CSE fosters risky sexual behaviour and promiscuity. Nonetheless, studies have repeatedly showed that CSE does not increase sexual activity or the onset of sexual behaviour (Ramírez-Villalobos, Monterubio-Flores & Gonzalez 2021:7). By providing accurate information and promoting responsible behaviour, CSE contributes to the reduction of risky sexual practices.

Moreover, comprehensive sexuality education has long-term benefits for school-going adolescents and society. Mark and Wu (2022:5) found that CSE helps prevent unintended pregnancies and the spread of STIs, which may have substantial negative effects on the economy and society, by boosting sexual and reproductive health. It gives school-going adolescents the ability to make informed decisions, which benefits their general wellbeing and personal growth. Furthermore, George, Beckett, Reddy, Govender, Cawood, Khanyile and Kharsany (2022: 270) found that CSE has been shown to have a favourable impact on educational outcomes, as students who receive it are more likely to achieve success academically.

LO continues to be a valuable resource for constructively working with adolescents in ways that promote and strengthen critical thinking (Sherfer & Macleod 2015:8). On the contrary, Bawa (2018:1) reports that despite being required to have a "holistic approach to the growth and development of learners," LO teachers frequently adhere to traditional views. As a result, teachers occasionally steer clear of certain topics and facts, making their students uneducated and open to abuse or disease. LO teachers also need to possess a variety of teaching methods and approaches in addition to their expertise and competence to execute lesson plans. Haberland and Rogow (2015:19) state that increasing CSE requires a secondary focus on developing and enhancing

teaching skills. Koruk, Aypay, Salimoglu and Dinc (2019:299) found there is a strong correlation between CSE in the classroom and increased knowledge among adolescents regarding STIs, contraception, and pregnancy prevention. Additionally, initiatives for sexuality education offered in schools have been shown to positively influence adolescents' views and opinions about acceptable sexual behaviour. Widman, Golin, Kamke, Burnette and Prinstein (2018:96) indicated that adolescents who received adequate sexuality education had better understanding of HIV and other STIs, greater sexual assertiveness skills, and more positive attitudes toward safer sex practices. Thus, to achieve favourable health outcomes, research is required to inform the development of a conceptual framework that is appropriate and focuses on intersectoral collaboration. It is imperative that the CSE programmes be supported in schools in order to give school-going adolescents the resources they need to make informed decisions. CSE is crucial in giving meaning to and delivering the adolescent sexual and reproductive health rights instituted in South African policies.

2.3.4 Challenges and Future Considerations

Despite progress made in implementing sexuality education in South Africa, ongoing challenges persist. Studies found that students are disadvantaged when teachers lack the necessary expertise to provide them with the quality education they need (Maffea 2020: 4; Adewumi, Mosito & Agosto 2019:17). Cultural resistance coupled with socio-economic disparities further exacerbate the situation.

Sexuality education is necessary in South African schools due to several socioeconomic factors, one of which is gender inequality. In relationships and sex-related decision-making, negative cultural norms are perpetuated by the unequal power dynamics between males and females (Adekola & Mavhandu - Mudzusi 2023:3). Furthermore, gender-based violence creates a culture of fear that inhibits healthy relationships among young people.

However, there are several obstacles to overcome when establishing successful sexuality education programs. Social taboos around talking about sex frequently prevent people in communities from having candid discussions about these subjects (Shiradkar & Mahajan 2022:85). Institutional obstacles and inadequate training for

educators, may hinder the execution of comprehensive sexuality education within educational environments (Ahmed, Ahmad, Paff, Samkange-Zeeb & Brand 2021:9). Lastly, individuals may have personal objections based on cultural or religious beliefs.

Sexual health awareness requires a positive approach that shapes the sexual behaviour that determines sexual health. Sexual health is known as a state of physical, emotional, mental, and social well-being (WHO 2023:1). Students often experience significant levels of academic stress because of the obligations placed upon them. The stress of balancing extracurricular and academic obligations has increased for students (Wang & Hafkens 2020:421).

According to the NAYHP, adolescents continue to face many risks and challenges, including the secondary prevalence of HIV, STIs, unplanned pregnancies, and substance addiction (NDoH 2017:1). Lack of education is the primary cause of young people's increasing tendency to engage in early and unprotected sexual (Chinmah, Lawoyin, Ilika & Nnebue 2017:182). Limited research conducted in KZN schools in this regard, and the researcher is cognizant of this knowledge gap. The current study, which aims to develop strategies to strengthen educational approaches to sexual education programmes in secondary schools.

2.4 INTERSECTORAL COLLABORATIONS IN SEXUALITY EDUCATION

To support school-going adolescents sexual health and wellbeing, sexuality education is essential. To ensure that comprehensive sexuality education is implemented in schools effectively, multiple sectors must work together. Collaboration and coordination between several sectors to achieve shared objectives are known as intersectoral collaborations (Gallagher, Eames, Roddy & Cunningham 2022:8). These collaborations, especially when it comes to sexuality education, bring together stakeholders from the social services, healthcare, education, and civil society sectors to offer students comprehensive support.

According to the NDoH (2021:4), the objectives of the Adolescent Sexuality Reproductive Health (ASRH) policy is to increase the quality of and access to

comprehensive and integrated ASRH care and treatment services and to promote multi-sectoral engagement from various sectors and departments with shared accountability for sustainable and rights-based service delivery to adolescents. Similarly, the Integrated School Health Policy (ISHP) (2012:7) state that a commitment from all relevant role-players, namely: Department of Health (DOH), Basic Education (DBE) and Department of Social Development (DoSD) to take joint responsibility for ensuring that the ISHP reaches all learners in all schools. However, there was no existing framework or guidelines on CSE intersectoral collaboration in schools, only policies to support intersectoral collaborations, hence the researcher found a gap in knowledge and sought to propose a conceptual framework for intersectoral collaboration in secondary schools.

2.4.1 The advantages of intersectoral collaborations

To provide comprehensive support to school-going adolescents, intersectoral interactions in sexuality education are essential. Through legislative changes, stakeholder engagement, and budget allocation, these collaborations address barriers and enable the transmission of evidence-based information on sexual health. It has been demonstrated that comprehensive sexuality education improves students' understanding of reproductive health and lowers risky behaviours by combining interdisciplinary knowledge and resources (Gallagher, Eames, Roddy & Cunningham 2022:8). For instance, collaborations between educational institutions and medical professionals can provide students with appropriate sexual health information and private counselling.

Freeman, Simmonds, and Parry (2020:190) concur and note that the Sustainable Development Goals targets "Good Health and Well-Being and Quality Education" are unlikely to be met in the absence of intersectoral and well-funded health promotion initiatives. Similarly, the healthy schools programme (HSP) (WHO, 2013:6) suggests utilizing intersectoral cooperation and health promotion to reduce health disparities and inequalities. In addition, Morley and Carshell (2017:208), confirm the findings and make and argue that departments and sectors must work collaboratively to offer the sexuality education curriculum as a team.

Putri and Afandi (2023:4) stated that open communication and transparently shared decision-making are crucial for the successful implementation of programs. In the fields of health and social services, these collaborations have proven essential in meeting the needs of underserved populations. In recent years, intersectoral cooperation has become more widely recognized as a critical health systems concept (Sanadgol, Doshmangir, Majdzadeh & Gordeev 2022:2). Intersectoral partnerships have many advantages. Intersectoral interactions, first and foremost, create new avenues for creativity and problem-solving. This may lead to the development of solutions that would not have been possible with a single-sector strategy. Secondly, intersectoral alliances help to mobilize resources from other sectors, offering a more comprehensive response to health demands. In addition to financial and technological resources, this may entail access to networks and relationships. Thirdly, more people have access to healthcare and other services thanks to cross-sectoral partnerships. Collaborations can help address gaps in healthcare delivery and ensure that those who need services can obtain them.

Friday (2023:1) stated that When community members take an active role in education, they give schools resources, accountability, and support, which improves student accomplishment. In addition, Morley and Carshell (2017:208) concur that collaboration is the integration of information and actions necessitating a partnership based on shared authority and accountability.

2.4.2 Challenges in inter-sectoral collaborations

Although intersectoral collaborations offer many advantages, there are several obstacles that must be overcome before they can be successfully implemented. According to recent studies, the integration of comprehensive sexuality education into school systems is hindered by a lack of teachers, a lack of resources, a lack of commitment, a lack of coordination, and parental resistance (Chavula, Zulu & Hurtig 2022:9; Kee-Jiar & Shih-Hui 2020:5). To overcome this obstacle, parents must be involved in open discussions that stress the value of evidence-based knowledge in fostering positive relationships and responsible decision-making in school-going adolescents. Overcoming these obstacles can be facilitated by policy reforms that place a higher priority on intersectoral cooperation, stakeholder involvement, and

increased funding. Successful collaboration also requires regular meetings and efficient channels of communication between the many sectors involved. A study conducted in KZN found that the adolescents were dissatisfied with the primary health care services (Vukapi 2020:234; Naicker 2022:69). In addition, James, Pisa, Imrie, Beery, Martin, Skosana and Delany-Moretlwe (2018:9), supports the finding and argues that to improve the quality of care provided to adolescents, health services should make every effort to provide a standard-driven, equitable, accessible, acceptable, appropriate, and effective approach.

Although there is an increasing body of evidence that correlates a reduction in risky sexual behaviour with CSE (UNESCO 2012:12), Therefore, this study aimed to fill the identified gap. The purpose of this study was to develop a conceptual framework for an intersectoral approach to sexuality education in KZN secondary schools.

Such a framework will enable supportive school policies to be developed. It will also enable relevant links to be made with community organisations and will enable school-going adolescents to be taught to identify and access support groups. The focus was therefore, on prevention.

2.5 THEORETICAL BASIS OF THE STUDY

Logic model (CDC 2019:2) was used as the study's theoretical basis. The model comprised of the following constructs: Inputs, Activities/Processes, Outputs, and Outcomes. The Logic Model serves as a visual aid for communicating and sharing knowledge of the connections between the resources required to execute a program, the planned activities, and the expected outcomes (CDC 2019:2). The Logic Model was utilised to achieve all four of the objectives of the study, to explore intersectoral involvement in comprehensive sexuality education for school-going adolescents in secondary schools since Logic Models are tools for describing and communicating a programme or intervention.

The Logic Model employed in this study served as the presentation's guidance. In order to provide the empirical evidence that is currently available, contextualize the study, and support the need for further study of intersectoral sexuality education approaches in secondary schools, a review of the literature on sexuality, sexual

behaviour, sexuality education policies, adolescent sexuality education globally and in South Africa was conducted (Gray & Grove 2021:165).

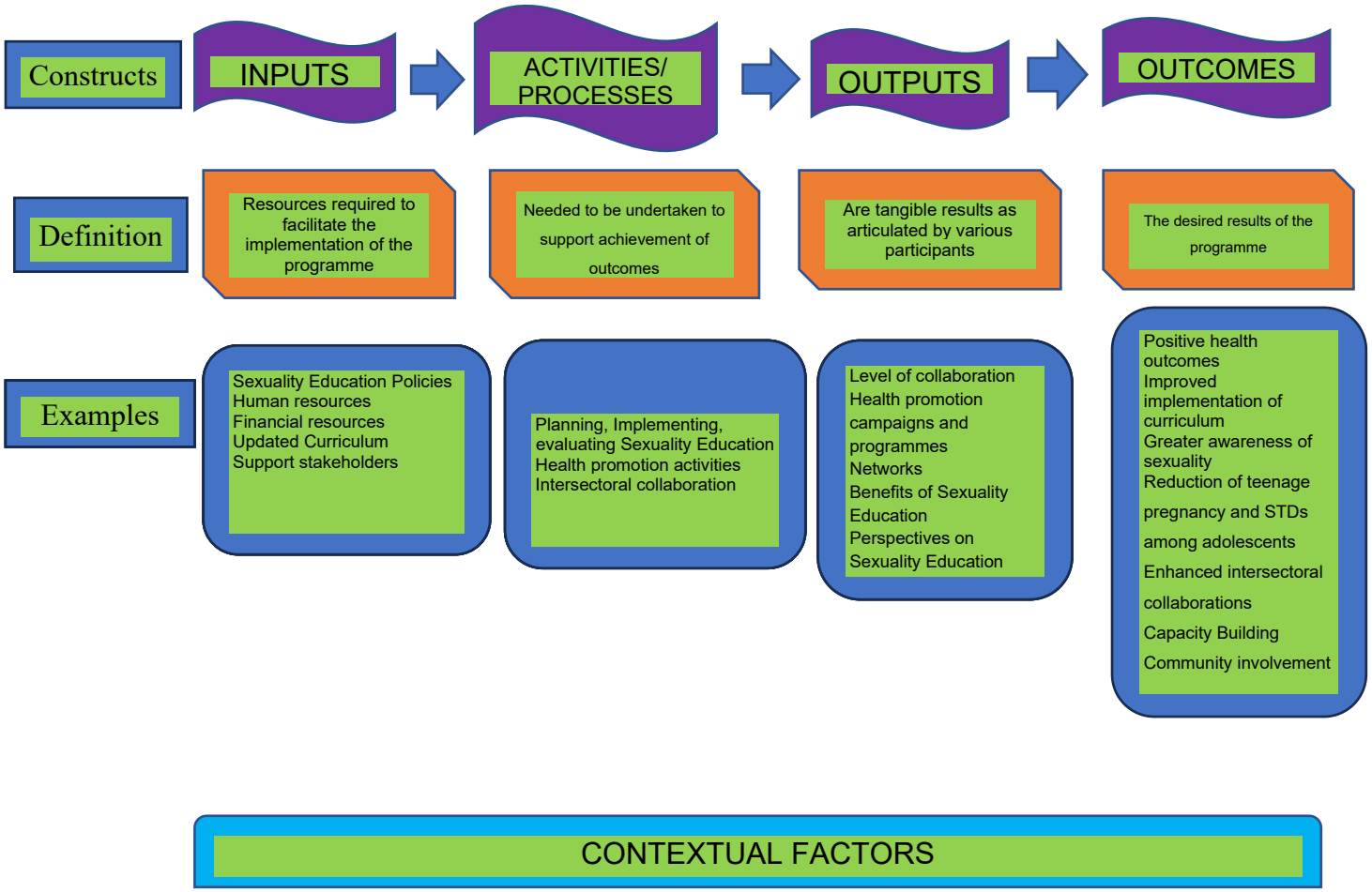

Figure 2.1 Adapted from CDC Logic Model (CDC 2019:2)

Contextual factors: give a description of the program's environment and external variables that affect and interact with it. These variables could affect how things are implemented, who participates, and what results are achieved. The circumstances affecting success that we have little or no influence over are known as contextual factors (Centre for Disease Control 2019:13). In this study, contextual factors refer to any resources needed to achieve the desired outcome, such as a suitable environment and inter-sectoral collaborations from DoH, DBE and DoSD or any potential barriers or supports that could affect the success of this study.

Inputs: are the resources required to implement the activities (Centre for Disease Control 2019:13). In this study, inputs refer to an enabling environment, shared purpose, CSE Policy and Procedures, resources, organisational autonomy, inter-sectoral infrastructure, and personal characteristics.

Activities/Processes: are activities that the program or its partners engage in to achieve the intended outcomes (Centre for Disease Control 2019:13). In this study, activities/processes mean team functioning, information management, tasks, CSE policies, resources, inter-sectoral collaboration, networks, and implementation processes involved in planning, implementing, and evaluating CSE. The word activities and processes relating to the Logic Model and developed and validated conceptual framework will be used interchangeably.

Outputs: are the direct, tangible results of activities (Centre for Disease Control 2019:13). These can be the activities conducted and the specific groups of people of interest. In this study, outputs refer to level of collaboration, networks, implementation of CSE.

Outcomes: are the desired results of the program (Centre for Disease Control 2019:13). They are the benefits realised by the individuals or groups of interest. In this study, outcomes refer to mutuality among stakeholders, comprehensive inter-sectoral plan for CSE, positive social experience for school-going adolescents, improved CSE. These outcomes do not necessarily occur immediately, or eve all at one time. They can occur over time from shorter to longer-term impact.

Findings from the literature on the Logic Model components enabled the researcher identify gaps in previous research that the current study needs to address. The results acquainted the researcher with the existing knowledge, the tasks still to be accomplished in the domain, and which results ought to be compared and contrasted with the proposed study. Brink et al. (2018:20) suggest that a model may aid researchers in defining and directing certain study tasks or in providing an organized framework for health sciences research. This Logic Model explains the activities that would result in the desired outcomes and conveys the program's goal (Centre for Disease Control 2019:13).

2.6 CONCLUSION

This chapter covered the theoretical basis to the study, the concept adolescent, sexual behaviour among school-going adolescents, factors influencing risky sexual behaviour, consequences of risky sexual behaviour, adolescent sexuality education in developed countries, adolescent sexuality education in low and middle income countries, sexuality education policies in South Africa, comprehensive sexuality education, the historical background to sexuality education, the social factors in SA that drove this need for sexuality education in schools, sexuality education to empower school-going adolescents, intersectoral collaborations of sexuality education and finally, how sexuality education can address major challenges among school-going adolescents.

The implementation process was articulated in relation to policies. Intersectoral collaboration was emphasised because the foundation for a successful SE delivery is partnerships between departments that assist in the implementation process.
Chapter 3 presents the research design and methodology.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

This chapter provides an in-depth description of the methodologies utilized in each phase of the study as well as an outline of the research design, including the target population from which the sample was drawn, selection criteria, research instruments, ethical considerations, data analysis procedures for the qualitative study. The last section deals with ethical considerations and issues of study integrity and trustworthiness. The purpose of this study was to develop a conceptual framework for an intersectoral approach to sexuality education in KZN secondary schools.

3.2 STUDY OBJECTIVES

According to Polit and Beck (2017:117) specific aims that are intended to be accomplished are stated in study objectives. To achieve the purpose of the study, the objectives of the study were to:

- Explore the processes involved in sexuality education implementation in secondary schools (phase 1 – in-depth interviews)
- Describe Life Orientation teachers' perspectives on intersectoral collaboration in sexuality education in secondary schools (phase 2 – focus group discussions)
- Explore viewpoints of school-going adolescents regarding implementation of sexuality education in secondary schools (phase 2 – focus group discussions)
- Develop a conceptual framework to strengthen intersectoral collaborations to sexuality education in secondary schools (phase 3)

3.3 RESEARCH DESIGN

Research design is defined as the plan for conducting the study (Creswell 2018:118). This is an inquiry process of understanding that investigates a social or human issue using a unique methodological approach (Creswell 2018:549). Research design is a set of a researcher's logical process or plan for addressing the research topic (Brink, van der Walt & van Rensburg 2018:81; Babbie 2020:105). In this study a qualitative

case study was utilised. An in-depth, contextualized understanding of the phenomenon is the goal of qualitative inquiry. These investigations seek to comprehend specific occurrences within their own contexts, and "thick," detailed descriptions provide insight into the opinions and actions of the participants (Babbie 2020:154).

According to Babbie (2020:252), the goal of qualitative research is to examine human behaviour from the inside out. This necessitates an emic comprehension of the circumstances, meaning that the behaviour was contextually specified and reported from the participants' point of view. Naturalistic inquiry, data gathering and analysis, and interpretation serve as the foundation for the methodologies (Brink, van der Walt & Van Rensburg 2018:109; Gray & Grove 2021:949). Qualitative research considers the actual environments in which people or groups operate to offer a thorough grasp of issues encountered in the real world. The research questions are open-ended and susceptible to unexpected results. The nature of the research problem, the research question(s), and the scientific information being sought are the main factors that influence the adoption of a qualitative design (Korstjens & Moser 2017:274-279). In this study, the researcher observed these characteristics to explore the processes involved in the implementation of sexuality education in secondary schools, the possibilities of intersectoral collaboration and viewpoints of school-going adolescents regarding implementation of sexuality education in schools. By using the qualitative design, the researcher wanted to add new dimensions of understanding about the processes of sexuality education policy implementation. Therefore, it was concluded that qualitative approaches would be the most suitable method for this research since the qualitative method assumes that subjectivity is necessary to comprehend the experiences of the participants on a human level (Brink, Van der Walt & Van Rensburg 2018:104).

3.3.1 Qualitative Approach

The research approach is basically a plan highlighting the steps derived from the research philosophy to guide the researcher’s choice of research instruments, data analysis and interpretation in relation to both the research problem and research objectives (Creswell 2018:64). A case study was an appropriate research design to gain specialized, contextual, and in-depth knowledge about certain real-world

participants. A qualitative case study was used. It allowed the researcher to explore the key characteristics, meanings, and implications of the case. The study used a qualitative technique to support and improve a participant-centric manner of data collection, analysis, and interpretation, because of its real-world context. The latter strategy was thought to be the most appropriate since it allowed for a deeper exploration and description of sexuality education from the participants in focus groups and in-depth interviews in an unrestricted way (Gray & Grove 2021:917).

Qualitative research refers to the entire process of research, commencing with problem formulation, moving on to creating narratives and behaviour and experience exploration. Focus groups and in-depth interviews were appropriate using this methodology (Creswell 2018:550). The researcher employed a qualitative method to get a deeper understanding on the processes of sexuality education implementation, the perspectives of LO teachers on intersectoral collaboration of sexuality education and the viewpoints of school-going adolescents regarding the implementation of sexuality education in secondary schools. Qualitative design was preferred because it gave the participants an opportunity to talk and expand more on the topic and questions. Therefore, it was deemed the most appropriate to address the objectives. Creswell (2018:550) postulates that qualitative research is any data gathering technique that generates open-ended, narrative data.

In this study, narrative data were collected using in-depth interviews conducted with senior managers from the DBE, DoH and DoSD, focus groups with the school-going adolescents and LO teachers to be able to gain an in-depth understanding of the concepts being studied. In this study an in-depth investigation was conducted in a single case study at institutions. The purpose was not to generalise, but to get the understanding of the LO teachers' perspectives on intersectoral collaboration and to explore the school-going adolescents' views on the implementation of sexuality education in secondary schools.

Qualitative studies are influenced by constructivism which emphasises natural settings and their influence on social interactions (Creswell 2018:112:549). The researcher built a holistic picture; analysed words; reported detailed views of participants; and conducted the study in a natural setting which was the school and the DBE institutions and social development organisations, where participants interacted in sexuality education curriculum and policies. This was a natural context for participants.

Qualitative research begins with assumptions and the use of theoretical frameworks that inform the study of research problems addressing the meaning individuals ascribe to a problem. To study this problem, the researchers used a qualitative case study approach. The collection of data was done in a natural setting and data analysis established themes, subthemes, and categories.

The final presentation included the voices of participants, the reflexivity of the researcher and an interpretation of the problem, and its contribution to the literature (Creswell 2018:44).

A qualitative study relies on the researcher as the key instrument in data collection by knowing the topic of research (Yin 2016:30). The researcher knew the topic of study and explored both inductive and deductive reasoning. She focused on the participants' multiple perspectives and meanings. The researcher collected data in the field at the site where participants experienced the issue or problem under study by using a semi-structured interview guide and focus group discussions (Creswell 2018:112). Then the researcher reviewed all the data and made sense of it, organizing it into themes, subthemes and categories that cut across all the data sources. Complex reasoning through inductive and deductive logic was used. The researcher built her themes, subthemes, and categories from the "bottom up" by organizing the data inductively into increasingly more abstract units of information. This inductive process involved the researcher working back and forth between the themes, subthemes, categories, and the database until a comprehensive set of themes was achieved. To report the setting in which the problem was being studied, the researcher sought an understanding of the contextual features and their influence on the participants' experiences (e.g. social, cultural). This was essential because the contexts allowed the researcher to "understand how events, actions, and meaning are shaped by the unique circumstances in which these occur" (Roller 2017:9).

The research process for qualitative researchers is emergent. This means that the initial plan for research cannot be tightly prescribed and that all phases of the process may change or shift after the researchers enter the field and begin to collect data. For example, the questions may change, the forms of data collection may be altered, and the individuals studied, and the sites visited may be modified during the process of conducting the study. The key idea behind qualitative research was to learn about the problem or issue from participants and engage in the best practices to obtain that information (Creswell 2018:112). In this study, a question in the semi-structured

interview guide for the senior managers were modified to extract rich data from the participants regarding the processes used to implement sexuality education in secondary schools.

The researcher conducted qualitative research as a complex, detailed understanding of the problem was needed. Another underlying rationale for choosing qualitative research emphasized the design of research and the use of a distinct approach to inquiry such as the case study method. Undertaking qualitative research required a strong commitment to study a problem and its demands of time and resources. The researcher committed extensive time in the school institutions, collected extensive data, and paid special attention to field issues such as gaining entry and establishing rapport. Collaborating with participants took time but it was done for developing an "insider" perspective. This detail was only established by talking directly with the participants and going to their places of work and school. The researcher also conducted qualitative research to empower participants to share their perspectives and viewpoints on intersectoral collaboration in the implementation of sexuality education in schools.

Qualitative approach was better suited to this study to yield thick rich data on the processes used in the implementation of the adolescent sexual and reproductive policy in schools and various perspectives on sexuality education from LO teachers and school-going adolescents. The researcher needed flexibility in data collection and did follow-ups on answers given to gain an in-depth and more complex generation of data collected. The purpose of this approach was to gain insider perspectives on intersectoral collaboration in schools as well as the viewpoints of school-going adolescents on the implementation of sexuality education in secondary schools. The researcher needed to develop specific insights which this method provided as she interacted with the participants via focus group and in-depth interviews to gain information into complex issues that needed solving (Creswell 2018:113). Hence, qualitative research was appropriate and employed.

3.3.2 Qualitative Case Study

Yin (2018:44, 45) indicates that case study research has the central tendency to illuminate a decision of why they were taken, how they were implemented, and with what result. He also goes on to expound that case studies are used if the researcher

intends to understand the real-world case and assume that such an understanding is likely to involve important contextual conditions pertinent to their case. Emphasis is placed on exploration and description (Yin 2018:40,70). This study adopted a qualitative case study. Researchers adopting this approach are encouraged to seek out what is common and particular about the case. The researcher selected a school institution in order to examine and explore perspectives and viewpoints regarding intersectoral collaboration of the implementation of sexuality education in secondary schools. The researcher began with a research question and sought out a case that illuminated what could be learned. This involved in-depth consideration of the nature of the case, physical setting, and the context, which in this case was a school environment in relation to other institutional contextual factors (Ebneyamini & Moghadam 2018:2).

In this study, detailed data were collected from a small group of participants from the DBE, DoH, DoSD and schools. Emphasis was placed on exploring their perspectives and viewpoints on intersectoral collaboration in sexuality education in secondary schools. The researcher employed a multi-modal data collection such as interviews and focus group discussions. The unit of analysis in case studies might be multiple cases or a single case (Yin 2016:242). The case may be a concrete entity, such as an individual case in its actual context, a small group, or an organization (Creswell 2018:200; Yin, 2016: 68). In this study, the case was implementation of sexuality education in secondary schools: the unit of analysis was intersectoral collaboration as this was the focus of what was studied. The unit of analysis was derived from the research question and was clear at the inception of the study (Babbie 2020:147, 331). Hence, the research began with the focus that defined the broad boundaries of the study. The boundaries focused on naturalistic settings, participants who were knowledgeable on sexuality education in secondary schools, and purpose of the study. The researcher also formulated research questions to elicit rich data regarding intersectoral collaboration.

The researcher kept in mind that a good case study should have the potential to provide new or unexpected insights into the participants. It should also propose practical courses of action to resolve a problem, focus on data collection and data analysis, open new directions for future research and develop a conceptual framework (McCombes 2019:3).

This case study presented an in-depth understanding of the unit of analysis. This case study involved the analysis of multiple units within the case (teachers, role of DBE, DoH and DoSD, and school-going adolescents (Creswell 2018:200). The participants (senior managers who oversaw the implementation of the sexuality education policy, LO teachers and school-going adolescents), who engage in processes involved in sexuality education program, lend themselves to a case study approach. The case study was the chosen study design since it permitted investigation of issues like implementation processes represented in a natural setting (Flick 2014:225). The case study method was selected so that a clear set of propositions could be formulated about the implementation of sexuality education, and to ensure the support of stakeholders as indicated in the Adolescent Sexuality and Reproductive Health policy at the government and institutional level (NDoH 2021:4).

3.4 STUDY SETTING

The study setting is the geographical location in which a study is conducted (Babbie 2020:76; Brink et al 2018:135). A natural setting, or field setting is an uncontrolled real-life situation or environment. Conducting a study in a natural setting means that the researcher does not manipulate or change the environment for the study. The study setting was the DBE, DoH, DoSD and both rural and urban secondary schools of the selected Sub-district of Umhlathuze. The Sub-district of uMhlathuze constitutes the highest population in the District of King Cetshwayo (Broughton 2017:22). Furthermore, the uMhlathuze Municipality reported 70 275 individuals that were HIV positive in 2021 equating to 17,2% of the total population. This percentage is greater than the provincial levels of 15% and national levels of 11% (City of uMhlathuze 2021:58). This implies that there is a greater demand for sexuality education in this sub-district. Hence, the Sub-district of uMhlathuze was selected. Two rural and two urban secondary schools were selected for the study and senior managers from the DBE, DoH and DoSD were selected to participate in the study. The rural schools are described as lower order centres in need of urbanisation for the community to benefit of their services, whereas, the urban schools are described as higher order centres that have infrastructure that benefits the community (City of uMhlathuze 2021:25).

Figure 3.2 MAP OF ONE HEALTH SUB-DISTRICT IN THE NORTH COAST, KZN (Source: https://muscoosa.org/mufti-of-kzn/king-cetshwayo-district-municipality-dc28/**)**

3.5 RESEARCH METHODS

Research methods are the techniques that the researcher uses to structure a study and to gather and analyze information relevant to the research questions (Polit & Beck 2017:33).

Research methodology informs the reader of how the investigation was carried out; in other words, what the researcher did to solve the research problem or to answer the research questions. Furthermore, the research methodology considers the population, sampling frame, approach and technique, sample size, data collection method, and data processing and analysis, as well as strategies to enhance methodological integrity and scientific rigour (Brink et al. 2018:158).

This study was carried out over three phases:

Phase 1 - in- depth interviews with the senior managers from the DBE, DoH and DoSD addressed the first objective which was to explore the processes involved in sexuality education implementation in secondary schools.

Phase 2 - FGD with sample A (LO teachers) addressed the second objective which to describe the perspectives on intersectoral collaboration in sexuality education in schools and addressed the third objective with sample B (school-going adolescents) which was to explore their viewpoints regarding implementation of sexuality education in secondary schools.

Phase 3 - addressed the fourth objective involved in the integration of findings from phase 1 and phase 2 to obtain a holistic understanding of sexuality education in secondary schools. This was followed by the development of a conceptual framework which was thereafter sent to the experts for validating the framework to finalize it.

3.5.1 PHASE 1

The focus for this phase was on getting an understanding of policies that guide processes involved in the implementation of sexuality education in secondary schools.

3.5.1.1. Study setting

The study setting was the three selected government departments, namely, DBE, DoH, and DoSD from the selected Sub-district of Umhlathuze which was a natural environment as it was the participants' working environment. Conducting a study in a natural setting meant that the researcher did not manipulate or change the environment for the study.

3.5.1.2 Population

Population refers to a complete set of persons or objects that possess some common characteristic that is of interest to the researcher and meets certain criteria for inclusion in a study (Brink et al. 2018:116; Gray & Grove 2021:2226; De Vos et al. 2014:223). The population for phase 1 was eleven senior managers from the DBE, DoH and

DoSD who oversaw the implementation of sexual educational policies in one Health Sub-district in the North Coast of KZN during July 2021 to November 2021.

3.5.1.3 Recruitment of participants

This researcher sought permission from the DBE, DoH and DoSD authorities to conduct the research. The researcher used a gatekeeper to assist with obtaining consent from the participants once permission was granted. The researcher first contacted the gatekeeper through the telephone to discuss the research process and the eligibility criteria for identifying potential participant. The researcher advised that the gatekeeper and/or the potential participants not to meet if they felt ill, and to rather postpone a meeting to a later date when they were well. The researcher requested the gatekeeper to always adhere to all Covid-19 precautions by ensuring that the meeting venue with the participants complied with Covid-19 hygienic conditions and was regularly disinfected; to strictly avoid physical contact through maintaining social distance; to always wear a mask and to carry and use a hand sanitizer. Furthermore, the researcher requested the gatekeeper, when approaching the potential participant, to request and sign informed consent form. The interviews took place during July 2021 to November 2021 during Covid infections. The gatekeeper approached the possible participant, then provided the researcher with their telephone numbers and email addresses.

This was followed by contact with the possible participants to discuss the research process. The information leaflets with the consent were emailed to the participants. The researcher selected the time of the in-depth interviews that was convenient for them (Seidman 2019:27). The signing of the informed consent form took place, assisted by the gatekeeper. After obtaining informed consent the researcher then scheduled meetings at the time convenient for the participants.

3.5.1.4 Sampling and sample

Gray and Grove (2021:2245) define sampling as a process of selecting a portion of the population that is representative of the entire population being studied. Sample size in qualitative research generally follows the guidelines to study a few individuals or sites, but it also requires one to collect extensive detail about the individuals or sites

studied (Creswell 2018:550). A sample is a subset of the population selected for a particular study, and the members of a sample are the participants (Gray and Grove 2021:2245; Polit & Beck 2017:908).

Qualitative research uses small samples due to the nature of its concern which is not aimed at generalising but at discovering meanings (Creswell 2018:186). It is a means of understanding and gaining insight into a phenomenon under study (Polit & Beck 2017:130). This study utilized non-probability sampling approach, mainly, purposive critical case sampling to capture perspectives of senior managers sharing similar characteristics, which were mainly in the implementation of a comprehensive sexuality education in secondary schools. Creswell (2018:544,549) defines purposive critical case sampling as a method that is chosen when the researcher purposefully chooses participants who understand the research problem and central phenomenon in the study. It is the process of selecting a small number of important cases that are likely to yield the most information and have the greatest impact on the development of knowledge. The researcher identified this study as a critical case as it focused on a unique case.

Senior managers from one Health Sub-district in the North Coast of KZN responsible for the implementation of CSE policy were recruited for the study from a total population of eleven senior managers. The researcher obtained names of the senior managers from the DBE, DoH, and DoSD. Phone calls and visits to the sectors were made to explain the purpose of the study in order to obtain an informed consent. Seven participants were agreed to participate in the study, namely, two senior managers from the DBE, two senior managers from the DoH and three senior managers from the DoSD. Recruitment of the participants explained in full (section 3.5.1.3). The sampling technique was particularly useful in exploratory qualitative research where a single case (or small number of cases) can truly capture the phenomenon of interest (Patton 2016:67). A sample size is regarded as a crucial parameter to consider when conducting research (Babbie 2020:537). However, this study used a qualitative approach and did not predetermine the sample size as the saturation is the determining factor. The data was collected until no new information emerged (Patten & Newhart 2018:99).

Data saturation is defined as the point where the researcher has explored the data to satisfaction, and no new insights are gained from adding further data from the participants (Polit & Beck 2017:203). Data saturation was achieved after the fifth in-depth interview as the participants were all saying the same thing, however the researcher continued with the interviews until the seventh in-depth interviews was conducted, to ensure that no new data was obtained.

3.5.1.4.1 Eligibility criteria

Eligibility criteria are the list of characteristics that are essential for membership or eligibility in the target population (Polit & Beck 2017:283).

The inclusion criteria refer to the characteristics that the elements or participants of the population must possess to be included as participants of the study (Gray & Grove 2021:2245). Seven senior managers from a population of eleven were selected from 3 departments during July 2021 to November 2021. The researcher approached each department to recruit the senior managers.

Criteria for inclusion

- Senior managers who directly oversaw CSE policy implementation.
- Senior managers from the DBE, DoH, and DoSD operating in one Health Sub-district in KZN.

Criteria for exclusion

- Senior managers not involved in sexuality education in one Health Sub-district in KZN.

3.5.1.5 Data collection approach

Data collection is defined as a way of gathering information to answer the research questions and objectives (Polit and Beck 2017:532; Gray and Grove 2021:635). Data collection is the precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions, or hypotheses of a study (Brink et al.

2018:133). Qualitative researchers may use data collection methods such as interviews, among other techniques (Gray & Grove 2021:917).
The focus of this phase was on the examination of processes involved in the implementation of sexuality education policies, with special focus on intersectoral collaborations.

In this phase, the researcher used a semi-structured interview guide that addressed the processes involved in the implementation of sexuality education in secondary schools as a tool to gather data from senior managers from the DBE, DoH, and DoSD who oversaw the implementation of sexual educational policies in schools. In-depth interviews were conducted. Interview guide was in English, and the interviews were conducted in English. The semi-structured interview guide was developed based on study objctives and literature review (Annexure E). The research supervisor from the UNISA Department of Health Studies reviewed the draft copy of the interview guide for final usage.

In-depth interviewing is a qualitative research technique that involves conducting intensive individual interviews with a small number of participants for approximately 60 minutes to explore their perspectives on a particular idea, program, or situation (Gray & Grove 2021:998,1379). The researcher had prolonged engagement with the participants, and the data gathered from the participants were added to the sample until data saturation had been reached.

3.5.1.5.1 Data collection process

Data collection was only conducted after the researcher obtained ethical clearance to conduct the study from the Health Studies Research Ethics Committee of the Department of Health Studies of the University of South Africa (UNISA) (Annexure A), the NHRD reference number is KZ_202106_033, and permission to conduct the study from the KZN Department of Education (DBE) (Annexure K), Department of Health (DoH) (Annexure L) and the District Hospital (Annexure M). Interview guide was in English, and the interviews were conducted in English. A quiet, comfortable, and private room was chosen by the senior managers in their workplace offices in the Sub-district of uMhlathuze, to ensure privacy. A notepad, pencil, a list of the participants and the interview guide and hand sanitisers were assembled keeping in mind Covid-

19 precautions. The interviewer and interviewee maintained social distancing, with masks on, and seated at a table that had been cleaned and sanitized. Senior Managers who met the criteria were given consent forms (Annexure I) that outlined the conditions of participating in the study. The purpose of the study was discussed, and the researcher informed the participants of their rights concerning their participation in the study. All participants voluntarily signed an informed consent form and permission was sought to record the interviews to capture the participants' original accounts of their experiences, views, and roles. Certain ground rules relating to switching off cellular phones were emphasised. Participants were again made aware of their right to withdraw at any stage.

Each interview lasted approximately 60 minutes and participant was given ample time to express the policies, processes followed, roles and viewpoints freely. Good rapport was maintained. In-depth interviews were conducted on different days. Validation of the participants' responses was done at the end of each interview session by de-briefing and asking the participants to confirm the captured information.

3.5.2 PHASE 2

The focus for this phase was to describe the perspectives on intersectoral collaboration in sexuality education in schools and with sample B (school-going adolescents) to explore their viewpoints regarding implementation of sexuality education in secondary schools.

3.5.2.1 Study setting

The study setting in this phase was two rural and two urban secondary schools of the Umhlathuze Sub-district. The secondary schools were the participants' natural environment, being their working and schooling environment.

3.5.2.2 Population

All sixteen Life Orientation teachers from four secondary schools of the Health Sub-district in the North Coast of KZN during August 2021 to July 2022 formed the population of this study phase.

All two thousand and fifty-one school-going adolescents from four secondary schools of the Health Sub-district in the North Coast of KZN during August 2021 to July 2022 formed the population of this study phase.

3.5.2.3 Sampling and sample

Sample A - LO Teachers

Purposive homogeneous sampling approach to recruit LO teachers who were assumed to be knowledgeable and possessed rich information about sexuality education in schools was used. Homogeneous sampling is a purposive sampling technique that aims to achieve a homogeneous sample; that is, a sample where the participants share the same characteristics (Crossman 2020:1; Thomas 2022:4). A homogeneous sample is often chosen when the research question that is being addressed is specific to the characteristics of the group of interest. In this case, it was the occupation of teachers who were responsible for teaching Life Orientation in secondary schools. The purposive homogeneous sampling approach was appropriate for this study as the aim was to capture a wide range of perspectives of the participants who were able to provide rich data in sexuality education. Participants having special knowledge on and experience of the topic under study were selected (Holloway & Wheeler 2010:138).

Schools were clustered into four regions from the uMhlathuze Sub-district, and out of fourteen secondary schools, 1 school from each region was selected on the basis that it was easily accessible to the researcher based on the researcher's place of residence. The researcher obtained a list of the LO Teachers and school-going adolescents from each school cluster from one Health Sub-district of KZN DBE. There was a population of sixteen LO teachers and all sixteen of the LO teachers were recruited from four schools. The researcher obtained a list of names and phone numbers from the school principals of all four schools. All the LO teachers from each school participated in the focus group discussions. They could not be grouped together for the FGD as the schools were far apart and this would inconvenience LO teachers to gather at one particular school for the FGD. Data saturation across the four focus groups of LO teachers was achieved after the 3rd focus group discussions as participants were all saying the same thing, but the researcher continued with data collection until the 4th FGD to ensure that there was no new data that emerged.

Sample B – School-going adolescents

Purposive maximum variation sampling was considered appropriate to this study, and the researcher's judgement was used to select participants of different ages and grades. According to Yin (2016:94; Crossman 2020:1; Zach 2020:1), maximum variation purposive sampling seeks to obtain the most diverse and comprehensive collection of data and perspectives on the participants of the study to maximize information from the selected sampling without obtaining a massive sample. School-going adolescents were selected to determine their viewpoints on the implementation of sexuality education in schools.

The purposive maximum variation sampling approach was appropriate for this study as the participants from different grades and ages who were able to provide rich data in sexuality education were selected. This type of sampling fitted the characteristics of the population in this study as the aim was to uncover different features from different age groups and grades. Thirty-nine school-going adolescents were recruited from four schools. Accordingly, data saturation was achieved during the 3rd FGD as participants were saying the same thing, however, FGD continued to the 4th FGD to the sample size of thirty-nine where the researcher ensured that no new data was obtained.

3.5.2.2.1 Eligibility criteria for Sample A

Eligibility criteria was determined by special characteristics.

Criteria for inclusion

- Teachers teaching LO as a subject in the school grades 10,11, and 12.
- Teachers working in the selected secondary schools of the selected Sub-district.
- Teachers with teaching experiences of more than three years teaching LO.

Criteria for exclusion

- LO teachers absent on the day of data collection.

- Recently employed teachers of LO with less than 3 years' experience.
- Not employed in the selected schools.

3.5.2.2.2 Eligibility criteria For Sample B

Criteria for inclusion

- Only school-going adolescents who are registered at the selected secondary schools will be included.
- School-going adolescents between the ages of 16 and 19 years.
- School-going adolescents in grades 10, 11 or 12 during data collection period.
- School-going adolescents were selected because of their exposure to sexuality education in Life Orientation subject.
- School-going adolescents who have given either informed consent or assent consent to participate in the study.

Criteria for exclusion

- School-going adolescents who are not registered at the selected secondary schools.
- School-going adolescents who are absent on the day of data collection.
- School-going adolescents who are in grades lower than grade 10 during data collection period.
- School-going adolescents who have not given either informed consent or assent consent to participate in the study.

3.5.2.3 Data collection approach

In this section, due to its qualitative nature, the researcher used focus group interviews, with broad questions to direct the data collection.

Polit & Beck (2017:167) define focus group discussions as group interviews with between three and twelve participants in each group, in which the interview is characterised by a guided group discussion, questions and answers, and an interactive dialogue. Due to the limited number of LO teachers in the selected schools, the researcher managed to get between three to five participants in each selected school. The focus group interview is a method where participants meet in a group to talk to one another under the guidance of a researcher. Focus group interviews were deemed appropriate for this study as they allowed the LO teacher and school-going adolescent participants to share their perspectives, thoughts, views, and experiences. The rationale for these approaches was that they allow for deeper, more thoughtful responses, they are not based on preconceived answers, and they are appropriate for explanatory studies, as they provide rich, diverse data (Polit & Beck 2017:795).

3.5.2.3.1 Data collection process

Data collection was only conducted after the researcher obtained ethical clearance to conduct the study from the Health Studies Research Ethics Committee of the Department of Health Studies of the University of South Africa (UNISA) (Annexure A), the NHRD reference number is KZ_202106_033, and permission to conduct the study from the KZN Department of Education (DBE) (Annexure K), Department of Health (DoH) (Annexure L) and the District Hospital (Annexure M). Interview guide was in English, and the interviews were conducted in English. Through the school principals in the selected schools who acted as gatekeepers, the LO Teachers and school-going adolescents were recruited to participate. Appointments were set for the researcher to in order to gain informed consent from the participants. Assent consent (Annexure G) was obtained from the parents/guardian through a gatekeeper at the school institution. Consent was obtained to use the audio-recorder. The gatekeeper was used to hand assent forms to school-going adolescents below the age of 18 to request permission from their parents/guardian to partake in the study. The gate keeper then collected the signed assent forms from adolescents. Willing participants were thereafter requested to remain after school, a convenient time to participate in the focus group interviews.

Four separate focus group discussions from the schools were conducted on different days (Annexure E) using the semi-structured data collection tool. School A had 5 participants. School B had 5 participants. School C had 3 participants. School D had 3 participants. Data was collected in February 2022.

Conducting FGD with sample A (LO Teachers)

The researcher selected the time and location of the focus group interviews that was convenient for the LO teachers. A comfortable and private room that permitted maintaining social distancing, wearing masks and hand sanitizing was prepared to ensure privacy and safety. A table and chairs were set up so that all the participants could view each other while also adhering to covid principles. Notepads, pencils, a list of the participants, the interview guide, hand sanitisers and an audio recorder were assembled.

The researcher welcomed the participants and introduced herself, and then the participants introduced themselves. Certain ground rules relating to switching off cellular phones and ensuring that one person spoke at a time were emphasised. Participants were again made aware of their right to withdraw at any stage. The researcher explained the purpose and use of the voice recorder, which was placed in the middle of the group to ensure the full and clear recording of the discussions. LO schoolteachers who met the criteria and were willing to participate were given consent forms (Annexure H) and confidentiality agreements (Annexure J) that outlined the conditions of participating in the study. The researcher informed the participants of their rights concerning their participation in the study. All participants voluntarily signed an informed consent form, and the discussion was audio-taped to capture the participants' original accounts of their experiences, and views. All participants were given ample time to express themselves, as the group was manageable. Each focus group discussion lasted approximately 60 minutes.

Conducting FGD with sample B (School-going adolescents)

The researcher selected the time and location of the focus group interviews that was convenient for the school-going adolescents. A comfortable and private classroom maintaining social distancing, wearing masks and hand sanitizing was prepared to ensure privacy and safety. A table and chairs were set up so that all the participants

could view each other while also adhering to covid principles. Additionally, notepads, pencils, a list of the participants, the interview guide, hand sanitisers and an audio recorder were assembled.

The researcher welcomed the participants and introduced herself, and then the participants introduced themselves. Certain ground rules ensuring that one person spoke at a time were emphasised. Participants were again made aware of their right to withdraw at any stage. The researcher explained the purpose and use of the voice recorder, which was placed in the middle of the group to ensure the full and clear recording of the discussions. School-going adolescents who met the criteria and were willing to participate were given consent forms (Annexure F), assent forms (Annexure G) and a confidentiality agreement (Annexure J) that outlined the conditions of participating in the study. The researcher informed the participants of their rights concerning their participation in the study. All participants/parents voluntarily signed an informed/assent consent form, and the discussion was audio-taped to capture the participants' original accounts of their experiences, and views. All participants were given ample time to express themselves, as the group was manageable. Each focus group discussion lasted approximately 60 minutes.

3.5.2.4 Data management and analysis

Data analysis reduces, organizes, and gives meaning to the data (Gray & Grove 2021:2179). Polit and Beck (2017:725) define data analysis as the systematic organization and synthesis of data. Following collection, all raw data were reviewed for completeness and accuracy and was kept under lock and key for safety. Field notes made by the researcher were also added to the transcription to become the final data document for analysis.

Data in qualitative studies represent participants' construction of reality within their context. The researcher followed inductive analysis where data were coded without trying to fit the themes into a pre-existing coding frame or the researcher's preconceptions about the research. So, themes that emerge through the data are strongly linked to the data instead of the researcher's knowledge of sexuality education in secondary schools. It was important for the researcher to maintain trustworthiness throughout data analysis process (Wood et al. 2020:463).

The study followed a thematic analysis step by Flick (2014) to analyse data and identify common issues that recurred, and these were summarised in a narrative form. The analysis of texts pursued two goals; one was to reveal the statements or to put them into their context, the other goal was to reduce the original text by paraphrasing, sumarizing, or categorizing (Flick 2014:371). The following steps was followed:

- The researcher studied the recordings from all focus groups and in-depth interviews and transcribed them.

- After transcription, the researcher read the written data again to check for accuracy and immersed herself in the entire dataset, making notes on general impressions. This entailed the reading and re-reading of the transcriptions to familiarise the researcher with the data; identifying significant statements and phrases; formulating meanings from these statements. It involved making sense of huge amounts of data by reducing the volume of raw information,

- Sections of the data which seemed to be distinct opinions of participants were highlighted to develop broad topics which were abbreviated into the predetermined code. The text was searched to find, list and cross tabulate the identified analytical units.

- Coded sections were read again to mark sections that fitted into the topic. The researcher cut, pasted, and grouped similar data from the quotes and classified them to develop themes, subthemes, and categories. The strategies of categorising, contextualisation and constant comparison were followed where the data was compared to establish relationship among the different subthemes. Connections and links were identified.

A general description of the themes was described by developing emerging meanings into subthemes and categories from individual quotes (Creswell 2018: 320; De Vos et al. 2011:399).

Analysis was conducted on both data sets. Transcripts were numbered separately for each FG interview. Data from LO teachers were labelled as TFG1 to TFG4. School-going adolescents were labelled as SAFG1 to SAFG4.

3.6 MEASURES TO ENSURE TRUSTWORTHINESS

Trustworthiness is defined as the conceptual equivalent of validity applied to research on qualitative data (Polit & Beck 2017:800). Lincoln and Guba's model (1985) in Polit and Beck (2017:800) was used to ensure truth value, applicability, consistency, and neutrality (as outlined in Table 2.1).

Table 2.1 Trustworthiness of the study

CRITERIA FOR TRUSTWORTHINESS		CURRENT STUDY
CREDIBILITY	*Credibility* refers to the level of confidence in the findings of the study and it can be established in various ways such as prolonged engagement in the setting and triangulation of data sources and member checking (Major & Savin-Baden 2012:179).	The researcher enhanced the credibility of the study by using prolonged focus group discussions, by applying bracketing, and recording the interviews. One participant from each focus group read the transcripts to confirm that they were a true reflection of what had been described. The credibility of the study was enhanced by continuing with the data collection until data saturation had been attained. The researcher increased interactions with the participants until no further useful information was obtained.

CRITERIA FOR TRUSTWORTHINESS		CURRENT STUDY
DEPENDABILITY	*Dependability* is the notion that the researcher can be trusted over time (Major & Savin-Baden 2012:179). The researcher must show evidence that the findings are consistent and can be repeated.	The researcher enhanced the dependability of the study by maintaining a "thick" description of all data and relevant methodological information, in order to enable other researchers to replicate the study. The study design and analysis of the senior managers, LO teachers and school-going adolescents was peer reviewed to ensure consistency and reliability. To increase dependability, the researcher also used techniques such as thorough documentation of the research process, audit trails of keeping track of all data and how it was collected, coded, and analysed.
CONFIRMABILITY	*Confirmability* refers to the neutrality of the researcher during data analysis and interpretation (Major & Savin-Baden 2012:179). This can be achieved when the truth value and applicability are established.	The audit trail of the step-by-step record was kept of what was done in the data collection. The researcher also sought member checking confirmation from the participants that the interpretations were true reflections of the processes, their perspectives, and viewpoints on intersectoral collaboration and implementation of sexual education in secondary schools by asking one participant from each focus group and each senior manager from the in-depth interview to read the transcripts to confirm that they were a true reflection of what had been

CRITERIA FOR TRUSTWORTHINESS		CURRENT STUDY
		described. The researcher applied bracketing by refraining from being judgmental to enhance the confirmability of the research results.
TRANSFERABILITY	*Transferability* means that the findings have applicability in other contexts (Tracy 2013:239).	The researcher aimed to achieve transferability of the study by conducting data collection until data saturation had occurred, by providing thick descriptions to ensure replication so that in similar contexts and conditions the results could be transferable.
AUTHENTICITY	Reflexivity is "an assessment of the influence of the investigator's own background, perceptions and interests on the qualitative research process" (Krefting 1991:218).	The researcher kept a reflexive journal to reflect on and interpret during data collection.

3.7 ETHICAL CONSIDERATIONS

Ethics is a system of moral values that is concerned with the degree to which research procedures adhere to professional, legal, and social obligations to the study participants (Polit & Beck 2017:1008). Research ethics comprise of principles, standards and values, and the protection of the human rights of the participants who participate in the research study. These human rights which are self-determination, privacy, anonymity and confidentiality, fair selection, fair treatment, and protection from discomfort and harm (Gray and Grove 2021:610) was adhered to.

3.7.1 Permission

The researcher sought permission from various authorities to conduct the research. The researcher obtained ethical clearance to conduct the study from the Health Studies Research Ethics Committee of the Department of Health Studies of the University of South Africa (UNISA) (Annexure A), the NHRD reference number is KZ_202106_033, and permission to conduct the study from the KZN Department of Education (DBE) (Annexure K), Department of Health (DoH) (Annexure L), District Hospital (Annexure M), and the school institutions (Annexure N).

3.7.2 Informed consent

According to Polit and Beck (2017:1023), informed consent is an ethical principle that requires researchers to obtain the voluntary participation of participants, after informing them of possible risks and benefits. Participants were given details of the research to make their minds whether to consent or decline to participate in the study. The researcher also shared with them that data collected will be used for research purposes only. The researcher informed the participants of the purpose of the study and participants signed a form indicating their informed consent to participate (Annexure F, Annexure H, Annexure I). They were made aware that they were not being forced to participate in the study, and that they had the right to withdraw at any time, the right not to answer questions that they felt violated their privacy, and the right to withhold information without being penalised. Assent informed consents were signed for those students that were below 18 years old and who wished to participate in the study (Annexure G).

3.7.3 Self-determination

The right to self-determination is based on the ethical principle of respect for persons, and it indicates that humans can control their own destiny. People should be treated as autonomous agents who have the freedom to conduct their lives as they choose, without external controls. Researchers treated participants as autonomous agents in a study as they were informed about the study. They allowed them to choose whether to participate and allowed them to withdraw from the study at any time, without penalty (Gray & Grove 2021:610; Brink et al. 2018:28).

3.7.4 Privacy, anonymity, and confidentiality

Privacy is the freedom people have, to determine the time, extent, and general circumstances under which their private information will be shared with or withheld from others. Private information includes a person's attitudes, beliefs, behaviours, opinions, and records. The research participants' privacy is protected if the participants is informed, consents to participate in a study, and voluntarily shares private information with a researcher (Gray & Grove 2021:610). In this study, the researcher ensured the participants' privacy was maintained by ensuring that the participants were informed, consented, and voluntarily shared information with the researcher.

Complete anonymity exists when the participants' identity cannot be linked, even by the researcher, with his or her individual in most studies. It subsists when researchers know the identity of their participants, and they promise the participants that their identity will be kept anonymously from others and that the research data will be kept confidential responses (Gray & Grove 2021:634). In this study, to ensure anonymity participants were assigned code numbers for identification instead of names.

Confidentiality is concerned with respecting people's privacy by not revealing the individual's identity to anyone other than the researchers and those involved in the study, such as supervisors. This also pertains to any information participants share with the researcher (Polit & Beck 2017:1010). For individual interviews, the researcher ensured that they are undertaken in a private room/office space with no distraction. These were anonymous interviews, which means that participants' names were not identified, instead, the person's identity would be protected by use of identification numbers. All the information provided by all participants in all the phases of this

research was kept confidential. After data analysis the recorded information was disposed of. Although during focus group discussions, confidentiality could not be guaranteed, every participant was still required to sign a confidentiality agreement. All data was kept under lock and key by the researcher. Only the supervisor had access to the data. Computer-based records were only available to personnel involved in the study by passwords. Only the researcher and the supervisor had access to the data. The researcher must refrain from sharing this information without the authorization of the participants (Babbie 2020:530). In this study, the researcher ensured confidentiality. Confidentiality agreements were signed (Annexure J). No unauthorised person was allowed access to the data.

3.7.5 Fair selection and treatment

The right of participants to fair selection and treatment is based on the ethical principle of justice, which indicates that the researcher must select with fairness the study population in general (Babbie 2020:64). The participants should be selected for reasons directly related to the research problem (Brink et al. 2018:116). In addition, Grove et al. (2015:98) add that human participants should be treated fairly in terms of the benefits and the risks of the research. Participants were treated fairly, and agreements made were respected by adherence to time of the appointments for data collection.

3.7.6 Right to Protection from Discomfort and Harm

The right of participants to be protected from discomfort and harm is based on the ethical pr
inciple of beneficence, which involves securing the well-being of the participants' physical, psychological, emotional, spiritual, economic, social, or legal rights (Brink et al. 2018:29). Additionally, Grove et al. (2015:98) encourage the researcher to do good, and above all, do no harm. In the present study, the participants were periodically reminded and encouraged to communicate any form of discomfort. They were also monitored for any sign of psychological distress.

3.7.7 Act on findings and publishing

The work of others was acknowledged, and the findings were reported. The findings of this study will be reported to the school where the research was conducted and to the KZN DBE and DoH, and DoSD.

3.8 CONCLUSION

This chapter presented and discussed research design, population, sample, data collection instrument and ethical considerations. The focus was on providing a detailed research design and methodology regarding sexuality education in secondary schools. The trustworthiness of the research and ethical issues which were carefully considered during the research procedures were also discussed in detail.

Chapter 4 covers data analysis and presentations of research findings for both phase 1 and phase 2.

CHAPTER 4

DATA ANALYSIS AND PRESENTATION OF RESEARCH FINDINGS FOR BOTH PHASE 1 AND PHASE 2

4.1 INTRODUCTION

This chapter presents and describes the study findings. The findings are based on qualitative data collected through in-depth interviews with senior managers working at the selected KZN district DBE, DoH and DoSD (Phase 1) as well as from focus group interviews with the LO teachers and school-going adolescents from the selected school (Phase 2). The following were study objectives to be addressed:

- to explore the processes involved in sexuality education implementation in secondary schools,
- to describe Life Orientation teachers' perspectives on intersectoral collaboration in sexuality education in secondary schools,
- to explore viewpoints of school-going adolescents regarding implementation of sexuality education in secondary schools.

Findings of each phase are presented by means of a discussion of the identified themes, subthemes, and categories, with verbatim supporting statements. A table indicating the theme, subtheme and categories related to the relevant study phase will precede the discussion of each theme. The discussion will be supported by in-text reference to the relevant units and related literature. The phase 2 findings will also follow same process with each sample finding detailed.

4.2 ANALYSIS, DISCUSSION AND LITERATURE CONTROL OF PHASE 1

Following collection, all raw data including audio-recordings were reviewed for completeness and accuracy immediately after data collection processes of each phase. Thematic analysis by Flick (2014:371) was used to analyse data and identify common issues that recurred, and these were summarised in a narrative form. The analysis of texts pursued two goals; one was to reveal the statements or to put them

into their context, the other goal was to reduce the original text by paraphrasing, summarizing, or categorizing (Flick 2014:371).

A detailed description of the methodology used in this phase was presented in chapter 3 (section 3.5.2.4).

Participants' biographical information (Phase 1 - Participants)

The biographical data of the in-depth interviews reflects the participants' gender and categories of participants.

TABLE 4.1 BIOGRAPHICAL DATA OF IN-DEPTH INTERVIEWS: PHASE 1

	IN-DEPTH INTERVIEWS DoH		IN-DEPTH INTERVIEWS DBE		IN-DEPTH INTERVIEWS (DoSD)	
CATEGORIES OF PARTICIPANTS	Senior managers		Senior managers		Senior managers	
GENDER	Males	1	Males	0	Males	2
	Females	1	Females	2	Females	1
AGE OF THE SENIOR MANAGERS	40–49 years	2	40-49 Years	2	50–55 years	3

A total of 7 senior managers from the DBE, DoH, and DoSD of one health Sub-district of the province of KZN, of whom 3 were male and 4 were female participated in the in-depth interviews. Across the 7 in-depth interviews, there were 4 senior managers between ages 40-49 years, 3 senior managers between 50-55 years. The senior managers responded to the processes involved in sexuality education implementation in secondary schools from which the themes, subthemes and categories emerged in Table 4.2.

4.3 Themes and sub-themes for Phase 1

Three themes with associated subthemes and categories emerged for phase 1 as shown in Table 4.2.

Theme 1: Processes of sexuality education in schools
Theme 2: Implementation of sexuality education
Theme 3: Challenges and barriers

4.3.1 Theme 1: Processes of sexuality education in schools

This theme focuses on the processes of sexuality education in schools from the in-depth interviews with senior managers from the DBE, DoH, and DoSD of which two subthemes emerged, namely: intersectoral collaboration and enabling environment. School-going adolescents deserve accurate, age-appropriate information on sexuality and reproductive health as this sets them up for success in the world as adults, and it helps them make healthier decisions as adolescents and emerging adults (Huang, Kumar, Cheng, Urcuyo & Macharia 2022:24). Processes of sexuality education in schools are summarised in Theme 1. The categories are presented in table 4.2.

TABLE 4.2 Theme 1: Processes of sexuality education in schools

Theme	Sub-themes	Categories
Theme 1: Processes of sexuality education in schools	• Intersectoral collaboration	• Policies and procedures • Government support for youth programmes • Monitoring and evaluation
	• Enabling environment	• Needs analysis • Training and capacity building • Parental involvement in sexuality education

4.3.1.1 Subtheme 1.1: Intersectoral collaboration

In this study, intersectoral collaboration refers to the joint action taken by the policy implementors and LO teachers to improve the sexual and reproductive health of adolescents. In general, findings show that intersectoral collaboration was lacking as each department worked on their own. However, it was noted that only the DBE collaborated with the DoSD to conduct programmes in selected schools. Effective policy implementation also requires cross-sector cooperation. Three categories emerged from this subtheme: policies and procedures, government support for youth programmes and monitoring and evaluation.

4.3.1.1.1 Category Policies and procedures

Participants expressed that the Adolescent sexuality and reproductive health policy was clear and easy to follow. It specifies how programs should be used to promote health and provide a framework for implementation of sexuality education in secondary schools. The policy was regarded as important in giving directives regarding the different departments that were involved in the implementation of the policy. There was consensus among all participants that sexual awareness requires a positive approach that shapes sexual beliefs and behavior.

> *"The policy is clear and easy to understand. It specifies the use of programs to promote health, to provide sexuality education, to prevent disease and to empower youth to get involved in youth policy and programs." (DoH P1 Male (M))*

> *"We have protocols that are written communication to give direction to staff, but we should be developing more protocols and standard procedures to make orientation easy and to make staff aware of what is required if them. The policy is there to guide us on what is to be done. It specifically instructs us to promote health and prevent disease" (DBE P1 Female (F))*

*“The policy is fairly simple to understand, and we try our best to carry out what the government has instituted in the policy for adolescents’ health.” (*DoSD *P2 F)*

4.3.1.1.2 Category: Government support for youth programmes

Participants indicated that Life orientation is an obligatory life-skills subject, and the Department of Basic Education was responsible for this intervention. Meanwhile, the Department of Health and Department of Social Development has developed several initiatives and programmes to empower school-going adolescents with sexuality awareness. The government funds all these programmes. The DBE paves the way for officials from the department of social development to enter schools and address social issues affecting school-going adolescents.

*“We have programmes that are funded by the government which aim to deliver health interventions to ensure optimum health. It focuses on the youth between the ages of 10-24. We also have a programme such as Health4Life which covers Sexual Reproductive health and rights, HIV and AIDS, STDs, Teenage Pregnancy, Substance Abuse and Mental Health.” (*DoSD *P2 F)*

“*There is a Youth health festival that enable us to present of sexuality and positive lifestyle programmes.” (*DoSD P1 M)

“*The DBE gives us access to the schools by granting permission and DoH supports us which makes our work easier or else it would be very difficult to enter into the schools and implement CSE or to even send adolescents for HIV and STI testing and counselling.” (*DoSD *P3 M)*

4.3.1.1.3 Category: Monitoring and evaluation

Participants described how they monitor progress of the implementation of the policy. They mentioned that the activities are goal oriented, there are targets they use to measure performance. There are protocols guiding capacity building and checklists to monitor tasks and activities. Standardization of the school visitation programme would assist with monitoring the school visits. Activities are recorded and monthly reports are

shared with different stakeholders. These reports are usually shared with the implementers at school level.

> **"***There are monitoring tools like checklists to determine if tasks and activities were done or not. We look at the activities and check if it has been met and if not then we identify why it has not been met and what can be done to complete it and how it is going to be done." (DBE P1 F)*

> *"Record is kept of resources spent on activities and staff remuneration especially volunteers as they do get paid some money. This helps the staff to be responsible and accountable. I think that there should be a standardisation of school visitation tool and given to all sectors to use for all their programmes to assess which schools were visited and which school need visitations." (*DoSD *P3 M)*

> *"Time is scheduled for regular meetings to discuss the progress of our activities and to also keep an eye on outstanding activities." (DoH P2 F)*

4.3.1.2 Subtheme 1.2: Enabling environment

CSE is becoming increasingly important in today's culture and is being taught in schools. The successful implementation of sexuality education in schools depends on a wide awareness of power dynamics and a supportive environment. Sexuality education is not just about offering information about sex education and reproductive health. In this study, a supportive setting that encourages a needs assessment on the sexuality and reproductive issues that school-going adolescents face, staff training, and parental involvement is referred to as an enabling environment. This is because it is crucial to include a comprehensive curriculum that addresses the varied needs and experiences of all students (Plesons, Khanna, Ziauddin, Gogoi & Chandra-Mouli 2020:6). Three subthemes emerged: needs analysis, training and capacity building, and parental involvement in sexuality education.

4.3.1.2.1 Category: Needs analysis

All participants understood the importance of creating an enabling environment for those responsible for implementing this policy at school level and shared various ways this could be achieved. The cooperation between different departments could be strengthened by planning together and sharing of resources. In addition, doing a needs analysis prior to implementation of programmes is best practice as this would ensure that resources are well managed and programmes for school-going adolescents are executed according to specific needs in an area. However, there were variations as one participant refuted that needs analysis was conducted.

> "*Before designing a program to attend to the problem we need to know what the problem is and the reasons why the problem is occurring and the severity of the problem so that we will know how to deal with the issue and find solutions to extend help to the adolescents." (DoH P1 M)*
>
> *"Departments should work together to strengthen sex education in schools through consistent visits and action plans. It would be good if there can be consistency in school visits." (*DoSD *P1 M)*
>
> *"Projects and programmes need to be prioritised across shared resources for example both the DBE and DoH uses the NGOs to help with conducting events and programmes." (DBE P2 F)*

4.3.1.2.2 Category: Training and capacity building

Effective management of resources was also seen as an enabling factor. There is an induction programme and different departments sometimes make plans jointly, to ensure that implementers are familiar with the requirements. Clinics are encouraged to render Youth friendly services, and there is a call centre that offers all day/night counselling services. The funds allocated by different departments and donors create a conducive environment for the successful implementation of sexuality education. A

few of the participants believed that the involvement of parents and youth in the design of the programmes would be beneficial.

> *"We plan according to priority. Organising ahead helps us to be more productive and we try to meet the targets. I give them instructions and a target date for their work, and I do keep in mind that these co-ordinators have to train their own volunteers to assist them and that they travel far distances to get the work done."* **(**DoSD *P2 F)*

> *"We arrange meetings to put plans together so that we can make decisions together on certain things. This makes it easier to carry out the plan if everyone wants the same things." (DOH P1 M)*

> *"We recruit volunteers who are then trained in the programmes to help in implementing the sexuality education curriculum by using various teaching styles such as the normal lecture method, dance and drama and singing, role plays, discussions, demonstrations." (*DoSD *P1 M)*

> *"Basically, we orientate our staff, send them for training and oversee that tasks are done after communicating it to them. I encourage staff to influence youth to engage in programmes so that they can not only understand the policy but engage in the policy itself." (DBE P1 F)*

> *"I motivate and supervise the staff so that they will be organised to perform their work efficiently and I do, do follow-up to check if the work is done. Time is scheduled for regular meetings to discuss the progress of our activities and to also keep an eye on outstanding activities." (DoH P1 M)*

> *"We do in-service training for professional development either by staff members or by the head-office staff. New staff are buddied up with a professional so that they could learn how and what is done." (DBE P2 F)*

4.3.1.2.3 Category: Parental involvement in sexuality education

Some of the participants recognized the need for deepening the need for parents to be involved in sexuality education as this would create continuity of learning and enhance understanding of school-going adolescents. This could be achieved by creating a space for parents to participate in youth programmes. However, they acknowledged that some parents still feel shy to speak about such topics with their children. This could be overcome by having more school health nurses stationed in schools to somewhat involve parents.

> *"I think that increasing parent education and adolescent participation in the programs and events that we organise may improve the delivery of sex education." (DBE 3 F)*

> **"***Some parents feel embarrassed to talk about sexual topics and some children find it difficult to ask questions about private topics." (*DoSD *P1 M)*

> *"I think employing school health nurses to be based in the schools will be of great assistance to the sexuality and reproductive health of adolescents." (DoH P2 F)*

4.3.2 Theme 2: Implementation of sexuality education

In South Africa's attempts to advance gender equality, sexual and reproductive health, and general well-being among its people, sexuality education is essential. The introduction of sexuality instruction in South African classrooms highlights the demand for an adaptable support system (Kamruzzaman, Roy & Singh 2022:26). This theme focuses on the implementation of the programme of which two subthemes emerged, namely: diverse stakeholders and resources for sexuality education.

TABLE 4.3 Theme 2: Implementation of sexuality education

Theme	Subthemes	Categories
Theme 2: Implementation of Sexuality education	• Diverse stakeholders	• Motivation of role players • Health promotion activities • Specific youth programmes • Participation of school-going adolescents
	• Resources for Sexuality education	• Funding for sexuality education programme • Managing resources • Accountability to funders

4.3.2.1 Subtheme 2.1: Diverse stakeholders

This subtheme zoomed in on the diverse stakeholders that are involved in the implementation of sexuality education in secondary schools. The participants described their role in the implementation process. Four categories emerged from this subtheme: motivation of role players, health promotion activities, specific youth programmes and participation of school-going adolescents.

4.3.2.1.1 Category: Motivation of role players

Participants presented views which were consistent with their different roles in sustaining the motivation of key role players. They iterated that they do not implement policy but oversaw that policies are clarified to the implementers at school level. They need to ensure that schools are kept updated on recent sexual information. Participants from the department of health claimed that their staff are aware of the requirements regarding adolescent sexual and reproductive health, they also focus on proper induction. However, they all support their staff, youth, and volunteers to participate in health promotion events.

"Ensuring that the schools are clued up on the curriculum regarding the latest updated sexual health information will help tremendously to improve the adolescents' knowledge" (DBE P1 F)

"Our staff are professionals and already have the knowledge and skills regarding adolescent sexual and reproductive health to implement the policies, however when there are new staff joining us then we do a proper induction." (DoH P1 M)

*"We encourage volunteers to join our team in programmes, festivals and events and by encouraging and motivating volunteers to join our team we have increased our human resources, and this has helped a lot with the workload." (*DoSD *P3 M)*

*"Youth are encouraged to partake in festivals and events that promote reproductive and sexuality health as this will give them a sense of belonging to youth organisations and thereby makes them feel responsible." (*DoSD *P1 M)*

"I encourage staff to influence youth to engage in program so that they can not only understand the policy but engage in the policy itself and in so doing becoming responsible for their own health." (DBE P1 F)

4.3.2.1.2 Category Health promotion activities

The participants indicated their involvement in programme development, training as mentioned previously, and forging collaborations between different sectors in the design of health promotion activities. Meetings are held and key problems discussed, and the role of each stakeholder clarified. There are systems in place for feedback between different levels thus feeding into the nature of activities to be included in the programme. Staff are continually updated on new developments and supported in making their tasks manageable, and in organising their school visitation schedule.

"We attend to the programme development such as a comprehensive national programme designed for youth to promote health and prevent disease as it is an awareness and prevention campaign, also arranging programmes to be

*implemented. When staff do events at schools and hear of the different issues at the school then our staff refer them to the clinics." (*DoSD *P1 M)*

"All the stakeholders hold meetings, and the key problems are discussed and how they can be solved and how the stakeholders can contribute and what strategies can be used to interact with all the stakeholders. We use NGOs to help us get the work done and they work together with my staff, and they even attend meetings and training workshops together." (DBE P1 F)

"I give them instructions and a target date for their work, and I do keep in mind that these co-ordinators have to train their own volunteers to assist them and that they travel far distances to get the work done." *(*DoSD *P2 F)*

*"Huge tasks are broken down and staff are allocated duties to accomplish the work. I plan that the staff do visits to schools and hand out the sexuality education pamphlets so that the teachers are given some material to provide to the learners." (*DoSD *P3 M)*

"Adolescents are tested for HIV and STIs and the staff promote reproductive health services. We encourage our staff to plan work with tasks, dates and times, school visits, meetings, training, deadlines. The staff try their best to do the work given to them." (DBE P2 F)

4.3.2.1.3 Category: Specific youth programmes

Participants from the department of social development acknowledged programmes dedicated to enhancing youth awareness of risk factors. They listed various activities that take place throughout the year. These are aimed to encourage youth to develop healthy habits.

"There is a Youth Leadership Development Programme as well. We realise that encouraging young people to stay away from harmful behaviours that affect their physical health is crucial. We have websites dedicated to sexuality

*education and call centres and call me back numbers on our sites to help children when they need assistance." (*DoSD *P1 M)*

*"We have programmes such as the Healthy Lifestyle Programme which aims to deliver health interventions to ensure optimum health. We also employ modular programmes such as Health4Life programme which covers Sexual Reproductive health and rights, HIV and AIDS, STDs, Teenage Pregnancy, Substance Abuse and Mental Health." (*DoSD *P2 F)*

*"Coaches are trained in a Coach4Life activity program that provides information on where, how and when to access specific services including accessing condoms, seeking psychosocial support, testing for STIs and others." (*DoSD P2 *F)*

*"We also support all Department of Sport, Arts and Culture events with Edutainment where health is discussed with athletes through motivational talks, fun activities, song and dance." (*DoSD *P3 M)*

4.3.2.1.4 Category: Participation of youth

Participants from the three sectors agreed that youth need to be included in the design and implementation of the sexuality education project. They illustrated the benefits of such an involvement. Hence, they were encouraged to attend to experience what this project is about, to enable them to share ideas on how it could be improved.

"When adolescents get involved in events, program development, policy making and even stand to advocate for other youths and give valuable ideas on how to implement the programs according to their satisfaction and meet their needs then success is often guaranteed." (DoH P1 M)

*"The youth were encouraged to attend youth programmes and events by allowing them to participate in event itself. Youth need to get involved in volunteering and community service as part of the curriculum." (*DoSD *P1 M)*

*"Youth are often left out of decision making and often go unheard. So, engaging with the youth to hear their minds and engaging them in programs and events increases their motivation and self-esteem and this is a strategy to get the youth to participate and while participating they learn and become role models." (*DoSD *P3 M)*

4.3.2.2 Subtheme 2.2: Resources for sexuality education

In today's world, it is crucial that sexuality education have access to proper resources. Youth sexual and reproductive health is strongly supported by sexuality education. It gives them precise and trustworthy information so they may decide on their sexual health in an informed manner. Schools may struggle to provide effective sexuality education that fulfils the requirements of children without enough resources, such as complete and evidence-based curricula, books, online materials, and qualified educators (Diamond-Smith, Onyango & Ayodo 2020:10). Insufficient resources can result in outdated or incomplete information being provided to students, leading to misconceptions and potentially risky sexual behaviours. In this Subtheme three categories emerged: funding for the sexuality education programme, managing resources and accountability to funders.

4.3.2.2.1 Category: Funding for sexuality education programme

Most participants described various forms of funding, the government being the main funder and sponsors. As with other programmes that are funded by the government, there will always be challenges with budgets. There are other partners involved such as social and development organisations. Some participate in decision making regarding the programme and have their own reporting requirements.

*"The budget is managed according to the amount of funding received from the government, from the banks and private partners and sponsors." (*DoSD *P1 M)*

*"Banks, and private organisations are part of the funding and contribute to the success of the implementation of the policy." (*DoSD *P2 F)*

*"We need to know what funding partners expect of us and then to constantly keep them updated on the relevant projects and plans that we are engaged for productivity not only for constant funding but also for them to know that the projects are a success." (*DoSD *P2 F)*

4.3.2.2.2 Category: Managing resources

Participants indicated that it was their responsibility to manage resources and distribute them equitably. There is a programme that consists of a visitation schedule for all schools. Rural schools are far from the centre and involve long distance travelling which can be costly. Needs are established and resources distributed according to need. NGOs are also involved in sexuality education and their support is appreciated. Teaching resources are also managed within budget constraints, without losing sight of effectiveness.

*"Our resources are distributed according to the programmes planned for each school and travelling cost as some schools are in deep rural areas and we travel there and also distribute material resources like pads to the students. We work with what resources have been given to us from the partners like banks and private sponsors and DoH and the government." (*DoSD *P2 F)*

"Resources are distributed in different amounts and different ways according to priority and need based in the rural schools meaning to the poor schools." (DBE P2 F)

"Sexuality education is implemented in schools with the help of NGOs without which it would be difficult to complete tasks as they are used to conduct events and programs together with us." (DBE P1 F)

"There are co-ordinators in each Sub-district and are allocated certain schools in that Sub-district. Tasks are given and they have many schools to attend to and sometimes have to travel quiet a long distance to get to the rural schools, so it is also time consuming. Staff spend a fair amount of time travelling to the

*rural schools and they are accompanied by and work closely together with the NGOs who provide great assistance to the workload encountered by the staff" (*DoSD *P1 M)*

"Teaching resources are designed to help teachers understand the insights of the curriculum and how they should be implemented in the schools to make teaching effective." (DBE P1 F)

4.3.2.2.3 Category: Accountability to funders

The majority of the participants acknowledged the need to keep records, monitor the expenditure and activities and be accountable to the funders. As mentioned earlier, distribution of resources is based on pressing needs. The private sector supports under resourced schools and volunteers.

"We organise sponsors from private companies to donate sanitary products and other resources to the under privileged rural schools." (DoH P2 F)

"We receive record of all the work done to monitor activities as we can discuss it in the meetings." (DBE P1 F)

*"Record is kept of resources spent on activities and staff remunerations especially volunteers as they do get paid some money. This helps the staff to be responsible and accountable." (*DoSD *P1 M)*

"Tasks are allocated, and resources are distributed according to needs. Decisions are made according to priority." (DBE P2 F)

4.3.3 Theme 3: Challenges and Barriers

Education is essential for influencing how people view human sexuality, encouraging healthy relationships, and averting various sexual health problems. However, there are several difficulties that sexuality education in schools must overcome. One issue is the narrow focus of many schools' sexuality education curricula. According to Schneider and Hirsch (2020:16), sexuality education is key to the prevention of

disease. Participants acknowledged various challenges that frustrate their efforts in the implementation process. Participants acknowledged the complexities of creating an environment conducive to sexuality education in schools but noted that more needs to be done. They viewed the small successes as steps in the right direction that could be built on. Two subthemes emerged, namely: supervisory visits and inadequate resources.

TABLE 4.4 Theme 3: Challenges and barriers

Theme	Subthemes	Categories
Theme 3: Challenges and barriers	• Supervisory visits	• Coverage of schools • Impact of Covid19 • Teamwork and communication • Poor connectivity
	• Inadequate resources	• Adolescent and Youth friendly services • Socio-cultural barriers • Financial and human resources

4.3.3.1 Subtheme 3.1: Supervisory visits

Supervisory visits to schools have many advantages for both administrators and teachers, including giving administrators a chance to observe and evaluate the teaching practices within a school; enabling the identification of areas that may require improvement or additional support; giving teachers helpful feedback and guidance; and encouraging accountability and quality assurance within the educational system. As a result, supervision procedures are seen as useful advice given to instructors to enable pedagogical adjustments to better meet the needs of the learners (Azovide & Bouchamma 2021: 3; Altun & Sarpkaya 2020:1). Participants pointed out that it is important that there should be a standard when visiting schools. Participants believed that they need to revise plans and implementation processes to achieve better results. Four categories emerged: coverage of schools, impact of covid19, teamwork and communication and poor connectivity.

4.3.3.1.1 Category: Coverage of schools

As mentioned earlier, participants expressed that a programme is developed for school visits. Sometimes it is difficult to follow the schedule. Multiple issues influence the outcomes of health promotion activities. Some rural schools miss out on visits due to distance, costs, staffing issues and availability of time. Despite the challenges, they are monitoring progress.

> *"We plan according to priority. Schools don't get a fair chance of being visited on a regular basis and it's as though they are neglected but unfortunately, we are short staffed." (*DoSD *P2 F)*

> *"It's very expensive to travel to deep rural schools so petrol alone is a major cost factor, but when we are funded, we work with the professionals to help meet the needs of the learners." (*DoSD *P1 M)*

> *"There are schools in our Sub-district that we need to service but the time, staff and funding is not even enough to go visits all the schools that we are allocated to as the staff have many other tasks to complete. Many schools have not been visited at all. We only cover a few schools." (DBE P1 F)*

> *"We have started to monitor projects and attend to those that need priority and unfortunately there are many schools that are left out and we cannot visit them." (DBE P2 F)*

4.3.3.1.2 Category: Impact of Covid19

Participates reiterated that the Covid19 pandemic had undesirable effects on their work. The Lockdown of services meant that schools would close, and work would cease. Community events were also cancelled. Original plans were changed, and efforts were made to mitigate the risks, whilst still reaching out to learners through different means such as websites and call centres. This meant a huge backlog to contend with after the re-opening of schools.

"We faced the challenges of not going into schools as schools were closed for long periods of time, so we came up with a website and customer call centre to be of assistance to the youth." (DoH P1 M)

*"Covid has not been easy for staff to get into schools so there was a bit of a struggle, however we have organised online set up such as toll-free call centre numbers." (*DoSD *P1 M)*

*"The fear of contracting covid played a huge impact on implementing the programs and especially community events as it was all cancelled due the government restrictions on gatherings." (*DoSD *P3 M)*

"Due to lockdown our plans were revised and changed to suite the restrictions. We could not work with NGOs to implement our programmes." (DBE P1 F)

4.3.3.1.3 Category: Teamwork and communication

Sexuality education requires cooperation, teamwork, and effective communication. Participants described lack of motivation, cohesion, poor communication between different sectors or levels within one sector and giving feedback as major issues that were counterproductive in the implementation of this programme. However, they acknowledged that staff get caught up in many tasks and are not able to give fieldwork reports.

*"Some staff are not motivated to keep sharing the same information again and again and they lose interest and motivation to pursue sharing knowledge that has the potential to change adolescents' lives." (*DoSD *P2 F)*

"I have noticed that some staff have a lack of cohesion, sometimes messages are not clearly communicated so staff end up doing the wrong thing or going to the wrong place especially if there are last minute changes." (DBE P2 F)

"Anyone involved in the programs needs to get a fair opportunity to express their ideas and thoughts about how they would want the program to be implemented, maybe not having a direct bearing on the content of the curriculum but on the way, it should be planned and implemented, and it also clarifies what they expect of us." (DBE P1 F)

*"There are times when the staff are out on workshops or travelling to schools that they are too busy to give feedback on the tasks that they do so the others may not always know what is happening unless they come back to the office so there is a bit of delay in reporting and feedback." (*DoSD *P1 M)*

4.3.3.1.4 Category: Poor connectivity

Participants verbalized the need to keep communication open between staff who are out in rural, far away schools and those in the centres. It is known that networks for mobile devices are often a challenge in rural areas. In addition, load shedding seemed to exacerbate connectivity. These issues had a negative impact on communication, such as cellphone messages and emails.

*"Some staff go into deep rural areas where the network is extremely poor, so it is difficult to get a hold of the staff when they are needed or when plans have changed or when we need to communicate with them for any reason. Calls and WhatsApp messages don't even go through, and this has been an ongoing battle." (*DoSD *P2 F)*

"Due to load shedding, there are issues sending and receiving emails and this has been going on for quite a while now." (DBE P1 F)

4.3.3.2 Subtheme 3.2: Inadequate resources

Since it imparts crucial knowledge, skills, and values about sexuality and sexual health to young people, sex education is a crucial part of comprehensive health education. However, it also plays a critical role in fostering healthy relationships, responsible sexual behaviour, and the prevention of STIs and unintended pregnancies. This

means that adequate human and material resources are necessary for successful outcomes (Anilkumar, Varghese, Mathews, Paul, Sajan, Joseph & Jose 2022: 4084). Three categories emerged: adolescent and youth friendly services, socio-cultural barriers, and financial and human resources.

4.3.3.2.1 Category: Adolescent and Youth friendly services

The Adolescent and Youth Friendly Service approach is promoted by the National Department of Health and partners, as a means of ensuring and increasing availability of non-judgemental healthcare providers and appealing and easily accessible care. Participants from the department of health reported dissatisfaction with provision of such care. Poor care was due to staff shortages and secondary workload on staff.

> *"Staff that went to schools were so busy in the clinics treating sick people and giving out vaccines that they did not have the time to give quality care and education to the youth's needs." (DOH P1 M)*

> *"There is a lack of staff to go out into schools on a regular basis to teach the learners. Shortage of staff remains an issue here so many schools have not been visited at all. We only cover a few schools per Sub-district as we are understaffed." (DBE P1 F)*

> *"We give out work and place our staff in teams to assist each other in the work allocated to them but we are still shortage of staff and NGOs who assist us. The NGOs are sometimes not funded enough and cannot carry out the work which leaves our staff overworked and cannot manage to complete the activities set out to complete." (DBE P2 F)*

4.3.3.2.2 Category: Socio-Cultural barriers

Participants recognised the need for all key stakeholders to be active role players for the success of this programme. They acknowledged some socio-cultural barriers related to the reluctance of parents to discuss sexual matters, and teachers who are

also shy to have sexual conversations with school-going adolescents. Furthermore, cultural diversity may give rise to different interpretations and presentations of sexuality education. Other parents believed that such topics should not be discussed at home. However, parents could also have little knowledge to pass on to their children. Participants suggested some mechanism to resolve the challenge.

> *"Some parents feel embarrassed to talk about sexual topics and some children find it difficult to ask questions about private issues that is happening in their lives, so their problems are left unsolved, and some problems increase, and some problems gets worse." (*DoSD *P1 M)*

> *"Most parents feel that those topics should not be discussed in the home environment and others are shy to even discuss such sensitive topics with their children." (DBE P1 F)*

> *"Some staff are shy to talk about sex openly as it is against their culture so at orientation, they are told that if they are unwilling to talk about sex and reproductive health education then this is not the job for them." (*DoSD *P1 M)*

> *"We are facing a problem where parents do not have the correct knowledge about sexual and reproductive topics so they cannot be able to pass any information to the children." (DBE P1 F)*

> *"Stakeholders are of different cultures and interpret word differently so open communication is so important to improve engagement among all involved as this helps to improve collaboration which is important for success of the program." (*DoSD *P1 M)*

> *"The curriculum should be in a workbook form and the parents need to be given this workbook in English and Isizulu as well to show them what their children are learning in school to avoid any misconceptions of what they think is being taught in the* subject*." (*DoSD *P2 F)*

4.3.3.2.3 Category: Financial and human resources

Effective implementation of any special school programme requires adequate resources. Participants lamented the issue of scare resources, funds allocated were seen as insufficient. Various sponsors tried but there was always shortage and even NGOs complained. The participants indicated the need for more staff to make this programme successful.

> *"We have been receiving funding to carry out the events, but the money is insufficient for the work that needs to be done and this has caused us to set expectations according to resource availability." (*DoSD *P2 F)*

> *"We have lack of resources and funding and have been looking for more funding from private sponsors and banks and meetings have been set up to outline our needs." (*DoSD *P1 M)*

> *"NGOs were complaining of lack of funding, even transport fees ate away at large chunks of the funding." (DOH P2 F)*

> *"I think more staff is needed to meet the needs of the policy and programs." (*DoSD *P2 F)*

> *"Some volunteers who were trained and helped with programmes backed out and we were left with shortage of staff. No new volunteers wanted to join to be trained." (*DoSD *P3 M)*

> *"Shortage of staff remains an issue here so many schools have not been visited at all. We only cover a few schools per Sub-district as we are understaffed." (DBE P1 F)*

4.4 ANALYSIS, DISCUSSION AND LITERATURE CONTROL OF PHASE 2

Following collection, all raw data including audio-recordings from focus group discussions of Sample A (LO Teachers) and B (School-going adolescents) were reviewed for completeness and accuracy immediately after data collection process of

each phase. Thematic analysis by Flick (2014:371) was used to analyse data and identify common issues that recurred, and these were summarised in a narrative form. The analysis of texts pursued two goals; one was to reveal the statements or to put them in their context, the other goals was to reduce the original text by paraphrasing, summarizing, or categorizing (Flick 2014:371).

A detailed description of the methodology used in this phase was presented in chapter 3 (section 3.5.2.4).

The main themes that emerged from samples A and B are indicated in table 4.6.

TABLE 4.1 THEMES FROM SAMPLES A (LO TEACHERS) AND B (SCHOOL - GOING ADOLESCENTS)

Sample A: LO Teachers	Sample B: School-going adolescents
Theme 1 Implementation of sexuality education	Theme 1 Comprehensive and inclusive Sexuality education
Theme 2 Evaluation of the sexuality education	Theme 2 Challenges to effective implementation of SE

ANALYSIS, DISCUSSION AND LITERATURE CONTROL OF SAMPLE A (LO TEACHERS)

A sample of sixteen LO teachers from 4 different secondary schools participated in the focus group discussions, of whom six were male and ten were female. Across the 4 groups, there were sixteen LO teachers between ages 35- 45 years. Biographic data in Table 4.5 shows the teachers' characteristic. The LO teachers responded to the research question on perspectives regarding intersectoral collaboration in sexuality education in schools from which the themes, subthemes and categories emerged in Table 4.6.

TABLE 4.5 BIOGRAPHICAL DATA OF FOCUS GROUP DISCUSSIONS WITH SAMPLE A (LO Teachers)

	FOCUS GROUP A (N=5)		FOCUS GROUP B (N= 5)		FOCUS GROUP C (N=3)		FOCUS GROUP D (N=3)	
CATEGORY OF PARTICIPANTS	**LO teachers**		**LO teachers**		**LO teachers**		**LO teachers**	
GENDER	Male	3	Male	3	Male	0	Male	1
	Female	2	Female	2	Female	3	Female	2
AGE	35–45 years	5	35–45 years	5	35–45 years	3	35–45 years	3

Themes

Two themes with associated subthemes emerged from the data collected from the 4 focus groups:

Theme 1: Implementation of Sexuality education

Theme 2: Evaluation of Sexuality education

4.4.1 Theme 1: Implementation of sexuality education

The perspectives of the LO teachers on the implementation of sexuality education are summarised in Theme 1, implementation of sexuality education. Three subthemes emerged from the data: Inclusion of sexuality education in school curriculum, views on intersectoral collaborations, and effective implementation of comprehensive sexuality education. The categories are presented in Table 4.6.

TABLE 4.6 Theme 1: Implementation of sexuality education

Themes	Subthemes	Categories
Theme 1: Implementation of sexuality education	• Inclusion of sexuality education in school curriculum	• Policy imperative • Standardization of content • Current practices
	• Views on intersectoral collaborations	• Ideal collaborations • Empowering communities • Youth involvement and support
	• Effective implementation of comprehensive sexuality education	• Communication channels • Shared decision making • Referral networks

4.4.1.1 Subtheme: 4.1 Inclusion of sexuality education in school curriculum

The purpose of life orientation and comprehensive sexuality education is to provide people the knowledge, abilities, attitudes, and values they need to make wise decisions, build satisfying relationships, and lead happy lives. This objective is consistent with the widely held notion that comprehensive sexuality education comprises a holistic approach that goes beyond merely sexual health to cover multiple facets of a person's development, including their physical, emotional, social, and psychological well-being (Clark, Buchanan, Kovensky & Leve 2018: 11).

4.4.1.1.1 Category: Policy imperative

Participants demonstrated understanding of the policies related to integrated childhood development that involve different sectors to be involved in various aspects of the health of a school-going child. Life Orientation teachers are provided with outlines of lessons including assessments. They believed that the policy is important and will have a positive impact on some risky behavior school-going adolescents tend to engage in. Some emphasized the need for a strong relationship between the schools and the other departments for better health outcomes.

> *"There is an integrated school health policy that talks about the DoH and DBE and other sectors working together with the schools to implement the policies. They would then know that they are obligated by law to integrate with the schools and share their expertise to promote health. To me this policy is not being implemented." (TFG4 P2 F)*

> *"I think it's good that this policy makes different sectors commit to bringing their different knowledge in teaching sex education as this can assist the learners with the different issues." (TFG3 P1 F)*

> *"I feel it was a very good idea and that the learners will benefit a lot from it. The learners can learn how to make right decisions and learn how to solve problems and learn how to take care of their bodies." (TFG4 P1 M)*

> *"It is difficult to navigate and to understand their lesson plans. We need a broader content base that includes the youth's engagement." (TFG2 P1 M)*

> *"A relationship needs to develop between the schools and the other departments so that the students benefit health wise from that relationship." (TFG1 P5 F)*

"The integrated childhood development talks about the government wanting the health sector to provide services for childhood health which we are not seeing in schools." (TFG2 P2 M)

4.4.1.1.2 Category: Standardization of content

Most of the participants believed that the curriculum could be updated and standardised, and teachers' competency of teaching the subject should be prioritised. In addition, there should be easy access to the curriculum documents to ensure shared understanding of content and how it should be taught. Roles for each stakeholder should be properly assigned. There were also calls for the department of Basic Education to provide more support for teachers.

"The curriculum should be made available to all departments who teach sexuality education to avoid misunderstandings of what is taught as different people may teach different things on the same topic." (TFG2 P1 M)

"There should be a proper and relevant competency orientation by the DBE to integrate the CSE into the curriculum, so that the teachers can become familiar with the CSE curriculum objectives and outcomes." (TFG1 P3 M)

"Is very important is that each sector that is linked in the programme should be involved in the sex education curriculum programme to make it a success." *(TFG3 P2 F)*

"Firstly, I think that the education department must get involved directly with the schools to share the latest updated standardised curriculum to the schools so that when we teach, we know that the learners are getting the updated information." (TFG3 P1 F)

"The education department should send organisations and institutions to our schools to give advice and guidance to the teachers on a regular basis as to how to teach the learners effectively." (TFG4 P3 F)

4.4.1.1.3 Category: Current practices

The LO teachers described the current practices based on multiple sectors who visit schools to ensure continuity of sexual education as well as providing some support to the teachers. Different stakeholders such as social workers, student nurses and professional nurses have specific assignments. The participants seemed appreciative of these collaborations. In the event nurses did not show up, some teachers indicated that they would invite them to the school to address specific issues. Some schools had nurses on a permanent basis, whilst the majority only had to contend with visits.

"We are collaborating with social workers as they come to our school to see the learners as our school is a boarding school, so they come and interview the learners from time to time." (TFG4 P1 M)

"Social workers come to the school on a regular basis as we are a boarding school in the rural area, and we arrange for the time and classroom for privacy, and we change teaching schedules for the leaners to be available." (TFG4 P2 F)

"The university department of nursing comes yearly and address the assembly on topics like HIV, STIs, drug abuse, pregnancy, abortion, contraception, sex, and other such topics." (TFG4 P2 F)

"The nurses did not come to our school to address the students, but I will arrange for them to come as I see that there is a need for outside sectors to team up to teach the students about topics that are difficult for us to explain." (TFG1 P1 M)

“The school health nurse was in our school, so she is always available to assist the students when they need help but now, she has resigned, and her post is not filled.” (TFG2 P2 M)

4.4.1.2 Subtheme 1.2: Views on intersectoral collaborations

Intersectoral collaborations across sectors are increasingly being acknowledged as a critical approach to solving difficult societal problems. Intersectoral partnerships and collaborations include those between the public and business sectors as well as academia, non-profit, and community organizations. These partnerships seek to use the distinctive advantages and assets of each sector to accomplish shared objectives and advance constructive social change. These partnerships have been crucial in addressing the needs of marginalized groups including immigrants and newcomers in the areas of health and social services. Intersectoral cooperation has gained popularity as a vital strategy for health systems in recent years (Sanadgol, Doshmangir, Majdzadeh & Gordeev 2022:2). The benefits of intersectoral collaborations are manifold. First and foremost, intersectoral interactions open fresh possibilities for creativity and problem-solving. This can result in the creation of unique ideas and solutions that a single-sector approach would not have allowed for. Intersectoral partnerships, on the other hand, aid in the mobilization of resources from other sectors, providing a more thorough response to health demands. This can involve access to networks and relationships, as well as financial and technical resources. Thirdly, cross-sectoral partnerships open more access to medical care and other health services. Collaborations can help close gaps in healthcare delivery and guarantee that those who need services can get them by bringing together various sectors.

4.4.1.2.1 Category: Ideal collaborations

Most participants shared the view that inter-sectoral collaboration can work more efficiently if the government puts more effort into enforcing the implementation of this model. They presented ideas on the positive effects of different stakeholders participating in sexuality education, as they believed that this was sensitive content, and the complexities of human behaviors require different disciplines to work jointly.

"To me I would say that intersectoral collaboration is where departments come together, and team up discuss the various problems affecting the learners and then find solutions for each problem and then implement the solutions." (TFG2 P5 F)

"I feel like the government should make it compulsory to make the department work together with the schools as part of their normal work routine." (TFG4 P2 F)

"I think that if all the sectors worked together then adolescents have enough support systems to help them to be aware of the positive outcomes of delayed initiation of sex, decreased frequency of sex and decreasing the number of sexual partners." (TFG2 P1 M)

"The sustainable development goals also talk about adolescent health so I suppose the government is encouraging collaboration and then we can now leverage the other sectors to help teach sex education in schools as even the government is encouraging it but so far it is not happening." (TFG1 P4 F)

4.4.1.2.2 Category: Empowering communities

Participants believed that community and parents could have a greater role in sexuality education if they had good understanding of what this involved. This could only be achieved if there is concerted effort from all stakeholders to increase awareness of this topic in the communities. They need to understand the risks school-going adolescents are exposed to and the benefits of presenting this content in the classroom.

"If we want any drastic change to take place in the community, then we must work hard by getting community leaders together and educating them about the benefits of the sexuality education curriculum to build a strong community as there are lots of bad reports on what is being taught in schools about this topic." (TFG1 P1 M)

"When we have these community engagement programs, we need to invite other services to come to the program and be guest speakers to gain from their expertise." (TFG3 P3 F)

"People from the education department and government and doctors and nurses and organisations and even universities all work hand in hand to educate the public on what sexuality education is all about for positive outcomes." (TFG4 P2 F)

4.4.1.2.3 Category: Youth involvement and support

There was a belief that every successful programme related to adolescent issues should allow their participation, to increase the uptake. They were aware of the intent of the policies to empower youth. Youth deserved to be supported by giving them good access to various services.

"When youth are given the opportunity to contribute to their own wellbeing then they become responsible for their actions. When the youth are integrated in adult health networks, they learn from those that have more experience." (TFG4 P3 F)

"Like the Adolescent Youth Policy says, we need to empower the adolescents to get involved in policy formation and youth program development which the departments like the DBE and NGOs can assist with." (TFG3 P3 F)

"Department of Health needs to be a constant support to our students as they need the services of the health department for various health problems like contraceptives and maybe STI treatment or HIV treatment." (TFG1 P2 M)

4.4.1.3 Subtheme 2.3: Effective implementation of comprehensive sexuality education

A variety of methods and tactics can be used to implement comprehensive sexuality education successfully. These tactics may involve information distribution through a variety of media, websites, community programs, and cross-sectoral partnerships, as

well as empowerment strategies (Wado, Bangha, Kabiru & Woldie 2020:12). Through these channels, accurate and evidence-based information about sexual health can be disseminated to reach a wider audience through a collaborative, systematic development of sexual and reproductive health promotion programmes (UNESCO 2018:28).

4.4.1.3.1 Category: Communication channels

Participants recognized the importance of open communication, especially in contexts where there are multiple players. In this case, communication was expected to flow between parents, teachers, and other sectors. They referred to themselves as a bridge between other stakeholders due to their proximity to the school-going adolescents. They could invite relevant sectors for specific needs. In addition, all should be mindful of their respective roles.

> *"There should be an open communication between the parents and teachers and principal and also other professionals who may be called in, if necessary, as part of intersectoral collaboration." (TFG4 P3 F)*

> *"I would say that it's important to have open communication between the various sectors so that there is no misunderstanding of what the programme should cover." (TFG1 P1 M)*

> *"Even if the other sectors cannot physically come to the school regularly, just communicating with them and getting information from them through networking with them is a very good way to keep that working relationship active and for free flow of information for successful delivery." (TFG1 P3 M)*

> *"The school principal needs to have a meeting with the parents and community leaders and tell them what their children are learning in schools as this will decrease any anxiety, they may have that we are teaching the children about sex." (TFG1 P4 F)*

4.4.1.3.2 Category: Shared decision making

Teachers provide direct teaching of sexuality education, therefore, ideas and recommendations for improvement are generated at the school level and should be shared with other stakeholders including parents. The drive behind implementation of this subject is promoting overall health. Participants believed this required shared decision making in various aspect of course delivery, a sense of equal partnership and being competent to deliver this programme. In addition, there were issues of privacy that should be observed, especially when it comes to personal data. However, one participant believed that this hampered shared decision making.

> *"From the beginning every sector is involved in the decision making of the sexuality, education programme and they know what is expected of them and they all develop the programme together as an equal partner so they also feel a sense of belonging in the school and I think that this strategy will work well." (TFG4 P1 M)*

> *"So basically, what I'm saying is that parents need a space to be heard and so this creates an opportunity for parents to actively collaborate on decision making." (TFG1 P2 M)*

> *"I think that there should be some type of decision making between sectors to come to a common goal which is to promote health and prevent disease." (TFG2 P3 M)*

> *"I think that the current sex education programme needs to be revised by all the sectors involved in the programme so that each sector gets an opportunity to make a decision regarding how the programme is to be developed for effective delivery." (TFG3 P2 F)*

> *"If each sector can come together and discuss and develop a multi disclipine health promotion programme that has doable lesson plans and different teaching methods." (TFG4 P3 F)*

"The nurse never really came to us to discuss the students' affairs as I think she had to maintain confidentiality so we were never aware of the conversations or teachings between the nurse and leaners so I would say that it was not shared decision making." (TFG2 P1 M)

4.4.1.3.3 Category: Referral networks

Efficient referral systems are crucial in intersectoral collaborations, to ensure continuity of care and sustainability. Emotional and physical health is key to these referrals and teachers play a central role in supporting school-going adolescents in identifying the most relevant service or service provider for referral. Other sectors share with teachers the type of services available.

"If any learner wants to have a private conversation with any NGOs, then we make arrangements for that to take place. We are also there to assist each child the best we can in emotional, mental, and physical health by referring the learner to the right people to get the help they need." (TFG3 P1 F)

"When we realise there is a problem with the learner then we call the parents and explain to the parent what the problem is then we advise the parent that help is available and free and that they can take the child to the relevant help." (TFG1 P3 M)

"The lifeline coordinators do talk to us about how they can help the learners, so they know what to discuss as we notify them about the needs of the learners." (TFG1 P2 M)

4.4.2 Theme 2: Evaluation of the sexuality education

LO teachers were given the opportunity to share their views regarding the factors that influence the implementation of sexuality education in schools. They described challenges and proposed measures for improvement. Two subthemes emerged from the data: perceived challenges and measures for improvement. The categories are presented in Table 4.7.

TABLE 4.7 Theme 2: Evaluation of the sexuality education

Theme	Subthemes	Categories
Theme 2: Evaluation of the sexuality education	• Perceived challenges	• Socio-Cultural issues • Poor networking • Inadequate resources
	• Measures for improvement	• Quality initiatives • Ensuring continuity of service • Monitoring and evaluation • Strengthening capacity building

4.4.2.1 Sub-theme 2.1: Perceived challenges

The challenges described were teaching the subject and the support from the different stakeholders. Three categories emerged: Socio-cultural issues, poor networking, and inadequate resources.

4.4.2.1.1 Category: Socio-Cultural issues

Sexuality education is not an easy topic to teach, especially when the generation gap between LO teachers and school-going adolescents is wider. Hence, participants thought that for certain topics, nurses would be better suited to present the content. In addition, there are cultural aspects that need to be considered. The language proficiency was cited as one of the factors that influence understanding of content, especially the divide between urban and rural learners.

> *"Students come from different cultures, and this can be a problem as many don't want to listen to the teaching, whilst some feel shy, and some misunderstand the meaning of the words used. Cultural issues are major issues as this affects the way the learners understand the teaching, and this can lead to them getting confused." (TFG1 P3 M)*

> *"I would think that the clinics can come and show by demonstrating the certain topics that are hard to teach." (TFG1 P2 M)*

"Some learners who understand English are advantaged because they understand the meaning of the words well and can relate to what is taught whilst others in the rural areas speak little English and struggle in the class as they take long to grasp." (TFG4 P2 F)

4.4.2.1.2 Category: Poor networking

Participants were aware of policies regarding sexuality education and the different stakeholders involved. They lamented poor networking among sectors. They indicated that there are variations in the way different sectors manage school visits and activities. Some do not visit schools.

"There isn't even linking with pastors and church organisations and youth groups to encourage, motivate and counsel youth." (TFG3 P1 F)

"I have heard that NGOs visits some schools, but they have never sent them to our school to get involved in our learner's education." (TFG3 P2 F)

"The NGOs are a big part of supporting some school though they don't support all the schools." (TFG2 P5 F)

"The police have never come here. I can go on and on. Just to let you know that only the teacher is in contact with the learner for teaching sexuality education." (TFG4 P3 M)

4.4.2.1.3 Category: Inadequate resources

Participants mentioned that it is a known fact that most schools lack resources. The LO subject needs audio-visuals and technology to make the content interesting and well understood. These are lacking and the classes are too big, with very few LO teachers, who are not skilled to teach the content.

"We need more LO teachers. We are only 3 here and have to teach so many classes. We need more staff employed to be LO trained to assist us with the workload." (TFG4 P2 F)

"Smaller classroom has to accommodate large numbers, and this is not acceptable." (TFG3 P3 F)

"The learners are not taught enough on the topics, and they may feel that they don't understand it well but then we have to move on to cover the curriculum. Lack of staff affects the learners as not enough time is given to each student for each topic." (TFG4 P2 F)

"I know this curriculum is from the government, but teachers still need training as this sex education can be very daunting." (TFG3 P2 F)

4.4.2.2 Sub-theme 2.1: Measures for improvement

The focus of this sub-phase is on intersectoral collaborations. However, the idea needed to be contextualized. Hence, views were elicited regarding how the implementation of sexuality education in schools could be improved.

4.4.2.2.1 Category: Quality initiatives

Participants acknowledge the importance of ensuring quality of learning materials and teaching practices. They indicated a need for collaborative supportive visits and learner-centred content. Various sectors should be more involved in presenting several topics as more knowledgeable people would be most suited to handle numerous issues. Schools could also demonstrate some autonomy on what is more relevant in their context.

"I think that to add quality to the programmes, quality assurance people should come and monitor the sex education curriculum programme to

see if it is a high-quality sex education is delivered to the learners." (TFG1 P4 F)

"CSE should be learner-centred according to needs and age group and can be made exciting by allowing other organisations to assist in the teaching as this will enhance the knowledge that the learners and us will gain." (TFG3 P2 F)

"Schools need to decide the activities that they want to incorporate in the curriculum." (TFG3 P2 F)

"Some learners like to learn in different styles and by bringing in other departments to assist in teaching this really helps a lot because especially the NGOs and even the nurses use different methods of teaching." (TFG3 P2 F)

"I think that departments need to prioritize visiting the schools as the teachers and learners need their guidance and support and expertise." (TFG1 P4 F)

4.4.2.2.2 Category: Ensuring continuity of service

Participants expressed the need to ensure continuity of quality service to school-going adolescents. Funding to be reviewed and adjustments made where necessary for various interventions. Schools also must take proactive actions to encourage active participation of all involved sectors and principals to drive initiatives for continuity.

"Arrangements need to be made with the government for funding of the programme as there may be times when events and festivals need to be planned and implemented so funding is needed for that." (TFG3 P1 F)

"I think that schools need to embrace partnering with various departments to succeed in carrying out quality education to learners.

Some learners like to learn in different styles and by bringing in other departments to assist in teaching this really helps a lot." (TFG3 P2 F)

"There should be a system in place in schools where the principal buddies up a new LO teacher with an old LO teacher so that the new teacher can learn from the experienced teacher." (TFG1 P3 F)

4.4.2.2.3 Category: Monitoring and evaluation

Having robust monitoring and evaluation systems would ensure effective implementation of the comprehensive sexuality education. Monitoring what is working and not is an essential tool for getting feedback. The department of health must be more involved in creating more opportunities for youth friendly services where learners could be referred to.

"The DBE needs to take responsibility of schools and visit regular to find out about the success or failure of CSE teaching." (TFG3 P1 F)

"The department of health needs to get involved with the schools in a way that they work together and not separately. They need to communicate with each other and discuss the needs of the learners." (TFG2 P2 M)

"The government need to stipulate the name of each department and then monitor them if they are assisting the school in the sex education curriculum that they said we must teach." (TFG1 P5 F)

4.4.2.2.4 Category: Strengthening capacity building

Participants appeared more than willing to take some responsibility for teaching this subject effectively. They recognised their shortcomings and indicated the need for training to build capacity in the content and presentation of this subject. Various sectors could play a role in this initiative.

"I suggest that the principal and us should connect with various sectors to explore the latest advances for training and development program

and making these available to all of us teachers for professional and personal growth." (TFG1 P2 M)

"The sex education curriculum should be taught to each of us, and we should have a certificate in it before even attempting to teach the subject *as it contains sensitive topics that not everyone wants to teach. (TFG1 P1 M)*

"The teachers can also be trained by medical professionals about sex education as a lot of the topics are medically related." (TFG4 P2 F)

"Not only there needs to be integration of other professionals and sectors to help teach the subject *but we ourselves as teachers need to be strengthened in skill and supported so that we can know how and what exactly to teach and what to emphasise on." (TFG1 P3 M)*

ANALYSIS, DISCUSSION AND LITERATURE CONTROL OF DATA FROM SAMPLE B (SCHOOL-GOING ADOLESCENTS)

A total of thirty-nine school-going adolescents from 4 different secondary schools participated in the focus group discussions, of which twenty-two were male and seventeen were female, between the ages of 16-19 years participated in the focus groups. Biographic data in Table 4.8 shows the school-going adolescents characteristic. The school-going adolescents responded to the viewpoints on the implementation of sexuality education in schools from which the themes, subthemes and categories emerged in Table 4.9.

TABLE 4.8 BIOGRAPHICAL DATA OF FOCUS GROUP DISCUSSIONS WITH SAMPLE B

	FOCUS GROUP A (N=10)		FOCUS GROUP B (N= 9)		FOCUS GROUP C (N=10)		FOCUS GROUP D (N=10)	
CATEGORY OF PARTICIPANTS	**School-going Adolescents**		**School-going Adolescents**		**School-going Adolescents**		**School-going Adolescents**	
GENDER	Male	6	Male	5	Male	6	Male	5
	Female	4	Female	4	Female	4	Female	5
AGE	17-18 years: 19 years:	9 1	16 years: 17-18 years: 19 years:	2 7 0	17–18 years: 19years:	10 0	16years: 17-18 years: 19 years:	1 9 0
Grades	10-12	10	10-12	9	10-12	10	10-12	10

Themes

Two themes with associated subthemes emerged from the data collected from the 4 focus groups:

Theme 1: Comprehensive and inclusive Sexuality education
Theme 2: Challenges to effective implementation of SE

Each theme and its sub-themes and categories will be presented in a table format followed by broad discussions with literature support.

4.4.3 Theme 1: Comprehensive and inclusive Sexuality education

Under this theme: Comprehensive and inclusive Sexuality education, four subthemes emerged from the data, namely: positive outcomes of SE, facilitators, contribution of multimedia and building a healthy life outlook. The biographical data of focus group discussions with sample B are presented in Table 4.8. Table 4.9 below presents the theme, subthemes and categories.

TABLE 4.9 Theme 1: Comprehensive and inclusive sexuality education

Theme	Subthemes	Categories
Theme 1: Comprehensive and inclusive sexuality education	• Positive outcomes of SE	• Greater understanding of sexuality matters • Enhanced self esteem • Improved self-management and autonomy
	• Facilitators for effective implementation of sexuality education	• Collaboration with all stakeholders • Diverse content • innovative teaching approaches
	• Contribution of multimedia	• Topics of interest and multimedia • Better understanding of sexual health
	• Building a healthy life outlook	• Broader perspective of life • Continuity and reinforcement • Accessible youth friendly services • Active participation in community events

4.4.3.1 Subtheme 1.1: Positive outcomes of SE

A thorough evaluation of research papers demonstrates the various and considerable benefits of sexuality education for school-going adolescents as well as its necessity. Studies have shown the value and beneficial effects of programs for sexuality education in schools. It has been discovered that these programs help school-going adolescents learn more about different facets of sexuality. Koruk, Aypay, Salimoglu and Dinc (2019:299) found that comprehensive sexuality education in the classroom has been linked to a considerable increase in school-going adolescents' understanding of STIs, contraception, and pregnancy prevention. Additionally, it has been demonstrated that school-based sexuality education programs have a favourable impact on school-going adolescents' attitudes and views about appropriate

sexual behaviour. Widman, Golin, Kamke, Burnette and Prinstein (2018:96) revealed that adolescents who received comprehensive sexuality education showed improved sexual assertiveness skills and understanding of HIV and other STIs, as well as more favourable views about condom use and safer sex behaviours.

4.4.3.1.1 Category: Greater understanding of sexuality matters

Participants indicated that in their Life Orientation subject, they are learning about various issues including appropriate anatomy and physiology, personal hygiene, diseases, and prevention. Central to the lessons was the need to learn more and making the right choices. However, not all of them believed that the content was broad enough to empower them.

> *"Comprehensive sex education is teaching us topics on sex and also about the reproductive organs." (SAFG3 P2 F)*

> *"I did not know about sex infections and diseases until I was taught about it at school, and I also learnt about it from the newspapers." (SAFG1 P2 F)*

> *"My teacher taught me the importance of taking care of my body and making right choices at the right times and to educate myself then think of babies." (SAFG2 P1 F)*

4.4.3.1.2 Category: Enhanced self esteem

There was an understanding among the participants that having to make informed decision is good for their self-esteem and that certain things can be postponed, and that focus must be on getting education. They cited various issues that made sexuality education beneficial. Some indicated that this as an extension of the religious beliefs, values and norms they believe in.

> *"When we get all this information regarding health then we realize that education is more important than having fun which can always be done after." (SAFG1 P5 M)*

"My values are dignity and to be spiritual, so I have learnt this from church, and this tells me how to act so it's like this helps me to make the right decisions or what I think is right according to what I believe in." (SAFG3 P5 M)

"The more we learn the more we can have a happy life." (SAFG4 P3 M)

4.4.3.1.3 Category: Improved self-management and autonomy

Participants presented various issues resulting from learning SE at school. In addition to making informed decisions reiterated earlier, they believed that they have learned to exercise their rights to say no to anything they did not want. Others the lessons stopped them from being too preoccupied with boys. They are taught problem solving and prevention skills. They also indicated that they strive to be good in their future life.

"Part of the study is learning on how to stand up for us and when we say no it means no and if we are forced then we should fight back and report the case immediately to our elders and police." (SAFG2 P3 M)

"I find that the teaching on sex makes me to forget about boys and think about finishing my schooling and then working and studying." (SAFG3 P1 F)

"We are also taught in school and in the social media that we must make correct decisions and how to solve problems that affects our body." (SAFG3 P2 F)

"I think that in this day and age it is very important to be educated on health issues that benefits our age group, so that we can have the information needed to make good decisions and we can be able to solve problems in our lives, so we won't be stressed about issues." (SAFG3 P8 F)

"I want to be a good person for myself and for others and lead a good life." (SAFG4 P5 M)

4.4.3.2 Subtheme 1.2: Facilitators for effective implementation of sexuality education

Facilitators should seek to impart knowledge, skills, mindsets, and principles to school-going adolescents to make decisions that affect both their own life and other people's well-being. UNESCO (2018:12), an international NGO has developed a framework to assist facilitators in implementing a collaborative sexuality education programme.

4.4.3.2.1 Category: Collaboration with all stakeholders

Participants appeared to enjoy some events in the communities, invariably due to the diverse presentation modalities the organisers used. Those who lived with their extended families expressed that such topics are never discussed in the family, therefore, the school provided a good avenue for useful information. Others believed that school nurses should be part of the team as they would make a huge difference in topics such as preventions of diseases since they were knowledgeable. Some suggested there could also be collaboration between teachers and the community, religious leaders, and NGOs.

> *"I have been to some events in the community and found that very interesting. I have learned a lot from them, and they teach using songs and drama and this not only keeps me entertained but I learn from it as well. We are even taught how to defend ourselves in case of sexual assault." (SAFG1 P3 M)*

> *"I live with my gogo (grandmother) since I was small so my gogo has not ever talked about such things, and I think she do not know a lot about sex topics and all so she has not spoken about it, or it could be that our elders are not allowed to talk about sex." (SAFG2 P8 F)*

> *"I think that the teachers need to get more involved in getting the school nurse to come and talk about prevention and disease and topics like that. We want to hear it from the professional." (SAFG2 P9 F)*

> *"To me it means that the school must work together with the principle and other teachers and parents and the community leaders." (SAFG1 P3 M)*

"I think that it is a good idea for the NGOs to get involved in the teaching because they teach many ways like role play and drama and it is an exciting way." (SAFG3 P1 F)

"The government has policies for us such as sexuality policies, reproduction policies, health policies, curriculum policies that was supposed to be followed but it is not." (SAFG1 P7 M)

"Pastors need to come to visit the school and give us spiritual teaching and counselling." (SAFG3 P3 M)

4.4.3.2.2 Category: Diverse content

In as much as the participants appreciated the topics taught at school, there were suggestions of developing diverse content especially around teenage pregnancy, HIV, abortions, and baby care. For some it was the content that they felt could be enriched. Others expressed that they got more from the media than the classroom.

"Now I feel like there is not enough being taught about teenage pregnancy and abortions at schools. I think that the teachers are scared to talk about personal things like that." (SAFG1 P4 M)

"I feel like our classes are very boring when the teacher talks about sex health, I think that teacher can use other ways of teaching to make it more learnable." (SAFG3 P6 M)

"I feel that the school information we get is very little and under taught as I find that the media teaches me more than the teachers do." (SAFG3 P2 F)

"If we are told in schools the danger of abortions, then the girls would not even do that, but no one tells us these kinds of things." (SAFG3 P3 M)

"Comprehensive means talking about all topics that deals with sex, but we don't learn all of this in school, and I am not sure why." (SAFG1 P3 M)

"Getting other people help to teach us sex education and about babies and pregnancy and HIV and all those topics." (SAFG1 P4 M)

4.4.3.2.3 Category: Innovative teaching approaches

Innovative teaching approaches seemed to be a thread running through the information participants shared. They described various way content could be made more interesting. It was not enough that they were taught what their families regarded as taboo, they wanted teachers to step up and employ various approaches using audio-visual learning aids.

"I enjoy role play when teaching maybe it's because I like to be an actor, I don't know but I think that we can understand the lecture if we partake in it." (SAFG1P1 F)

"I like the idea of class discussions as these forces us to learn the work so that we would be able to know what to say in class when it is time for discussions." (SAFG2 P2 F)

"Watching videos is also a nice way to teach. Teachers need to learn new and exciting ways of teaching us." (SAFG3 P3 M)

"Reading pamphlets. It shows diagrams and gives information as well." (SAFG2 P4 M)

I think that group presentations are a very good idea." (SAFG3 P1 F)

"Watching a tv program on the topic." (SAFG3 P4 M)

"Comics are also good as we laugh and learn at the same time." (SAFG4 P4 M)

4.4.3.3 Subtheme 1.3: Contribution of multimedia

Multimedia includes several types of media like graphics, audio, and video rather than just text or still images. According to research, interactive multimedia has been shown

to increase interest, motivation, and involvement in the learning process (Terentyeva, Pugacheva, Luchinina, Khalmetov, Safin & Shaydullina 2019: 762).

4.4.3.3.1 Category: Topics of interest and multimedia

Adolescents seemed to be caught up in multimedia and more advanced than teachers and designers of the LO curriculum. They were quite vocal about what they use multimedia for. Topics of interest were mainly around sexual and reproductive issues, birth control, sexual abuse, and human rights. They sourced information from various mediums such as newspapers, magazines, tv and google search.

> *"I like to be taught about sexual topics and even reproductive topics and we learn a little bit about it in school." (SAFG1 P2 F)*

> *"I have learnt lots from the newspapers, magazines, google and TV about HIV, abortions, STIs and teenage pregnancy like what we learn in school." (SAFG1 P1 F)*

> *"I read in the newspaper about abortions are dangerous." (SAFG1 P4 M)*

> *"I saw a video on the human body parts and it's so easy to see the part and learn from looking at that part." (SAFG2 P6 M)*

> *"I learnt about taking birth control from reading the newspaper." (SAFG4 P4 M)*

> *"There was a program on tv about sex abuse where even when the women don't want to sex but the men still force them and then hit them if they say no." (SAFG4 P6 M)*

4.4.3.3.2 Category: Better understanding of sexual health

School-going adolescents believed that content from multimedia is more comprehensive than what they are taught in school. It is simpler and easy to follow. Therefore, they develop a much better understanding than in class. Adolescents become more aware of various issues related to sexuality and they believe that

knowing more and having clarity prevent risky behaviours. The participants also reiterated the need for multi-sectoral collaboration.

> *"Helped me understand that I should be more aware of sex issues and not to get involved with sex at an early age as this could mean trouble for me." (SAFG1 P1 F)*

> *"For me it also keeps me focused and I don't get disrupted, so I learn what I see as I concentrate on what I see." (SAFG1 P6 M)*

> *"I watch TikTok. There are students who educate as well, and she makes it easy to understand." (SAFG1 P2 F)*

> *"The media has brought knowledge to the public and they should partner with the various sectors and schools to gain factual information and release it to the public as part of an awareness campaign." (SAFG1 P3 M)*

> *"It keeps me focused on the teaching because it's exciting to watch videos." (SAFG3 P3 M)*

> *"I feel media has helped me to understand what they teach us in school even better." (SAFG4 P1 F)*

4.4.3.4 Subtheme 1.4: Building a healthy life outlook

Prevention is better than cure and staying optimally healthy means tailoring one's lifestyle to ensure holistic health. Sexuality and sexual behaviour have a significant influence on health. According to Macklin and Rice (2021:1), healthy life outlook is defined as healthy choices that have a significant impact on the protection of individuals' health.

4.4.3.4.1 Category: Broader perspectives of life

Participants expressed a much wider perspective than mere sexual education. They seemed to have a positive outlook for general health. They saw sexuality education as a stepping stone to greater things in life, their academic performance and class attendance, morality, self-regulation, and respect for fundamental values from

religious beliefs. Most expressed the need to do good and have good lives in the future.

"I like to be taught about things that will help get me a healthier life." (SAFG2 P6 M)

"I want to finish my schooling and then working and studying also and once I started thinking like that I am doing well in my subject*." (SAFG3 P1 F)*

"I was not absent not one day this year because I want to educate my life and make something of myself and to respect my body and I have learnt during our health topics." (SAFG3 P4 M)

"In church and in school we learn about keeping ourselves clean and not to have sex before marriage and to have only one partner in life to obey Gods word and to put what we learn in school into action." (SAFG3 P5 M)

"I want to be a good person for myself and for others and lead a good life." (SAFG4 P5 M)

"I was not absent not one day this year because I want to educate my life and make something of myself and to respect my body." (SAFG3 P4 M)

4.4.3.4.2 Category: Continuity and reinforcement

Participants needed sexuality education to continue at home. They suggested that parents could be invited to their LO classes so that they could continue having such discussions at home. However, they contended that this is a sensitive topic for most parents. They believed that the involvement of parents would enhance their knowledge and avoid risky behaviours. They believed police, church pastors counsellors from lifeline and drug rehabilitation centres could be part of the team for continuity.

"They should hold health days where they bring in people like the police or the nurses or the church pastors, people from lifeline or even drug and alcohol

rehab centres something like that, anything to educate and support us so we don't make unnecessary mistakes as these mistakes can ruin our lives." (SAFG2 P4 M)

"If parents come and join the teaching and listen what we are being taught then maybe they will understand what the sex education is all about." (SAFG3 P3 M)

"I am just saying that our parents need to be educated on sex education as well so that they know how to communicate with us on sensitive and private things so that we could feel comfortable to go to them and talk about things that bother us or things that we need help in so that we can make a good choice when we need to make choices. Our parents can help us to make choices because sometimes we don't have the understanding to make the right choice." (SAFG3 P4 M)

4.4.3.4.3 Category: Accessible youth friendly services

Services that are easily accessible and tailored to the requirements of young people ensure that they are at ease, supported, and understood. Accessible, youth-friendly services give young people the tools they need to succeed by giving them resources that are especially suited to their needs and growth prospects (James, Pisa, Imrie, Beery, Martin, Skosana & Delany-Moretlwe 2018:8).

Participants acknowledged existence of youth friendly services at local health facilities. The majority were satisfied with the services offered, such as counselling, distribution of condoms and contraceptives. They found nurses to be approachable, friendly, and willing to listen to their health issues. The nurses also answered their questions and referred them to appropriate services.

"Access to health services is good because we can go to the clinics after school, and they do attend to us when we go for help. They also even give us condoms. I do wish that there were mobile clinics coming to the schools weekly." (SAFG1 P1 F)

"We do have access to support systems like the counselling and social services at the clinics." (SAFG1 P2 F)

"The sisters are friendly, and I found that I could talk to them and ask questions freely and the sister did not scold me or give me stares." (SAFG1 P7 M)

"In my opinion I have been to the clinic, and I have not had any problems with them. They helped me and I was happy, so they were kind to me." (SAFG1 P8 M)

"The nurses told us that they offer prevent methods and counselling and can even arrange for social workers to help us and for the police to help us so now we know that there are people that we can go to help us when the times comes." (SAFG2 P7 M)

4.4.3.4.4 Category: Active participation in community events

Young people must actively engage in community events to ensure that they can freely ask questions, seek advice, and receive correct information about sexual health. Organizations, healthcare workers, educators, and volunteers have the chance to come together at community events to meet the needs of young people.

"I really enjoy community events as I find that it is more entertaining, and I engage better with the activities because it draws my attention better." (SAFG1 P2 F)

"I remember the community programme teaching better as they are more dramatic and exciting and also when we see and hear the teaching and thereafter see the demonstration of what they teach, that's the reason I think that it is easier to remember." (SAFG1 P3 M)

"I like community events because I can freely ask the co-ordinators any questions without feeling a sense of judgement because they don't know me and won't judge me." (SAFG4 P2 F)

“When there is a community engagement in our area then I join them in helping around so I feel like I belong to the project and I also make friends with the co-ordinators so when I need any help with any questions to be answered, I ask, and they reply.” (SAFG2 P2 F)

4.4.4 Theme 2: Challenges to effective implementation of SE

In Theme 2, Challenges to effective implementation of SE, three subthemes emerged from the data: essential resources, competing needs, and recommendations for improvement. The categories are presented in Table 4.10.

TABLE 4.10 Theme 2: Challenges to effective implementation of SE

Theme	Sub-themes	Categories
Theme 2: Challenges to effective implementation of SE	• Essential resources	• Transport issues • Clinic staff attitudes • Support systems
	• Competing needs	• Exam anxiety • Teachers' presentation approaches
	• Recommendations for improvement	• Strengthening stakeholder engagement

4.4.4.1 Subtheme 2.1: Essential resources

It is crucial to have the proper resources available to engage with your community in a successful manner. These tools can aid in fostering collaboration, communication, and the development of deep relationships within the local community (De Weger, Vooren, Luijkx, Baan & Drewes 2018:15).

4.4.4.1.1 Category: Transport issues

Most participants expressed that the clinic is only accessible after school hours. Some live far from school and must take school transport home, which means missing out on needed services from the clinic. They were faced with difficult choices, whether to go to the clinic or home and a few mentioned that they skip the clinic.

> *"I was having a problem because I wanted to go to the clinic but could not go because we can only go after school and then we have to take the transport home and then we are left behind if we need the clinic and decide to go so, we don't go because of transport problems." (SAFG1 P3 M)*

> *"For me the barrier is transport because I can't go after school as my transport picks me up. It would be nice if the school nurse can come in a mobile clinic to the schools." (SAFG1 P4 M)*

"Transport is a problem for me as I have to travel to go home and then can't get the chance to use the clinic." (SAFG4 P4 M)

4.4.4.1.2 Category: Clinic staff attitudes

In general, most of the participants said that they had never experienced untoward attitudes from the clinic staff. Since, it is a known issue that nurses may sometimes scold them, a few mentioned that they preferred to forgo clinic services for fear of reprisals from nurses. Only one had a negative experience from one of the nurses and decided she would not go to the clinic again.

"I feel like I would be looked upon badly if I attend the clinic like maybe they will judge me or something so I keep quiet and don't go and suffer with the problem or sometimes go to traditional healers who are close by and who we can go to in secret." (SAFG4 P1 F)

"I had a bad experience with a someone once. I went there and told her something private and she scolded me badly and told me not to be naughty, but she could have told me nicely now I don't want to go back there as I can't trust her but rather, I save money and go to the pharmacy." (SAFG3 P8 F)

4.4.4.1.3 Category: Support systems

Participants seemed to be looking for other forms of support, from the communities, news media and various school activities to reinforce sexuality education. Some lamented lack of meaningful activities, and emphasised lack of visits by nurses, unlike in other areas where they heard of nurse's visitations. Others indicated lack of basic health services such as counselling. Living in rural areas without adequate network was also cited as an impediment to get additional information from other sources.

"We are not familiar with community leaders here that can especially assist the youth or who is given the task of taking care of youth issues so that is a real shame that no one is interested in helping the youngsters." (SAFG1 P4 M)

"Our school DBEs try and have activities. The police and Lifeline came and visited us. We look forward to outside people coming and talking to us to break the same routine, but we don't get anyone." (SAFG1 P3 M)

"The nurses never came to our school. I have heard that they go to schools in another Sub-district, but they never come to us. I wish that they could come to us and teach us more things on sex education as they have more knowledge." (SAFG3 P3 M)

"We do have access to support systems like the counselling and social services at the clinics. It is not easy to go to the clinics after school hours though." (SAFG1 P2 F)

"There are lots of youth development program and activities in the rural areas and they talk to us about the dangers of having many partners or teenage pregnancy and abortions and other health topics." (SAFG2 P2 F)

"I live in the rural area, and we have bad network so I cannot check TikTok and google and Facebook to get the information that some of my friends get, so I feel disappointed in this." (SAFG1 P5 M)

4.4.4.2 Subtheme 2.2: Competing needs

Today's demands made of students can frequently result in extreme levels of academic stress and strain. For students, managing their academics and extracurricular commitments has grown more difficult (Wang & Hafkens 2020:421).

4.4.4.2.1 Category: Exam anxiety

Life orientation is a required course in the curriculum that emphasizes students' overall development. It gives students the knowledge and abilities they need to successfully traverse different facets of their lives. However, there is the notion that LO is not one of the core subjects. Therefore, learners obviously will want to dedicate more time to

core subjects. Some stated that during exam periods they would focus less on Life Orientation due to anxiety. Others complained of having too many subjects and that they could not cope with the workload. A few mentioned household chores that also take some time away from their schoolwork.

> *"During exam time or test time it is very much stress, so I don't listen much to sir because I am worried about exam time." (SAFG2 P1 F)*

> *"We have so many* subjects *and so much work in each* subject *so it's hard to focus on each* subject *so the difficult* subject *I learn then the other* subject*s gets left behind and then I get scared exam time." (SAFG4 P1 F)*

> *"When I get home, I have to help to clean and cook then I don't have enough time to learn schoolwork." (SAFG1 P3 M)*

4.4.4.2.2 Category: Teachers' presentation styles

Participants reiterated that teachers could make a difference in the way they present sexuality content. Many found the teaching styles boring and not exciting. In the previous category, they indicated the various ways they obtain content from multimedia; however, this is also an issue due to high prices for data. Hence, the participants believed that the officials from the Department of Basic Education should visit their school to get first-hand information of their challenges.

> *"Only one time teacher had a role play and that was it. He never had that again and we liked it because we got the chance to act and be part of the teaching, but he did not do it again and even the other teachers don't do it, so the subjects are not exciting." (SAFG2 P2 F)*

> *"I heard there is information on google about sex education from certain organisations and that we can even give them a please call and they will phone us back, but I cannot read the information and learn for myself because I have to buy data and just browsing google eats all my data." (SAFG2 P5 M)*

"I have a teacher that talks too fast, and she only stand Infront of the class and teach that I can't keep up to what she is saying and so I don't understand some of the work and even my friends have a problem to understand her." (SAFG3 P2 F)

"I feel that the Education Department minister should take interest in our schools and come with the team and visit us as I have seen it being done in a school in Joburg through Facebook then we can tell them directly what changes we want to be made for our school." (SAFG4 P3 M)

4.4.4.3 Subtheme 2.3: Recommendations for improvement

It is essential to put in place comprehensive and inclusive programs that cater to the needs of all children to improve sex education in schools. Participants recommended that the various departments put out greater attempts in programmes, activities, and events to ultimately equip school-going adolescents with the knowledge they need for a safe and responsible sexual life. The suggestions would help sex education be more effective (UNESCO 2018: 16).

4.4.4.3.1 Category: Strengthening stakeholder engagement.

Participants mentioned that they would like to see more input and effort from the DBE and DoH regarding school programs, activities, and events. Most of the participants mentioned that they would like to see the Department of Social Development involved in the schools on a regular basis to prevent monotony and to enhance sexuality education.

"I believe it is a good idea that the various departments visit our school and find out if we need any information on any given topic so they can elaborate on it and give us topics of sexuality education." (SAFG1 P2 F)

"I think that the DoH needs to employ a clinic nurse who works in our school and that can help us at any time of the week for any issues that we may have. Since it is difficult to go to the clinic it would be easier and more comfortable for

us to have a school health nurse always with us who can help us immediately when we need help, for either knowledge or for any health-related issues." (SAFG3 P4 M)

"I have attended festivals that the NGOs has set up and it is so informative and creative, and I remember things better this way." (SAFG4 P2 F)

4.5 PHASE 3: Integration of combined study findings and Development of conceptual framework for intersectoral approach in secondary schools

A Logic Model was utilised to guide the study to gain a thorough understanding of the execution of comprehensive sexuality education for school-going adolescents in secondary schools. This phase involved the integration of findings from phase 1 and phase 2 to obtain a holistic understanding of sexuality education in secondary schools. This was followed by the development of a conceptual framework which was thereafter sent to the experts in sexuality education for validation and finalization. Key themes in the integrated findings were identified using its constructs, namely, inputs, activities/processes, outputs, and outcomes as illustrated in Figure 5.1. The conceptual framework for intersectoral collaboration was developed and validated in response to a discussion centred around the constructs of the Logic Model. After a thorough literature analysis and integration of the study's findings, several fundamental principles were identified that served as the basis for the conceptual framework for the current study. Both deductive and inductive reasoning were applied during this process (section 6.3.1). This stage involved identification and recruitment of experts in the field of sexuality education. An information leaflet describing the purpose of the research, the risks and benefits and contact details of the researcher, supervisor, and chairpersons of the College Research Ethics committees was prepared. Experts in the field of sexuality education were recruited through visitations to the DBE, DoH and DoSD and some email addresses were sought through websites to make up a list of experts in the field of sexuality education who were then contacted physically and via emails. The inclusion criteria were participants who were experts in field of sexuality education. Some of the the key findings from combined phases, consent form, biographical information, proposed conceptual framework and evaluation tool were part of the information package that was given to the experts via physical visitations and email contact. Support letters from the DBE and DoH were

also given to the experts. The field experts were notified that there could be two (2) iterations to ensure that their feedback was incorporated in the final conceptual framework.

Iteration one

Experts in the field of sexuality education were identified nationally via physical contact and emails and recruited from the DBE, DoH and DoSD to validate the conceptual framework. A package including the support letters from the DBE and DoH, information leaflet (Annexure S), consent form, biographic information, some of the the key findings from combined phases proposed conceptual framework, and evaluation tool was sent to them physically and via email.

The inclusion criteria were participants who were experts in field of sexuality education. The experts in the field of sexuality education were notified that there could be two (2) iterations to ensure that their feedback was incorporated in the final conceptual framework. Phone calls were made, and emails were sent to those experts that received emails to clarify the purpose of the conceptual framework. To the experts that were visited via physical contact, questions were asked for clarity purposes and answered by the researcher.

Iteration 2

This stage involved the recommendations of the experts in the field of sexuality education to modify the conceptual framework. The recommendations that were given by the experts were incorporated in the validated conceptual framework. The framework was sent back to the experts to confirm that their recommendations were included in the final conceptual framework. The integrated findings were used to develop the framework. This was followed by intensive literature review. Key principles were identified. The framework was developed.

Full details of the development of the conceptual framework are provided in chapter 6.

4.6 CONCLUSION

This chapter discussed the findings in relation to sexuality education in schools, implementation of sexuality education, challenges and barriers, evaluation of sexuality education, comprehensive sexuality education and the barriers to its effective implementation. The themes, subthemes and categories were supported by quotations from the participants to address the objectives of the study.

Chapter 5 presents integration, interpretation, and discussion of combined findings.

CHAPTER 5

INTEGRATION, INTERPRETATION AND DISCUSSION OF COMBINED FINDINGS

5.1 INTRODUCTION

This chapter discusses the integration, interpretation, and discussion of combined findings in relation to the literature. The focus of this chapter was on how combined findings from phase 1 and phase 2 of the study addressed the research questions, which were:

- What are the processes of sexuality education implementation in secondary schools?
- What are the perspectives of LO teachers on intersectoral collaboration in sexuality education in schools?
- What are the viewpoints of school-going adolescents regarding implementation of sexuality education in schools?

The Logic Model theoretical framework was used to interpret and discuss the combined findings with literature control.

5.2 INTERPRETATION OF COMBINED FINDINGS

Key findings from each phase were tabulated and compared. Similarities and differences were noted, and gaps identified. New meanings from combined data sets emerged. The main theme that arose from the findings was that policies pertaining to sexual health offer a framework for addressing significant concerns like sexual health of the school-going adolescents. This being a qualitative study, ensures that meanings as conceptualised by participants are preserved and presented. The ontological nature of constructivism demands that the views, opinions, meaning and experiences of LO schools, school-going adolescents, and senior managers should be presented as articulated by participants. Therefore, interpretation and discussion of combined findings was guided by the theoretical framework and the assumptions of constructivism.

In this study, a Logic Model provided a theoretical basis to gain in-depth understanding of the implementation of a comprehensive sexuality education for adolescents in secondary schools in KZN. The Logic Model also provided guidance achieve all the objectives of the study. Its constructs, namely: inputs, activities/processes, outputs, and outcomes guided identification of key concepts as shown in Figure 5.1 below.

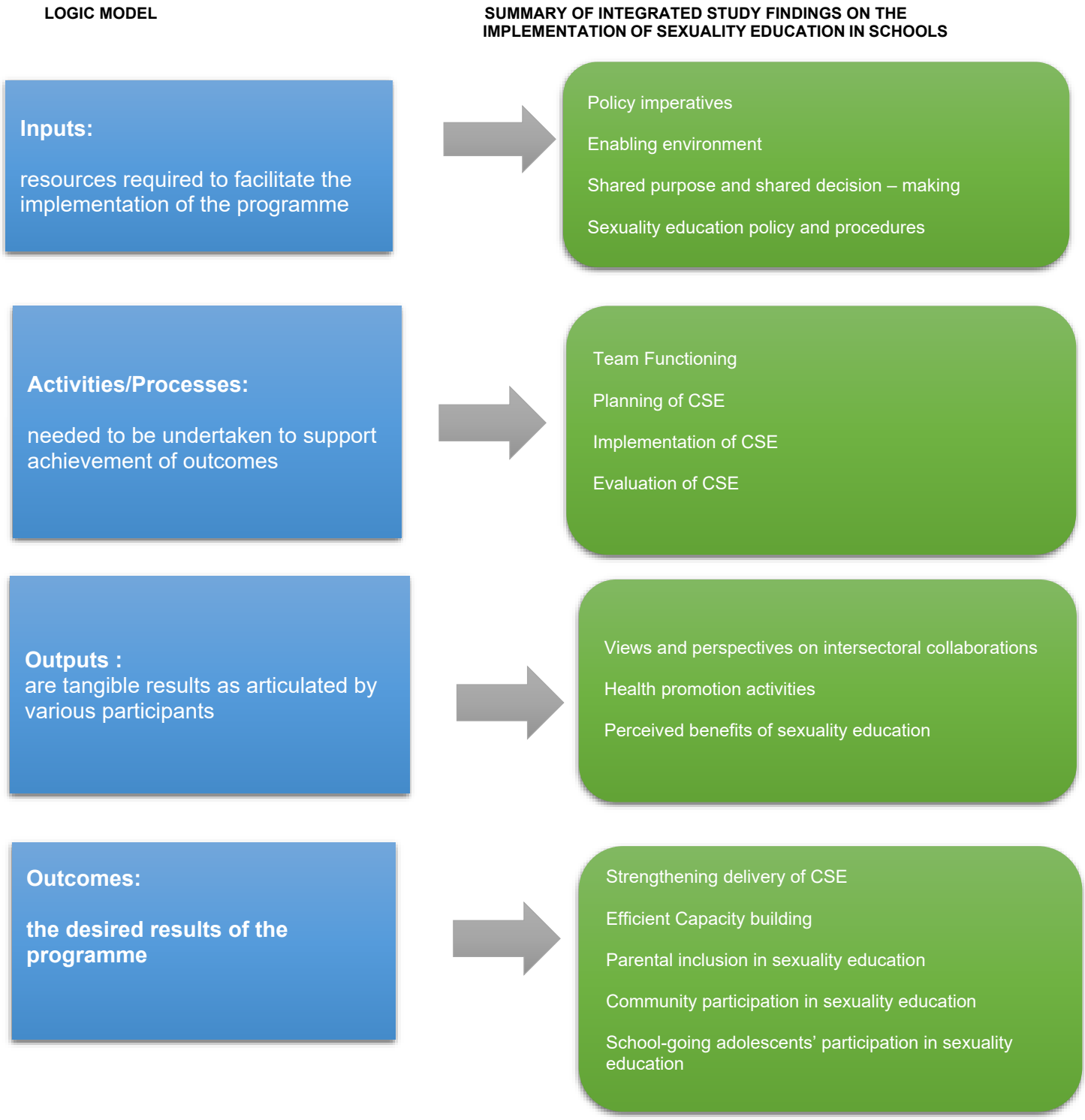

Figure: 5.1 Diagrammatic presentation of the logic model and the integrated findings

Inputs are resources required to facilitate the implementation of the programme, such as enabling environment, shared purpose, comprehensive sexuality education policy and procedures, resources, organisational autonomy, intersectoral infrastructure, and personal characteristics we assessed in both phases. It was deduced that a shared purpose is essential to establishing a high-achieving collaborative team through the promotion of a shared goal and a collaborative approach to attaining it. Furthermore, intersectoral cooperation can provide crucial inputs such as leadership, well-defined plans for CSE delivery, sufficient resources, and a feeling of trust and belonging. The stakeholders should support the transfer of knowledge, skills, and values to educational institutions. Additionally, accomplishing curriculum objectives and outcomes as well as promoting learning and growth depend heavily on an enabling environment. For a program to be implemented successfully, mutuality among stakeholders, decentralized joint district planning, and shared decision-making are essential inputs that can be achieved. Decentralized joint district planning is essential because it necessitates the process of giving the district DBE and DoH joint decision-making responsibility over CSE planning and execution. Therefore, to maintain and enhance the application of CSE in secondary schools, stakeholders must mutualize, decentralize, and engage in shared decision-making. Objective 1 which was the processes used in the implementation of sexuality education in secondary schools was achieved through the Logic Model Construct: Inputs.

Activities/Processes need to be undertaken to support achievement of outcomes. In this study the term refers to team functioning, information management, tasks and process involved in planning, implementing, and evaluating CSE. The study findings have revealed that the DoSD, specifically, the NGOs, concentrated on delivering activities, festivals, and events to enhance sexuality education in support of the CSE curriculum in schools. However, the lack of funding and personnel presented a challenge. The LO teachers' awareness of the scripted lesson plan on the DBE website was one of the main conclusions that emerged. The LO Teachers could not incorporate the lesson plans into their teaching content because it was difficult for them to understand the Scripted Lesson Plan (SLP). They believed that the effective

implementation of the sexuality education curriculum required intersectoral collaboration, honest communication, shared decision-making, and community awareness. They stated that they required support from the DoH and DBE. They also focused significantly on how crucial learner-centred curricula are. The results also indicated that to improve adolescents' knowledge and proficiency in sexuality education, age-appropriate, and context-based content should be disseminated to them. School-going adolescents expressed that they believed they required and wanted cooperation from the DBE and DoH, and that they expected a varied, yet age-appropriate curriculum with creative teaching techniques. They repeated the extent that the multi-media instruction had helped them. They reiterated how much they benefited from taking part in community events. The participants proposed measures to boost the design, execution, and assessment of CSE in schools, as well as quality assurance and cooperation between government, departments, and sectors. The study concluded that to ensure competency, stakeholders needed to be trained and to have their capacity built. The study provided data that is supported by evidence regarding the participants' methods of implementation, perspectives, and views on sexuality education in secondary schools. Objective 2 which was the perspectives of the LO teachers in intersectoral collaboration of sexuality education in schools was achieved by the Logic Model construct: Acitivities/Processses.

Outputs are tangible results as articulated by various participants. They refer to level of collaboration, networks, and implementation of CSE. Senior managers view regarding the processes adopted to implement intersectoral collaboration in sexuality education, LO teachers' perspectives on intersectoral collaboration and school-going adolescents' views and opinions regarding the implementation of sexuality education in schools were solicited. According to senior managers, training, and capacity building, are enabling factors. The senior managers provided detail on conducting in-service training programs for their teams' professional growth. This is covered in depth under outputs (section 5.5.1.1). To execute programmes, events, and activities in schools and the community, it seems that the DBE established networking connections with NGOs and the DoH. It appears that they are working collaboratively with the NGOs to support their sexuality education initiatives. However, this study contends that not all schools received guidance and support. Participating school-going adolescents reported having a positive experience at community activities and programs, which are primarily organized by DoSD. Statistics on teenage

pregnancies and STIs show that although school-going adolescents expressed positive and excellent comments about community interventions, this did not result in positive outcomes. Therefore, an effective inter-sectoral collaboration between departments is essential. Objective 3 which was the views of school-going adolescents in the implementation of sexuality education in schools was achieved through the Logic Model Construct: Outputs.

Outcomes refer to mutuality among stakeholders, comprehensive inter-sectoral plan for CSE, positive social experience for school-going adolescents, improved CSE. LO teachers and school-going adolescents suggested that experts from every department could organize and supervise the activities necessary for effectively implementing sexuality education in schools. Although LO teachers have a favourable attitude toward training, they seem to face challenges, such as not being provided with an opportunity by the DBE to reskill and upskill. This suggests that to improve teacher knowledge, skills, and competences, and provide high standards of lessons, the DBE should begin enforcing or monitoring training development as it should be a part of the required induction and continuing development process. To overcome the uncomfortable situation caused by cultural disparities, early involvement of parents and the local community in sexuality education is necessary. There were several ideas recommended on how to accomplish this. One of these is involving parents in CSE as it would ensure that sexuality education continues. Furthermore, open communication would exist between parents, LO teachers, and students. Participants suggested that community service and volunteer activity should be a mandatory assessment process. They urged that parental and community involvement, should be included in the implementation of CSE in schools, school-going adolescents should participate in decision-making, policy formation, health networks and curriculum delivery to contribute to their own well-being. Objective 4 which was the development of a conceptual framework for intersectoral collaboration of sexuality education in secondary schools was achieved through the Logic Model Construct: Outcomes.
Extensive discussion of the Logic Model constructs will follow.

5.2.1 Processes involved in implementation of sexuality education in schools

This study sought to understand objective 1 which was the processes involved in the implementation of sexuality education in schools. Therefore, it was important to get an in-depth understanding of the policies, current practices involved in the implementation

of sexuality education in schools and how school-going adolescents perceive and experience the implementation of these policies

5.2.1.1 Inputs

Policy imperatives, enabling environment, shared purpose, shared decision-making, and sexuality education policy and procedures were highlighted in the study as the inputs involved in implementing CSE in secondary schools. Data showed that there was a high level of knowledge of the policies among senior managers and LO teachers. According to Achen, Fernandes, Kemigisha, Rukundo, Nyakato and Coene (2023:3), the comprehension of policies strengthens the execution of sexuality education. However, there were challenges with the execution of CSE in schools. The recurring themes that came to light were a conducive learning environment, supportive collaboration partnerships from stakeholders, shared vison and purpose regarding common health care goals, and adolescent sexuality health policies. The results showed several weaknesses in this area. The departments did not appear to have a cohesive approach to delivery. Data indicated that each sector had an independent approach, and the study was unable to identify any evidence of integrated planning. The study suggests that the departments must engage to improve collaboration and remove hurdles that prevent CSE from being implemented in schools as this is vital.

5.2.1.1.1 Policy imperatives

Policies were highlighted as one of the inputs in this study. Findings reveal that the government provides policies to strengthen and support various systems. It was evident from data that there was considerable awareness and understanding of the policies among senior managers. Most LO teachers also demonstrated their understanding of the CSE policy. The theme that emerged from all findings was that the policies were there to guide and support the implementation of sexuality education in schools (section 4.3.1.1.1). Senior Managers and LO teachers acknowledged the purpose of these policies regarding their roles and responsibilities (section 4.4.1.1.1). This is consistent with the study conducted by Sharshor, Elkazeh and Fahmy (2022: 227) who found that policies guide and support the implementation process. These policies should be seen as part of promoting the well-being of school-going adolescents and responsible sexual behaviour to protect school-going adolescents

from early unintended pregnancies and sexually transmitted infections and diseases. The interrelatedness of sexual health problems calls for effective collaborations and implementation of policies.

Numerous national and international studies highlight that CSE policies were instituted to strengthen the implementation of SE. The CSE policies were also designed to mobilise collaborations of relevant departments to ensure the fulfilment of their roles and responsibilities when providing related services in schools and to achieve positive health outcomes according to the stated policy objectives (Venketsamy & Kinear 2020:11-12; Panchaud, Keogh, Stillman, Awusabo-Asare , Motta , Sidze & Monzon 2019:11-12; Achen, Fernandes, Kemigisha, Rukundo, Nyakato & Coene 2023:3; Usubillaga, Diaz & Forrester 2021:271). These findings show the key intent of providing a positive governmental support system.

5.2.1.1.2 Enabling environment

According to this study, an enabling environment is one that promotes staff training, collaborations, and needs assessments on the sexuality and reproductive concerns that school-going adolescents' encounter. It is evident that sexuality education requires a safe and healthy learning environment that empowers school-going adolescents, using culturally appropriate teaching practices. It was imperative to include school-going adolescents in the study. Data revealed that senior managers experienced challenges and barriers (section 4.3.3) such as limited school supervisory visits, poor connectivity, inconsistent youth-friendly services, socio-cultural barriers, and financial and human resources barriers that frustrated their efforts in the implementation process. On the other hand, LO teachers indicated that they required effective collaboration of the various sectors that are responsible for the implementing sexuality education in schools. School-going adolescents confirmed that they needed the DoH and DBE to assist more in their supportive role, and to provide a rich and diverse experiences. The study assumes the low input from the various departments were due to barriers in the implementation process. It inferred that it would be beneficial to investigate the complex challenges faced by the DoH, DBE and DoSD in any collaborative efforts in schools. It was, therefore, imperative that a conceptual framework was developed and implemented to guide the implementation process. This study assumes that there are opportunities to strengthen collaborations. This is

consistent with Mora-Ruano, Heine and Gebhardt (2019:7) and Mohapi and Chombo (2021:9,13), who concur that collaboration is needed for improvement in schools. A lack of it means deficiencies in the empowerment and support for teachers and learners. In addition, studies found that ideas and innovation are needed from stakeholders who collaboratively can explore strategies that are best suited to address a complex problem. They further expounded on their findings that trying to achieve any organisational objective without providing an enabling environment may compromise stakeholders' abilities to succeed. Additionally, they established that stakeholders play a critical role in creating and maintaining a collaborative and enabling environment through connecting people and expertise (Mahlangu, Goudge & Vearey 2019:9). This is indicative of collaboration as an enabler; hence, it should be prioritized to harness and harmonise the implementation of SE curriculum in schools. However, to be successful, stakeholders must grasp their respective priorities and focus on developing a shared knowledge of both the school setting and objectives. They must also be willing to share resources and skills. This is possible through creating a trusting work relationship. However, an enabling environment where autonomy and trust of each sector would be recognised, and the creation of appropriate inter-sectoral collaboration is encouraged.

Senior managers revealed that they have identified their shortcoming of not conducting needs analysis prior to programme design. However, they acknowledged that conducting needs analysis was essential in ensuring that resources are well managed and programmes for school-going adolescents are executed according to individual needs (section 4.3.1.2). They elaborated that to design a programme, needs analysis should be done to identify the needs of the school-going adolescents and to determine the contents of the programme design. LO teachers confirm that the needs of the adolescents were not assessed by the DBE or DoH at any given time. This was evident in how school-going adolescents experienced sexuality education in their schools.

The study concurs that the needs of the school-going adolescents should be identified through a collaborative needs analysis that involves all stakeholders, including school-going adolescents, in order to guide the development of the programmes content. The results are consistent with previous studies wherein a needs analysis serves to highlight problem areas and take actionable steps toward improvement (Irfadila &

Noprika 2022:230). Literature supports the study's results that a needs analysis is essential in the development of an effective program (Plesons, Khanna, Ziauddin, Gogoi & Chandra-Mouli 2020:6). The advantages of conducting a needs analysis go beyond just mere understanding. However, if this is not done, the program will not adequately address the needs of the school-going adolescents, thereby reducing its effectiveness.

Senior managers believed that training and capacity building are enabling factors. They elaborated on conducting orientation and induction programmes, in-service training for professional development for their team. This is discussed in detail under outputs (section 5.5.1.1). It appears that the DBE created networking collaborations with NGOs and DoH to implement programmes, events, and activities in schools and in the community. It seems that they have a partnership with the NGOs, to assist them in carrying out programs on sexuality education. However, this study argues that sufficient support and guidance were not given to all schools. This was based on evidence from LO teachers and school-going adolescents who at times urged and requested input, support, and direction from the DBE, DoH and DoSD, respectively (section 4.4.1.1.2). The study argues that collaboration could be equivalent to a cooperative partnership. However, it requires the establishment of relationships prior to programme delivery. It is important to note that collaborative efforts made by the DBE, were not being affected in all schools. Chavula, Zulu and Hurtig (2022:22) found that collaboration is lacking in school programme delivery and argue that it is needed for efficient delivery of the CSE curriculum. These results go beyond previous findings showing that collaborations are the building block for effective delivery. The primary challenge appears to be lack of stakeholder interaction.

It is critical to address these constraints through inclusive collaboration in the development, implementation, monitoring, and evaluation of CSE in educational systems.

School-going adolescents expressed positive experiences of community programmes and events mainly organised by DoSD. They reiterated that they reaped the benefits from community events as they participated in these and drew information that they easily understood (section 4.5.1.2.1). Perceived benefits are discussed under section (section 5.4.3).

5.2.1.1.3 Shared purpose and shared decision – making

The senior managers acknowledged that decisions, projects, and programmes should be shared, and the curriculum should be accessible to sectors as both the DoH and DBE use the DoSD to implement sexuality education in the schools and communities (section 4.3.1.2.1). LO teachers revealed that the CSE curriculum should be standardised so that all the sectors can have a shared understanding of the content. It is assumed that planning collaboratively and sharing resources could improve cooperation across various departments. They elaborated that the various sectors are partners in collaborating on shared objectives, vision, purposes, and shared decisions when working towards common healthcare goals. They reiterated that equal partnership and competence are required for sexuality education delivery (section 4.4.1.3.2). An LO teacher indicated that maintaining privacy is an ethical principle and should be adhered to. However, it seems that this could disrupt shared decision-making.

It appears that to successfully execute this program, shared decision-making, a feeling of equal cooperation and competence, are essential. What seemed to be a common theme was that intersectoral collaboration can work more effectively if the government strives to put in more effort in enforcing the implementation processes. The study assumes that there could be a high probability of success if all parties were given a voice from the initial stages of policy formulation to implementation and evaluation. These collaborations aim to foster positive social change by utilizing the unique strengths and resources of each sector to achieve common goals. Several studies concur that an increase of shared purpose, shared vision, and shared decision-making are critical for a multisector successful collaboration (Mahlangu, Goudge & Vearey 2019:9). One of the most important conditions for multisectoral action is having a shared understanding of the issues and a shared vision. Clear objectives and goals are necessary for successful collaboration. All the stakeholders involved should have a common vision and perspective of what the collaboration aims to achieve.

5.2.1.1.4 Sexuality Education Policy and Procedures

Senior managers highlighted that policies provide a framework for implementation of sexuality education in schools (section 4.3.1.1.1). This was consistent with the LO teacher's data which indicated that they were aware of Integrated School Health Policy and the Adolescent Sexuality and Reproductive Health Policy framework and

guidelines that emphasize adolescent health services to be provided in schools by the DoH and DBE (Section 4.4.1.1.1). These policies are a means of gaining collaborations from various sectors to share their expertise. They indicated that the various sectors should be reminded of the mandatory guidelines that state that they are obligated to give assistance to schools. However, the LO teachers believed that these policies were not being enforced in schools. The school-going adolescents inquired about the various departments because they believed that they are not adhering to the regulations that should direct their duties. The study assumes that school-going adolescents expect the various departments to take careful consideration in fulfilling their duties of providing support to the educational institutions. Flook (2019:2) found that learning involves acquiring knowledge from collaborative relationships for school-going adolescents' holistic well-being since their development is complex. Results demonstrate that this is true. This study believes that there should be an integrated system of school support that includes extended learning opportunities and community partnerships that encourage learning to be continuous.

- Resource availability

Adequate resources are critical for the success of any programme. Senior managers controlled the financial resources, consistent with hierarchical roles in project management. The funding appeared to be insufficient to conduct all the programme events and activities. Of importance is how senior managers balance the needs of the programme and school-going adolescents, which might not be an easy task. The environment in which these schools operate is characterized by chronic lack. The senior managers elaborated on the funding issues and acknowledged that the budget is managed according to the amount of funding obtained from the government, banks, and corporate partners and sponsors. However, it was not clear how or who they raised funds from among the non-governmental sources. They further mentioned that knowing what the funding partners' expectations are will help them to continually work on pertinent projects and plans to ensure receiving ongoing funding.

Senior managers described that they allocate sponsored resources such as hygiene supplies to underprivileged schools in remote areas. They took cognizance of limited resources which were supplied to select few underprivileged rural schools as funding and human resources were a challenge. Data showed that the NGOs visited selected

rural schools, not all schools benefitted from these visits. This could mean skewed distribution of scanty resources. This was reiterated by LO teachers that the departments could visit all schools as they believed that they played a significant role in implementing sexuality education in schools. Inadequate resources could hamper effective management of the sexual and reproductive health of school-going adolescents. Sein (2021:51) found that inefficiencies and inequities in health financing were widespread and would likely not meet the Sustainable Development Goals of good health, well-being, and quality education. Findings from Maphumulo and Bhengu (2019:7); Panchaud, Keogh, Stillman, Awusabo-Asare, Motta, Sidze and Monzon (2018:290) are consistent with the current study and confirm financial constraints, inadequate monitoring and evaluation systems, poor sectoral coordination, and poor partnerships as the main challenge to implementing CSE effectively. Nevertheless, these findings support the notion that South Africa possesses the potential to utilize its knowledge about health disparities and the negative effects of past segregation to establish high quality service provision that would benefit the intendent recipients.

The issue of limited resources hampered effective implementation of the programme as well as collaboration among stakeholders. This calls for a better framework for collaborations where there will be sharing of resources. School-going adolescents also had similar experiences, where they indicated that they were never visited by other sectors, they only heard of such visits from their peers in other schools.

Resources for Health Strategy South Africa (HRH SA) (DoH, 2017:7) state that to reinvigorate education, a productive workforce in healthcare must be developed and employed. The study is of the opinion that strengthening the human resource ability to create, direct, and implement health policies, strategies, and programs are essential for obtaining favourable health outcomes. Thus, to achieve positive health outcomes as intended, requires harmonisation of policies and strategies to increase and improve the capacity of human resources.

- **Organisational autonomy**

This section details how the key participants experienced their autonomy in the implementation of the programme. Senior managers emphasised that the staff are given the opportunity to verbalise their ideas on how the programme should be

implemented as they believe that all of them have the liberty to make decisions and implement them as they consider appropriate. On the other hand, most LO teachers appeared to want more input to have an influence on the content and its presentation. They also believed that the sexuality education curriculum needed to be updated since it would allow various sectors to cooperate collaboratively to determine whether the content was relevant. In support of this finding, the school-going adolescents also expressed the need to participate and fully engage in youth events concerning sexuality education in the community. They admitted that participating in the activities helps them recall information more easily. This is consistent with Canas, Lachance, Phipps and Birchwood (2019:881) and Dong, Lee, Wang, and Shannon (2023:3) who concur that adolescents' engagement in activities increases their knowledge retention, skills, and confidence. Therefore, the intentional involvement of school-going adolescents is to empower them to take charge of their own actions and make their own decisions. However, to avoid making mistakes, they must be provided with the information and skills necessary to do so.

Some teachers faced challenges and were not very comfortable in presenting certain topics and preferred other partners to deal with those. This raises questions on the level of open and frank discussions between LO teachers and school-going adolescents. This study contends that at the core of this discomfort is the tension between teachers' personal values and those of the curriculum and the school. Hence, they believed that with more adult expertise on the field, school-going adolescents could obtain knowledge.

Despite progress made in implementing sexuality education in South Africa, ongoing challenges persist. Studies found that teachers who are not highly skilled to teach students disadvantage the students from receiving the proper education they deserve (Maffea 2020: 4; Adewumi, Mosito & Agosto 2019:17).

Cultural resistance coupled with socio-economic disparities further exacerbate the situation. The implementation of sexuality education in South Africa has faced various challenges, including resistance from conservative groups and cultural norms. However, despite these obstacles, progress has been made in developing comprehensive curricula that address critical reproductive health issues. Studies indicate positive outcomes such as increased knowledge and decreased teenage

pregnancy rates among those who received this education. Moving forward, it is essential to address ongoing challenges by improving teacher training programs and strengthening partnerships with external stakeholders. By doing so, South Africa can continue its efforts towards effective implementation of sexuality education for the well-being of its young population.

Additionally, implementing effective sexuality education programs faces challenges at various levels. Societal taboos surrounding discussions on sex often hinder open conversations about these topics within communities (Shiradkar & Mahajan 2022:85). Institutional barriers, such as resistance from school administrations or lack of teacher training, can impede the implementation of comprehensive sexuality education in educational settings (Ahmed, Ahmad, Paff, Samkange-Zeeb & Brand 2021: 9). Lastly, individuals may have personal objections based on cultural or religious beliefs. The benefits of comprehensive sexuality education include increased knowledge, improved decision-making skills, reduced risk-taking behaviours, and enhanced sexual health outcomes. However, challenges exist at societal, institutional, and individual levels that must be addressed to ensure effective implementation. Policymakers, educators, parents/guardians should prioritize inclusive and evidence-based approaches to empower school-going adolescents through comprehensive sexuality education programs.

To overcome these challenges, strategies must be implemented. Teacher training programs should be enhanced to ensure educators have the necessary knowledge and skills to deliver comprehensive sexuality education effectively. Additionally, partnerships with community organizations and healthcare providers can provide support systems for students and further reinforce key messages.

- **Inter-sectoral infrastructure**

The creation of appropriate inter-sectoral infrastructure is critical. There must be a framework for collaboration and coordination, as well as sharing resources. Challenges such as poor network in rural areas influenced communication, timely reporting, and feedback. Lack of access to technology in all school settings hindered advancement in the implementation. LO teachers indicated the desire to enhance audio-visual aids and use technology enabled practices in the schools. School-going

adolescents also highlighted the need for technological improvements in schools to make content interesting. This finding in interlinked with the issue of resources for sexuality education in schools described in the previous section. It is well known that young people are more comfortable with technology, therefore, it makes sense for schools to consider such in their budgets. Haleem, Javaida, Qadri and Suman (2022:278) agree that innovative educational technology supports positive outcomes. Realizing the potential of education technology to accelerate student learning is desirable.

- **Government support**

DBE participants expressed that they grant permission to the NGOs to access the school. This was confirmed by the NGOs who expressed gratitude for access (section 4.3.1.1.2). Volunteers were employed by the DoSD to help professionals carry out health promotion initiatives. It is evident that funding was used for transportation, paying the coordinators, specialists, volunteers, and other administrative costs associated with carrying out the programs, events, and festivals. It is notable that the DBE is aligning itself to the purpose of the policy by integrating the DoSD into the sexuality education curriculum as this increases diversity in teaching and learning approaches. The study believes that it is well justified to suggest that sufficient funding distribution could increase coverage of schools. However, the study contends that the government is faced with a myriad of challenges in all sectors that require funding. Hence, the notion of effective mechanisms for shared resources becomes imperative.

5.2.1.2 Processes adopted by key stakeholders

Team functioning, planning, implementation, and evaluation of CSE were emphasized in the study as the processes involved in implementing CSE in secondary schools, which was achieved by the objective 2. The results of the study showed that the DoSD, and more notably, the NGOs, concentrated on organising and delivering programmes, festivals, events, and activities to improve sexuality education when promoting the CSE curriculum in schools. However, there was a challenge due to the insufficient funding and staff. The recurring theme that surfaced was the necessity of teamwork, open communication, collaborative decision-making, support, and guidance for the successful application of CSE. According to Schnipper, Fitall, Hall,

and Gale (2021:1), cooperation and communication are common elements that lead to successful delivery. The findings indicated certain shortcomings in this domain. The Departments of Basic Education, Health, and Social Development share the responsibility for being the primary stakeholders in the execution of CSE in schools. However, it did not seem like the departments had coordinated implementation strategies. According to data, every sector had its own strategy, and collaborative planning was not identified in the study. The study acknowledges that it is critical that departments engage on how to enhance coordination, collaboration, and finding ways to eliminate obstacles that stand in the way of implementing CSE in schools.

5.2.1.2.1 Team Functioning

Open communication was seen as an enabling factor. Most of the participants explained that open communication is an essential part of intersectoral collaboration as it prevents misunderstandings and contributes to exchange of valuable information and maintains healthy work relationships. Senior managers indicated that they have written information that communicates and gives directions to staff (section 4.3.1.1.1). LO teachers revealed that it is important to have open communication between sectors to avoid misunderstandings (section 4.4.1.3.1). School-going adolescents reiterated that they wished that all sectors could communicate and come together to teach them. The study assumes that open communication between the sectors fosters information exchange and collaboration which in turn can contribute to desired outcomes. It appears that open communication was a common theme revealed in this study. They believed that since stakeholders come from diverse cultural backgrounds and have varying ways of service delivery, it is crucial to maintain open lines of communication to increase everyone's level of engagement. Policies stipulate the need for open communication collaboration among various departments (NDoH 2019:38).

In addition, all participants believed that shared decision-making requires effective communication between stakeholders. This would instill a sense of belonging and encourage all to work hard towards achievement of desired outcomes. The theme that emerged was that support, guidance, open communication, and shared decision-making are imperative for the effective implementation of SE. The results showed some weaknesses in this area. Therefore, there is a need to develop measures to ensure that all stakeholders have access to effective integrated communication to achieve the outcomes stated in the policy (NDOH 2017: 7). Effective communication

is not just about bringing departments together but occurs when stakeholders engage in meaningful participation.

Results demonstrated that LO teachers and school-going adolescents were not satisfied with the level of support and guidance, even though networking collaborations between the various departments existed. Open lines of communication are critical to prevent misunderstandings as stakeholders come from diverse sectors, with different focus areas. In addition, measures are needed for open channels to support stakeholders. Schnipper, Fitall, Hall and Gale (2021:1) stated that communication and teamwork are a common contributing factor for successful delivery. Kwame and Petrucka (2020:20) argue for the inclusion of communication skills and collaboration in programs to strengthen the quality of programme delivery. Therefore, improving communication channels among different sectors may significantly increase the overall joint level of delivery of the sexual education curriculum.

Results indicated that youth-friendly services were being offered by the DoH, albeit not adequately. There was good referral practice in place. Some school-going adolescents were referred by the DoSD and LO teachers whilst others went on their own accord for consultation. There were various challenges experienced by school-going adolescents and LO teachers. Mainly, it was time to access the services and transportation. This is consistent with a study conducted in KwaZulu-Natal indicating long waiting times to receive consultation and lack of privacy which compromised youth-friendliness, hence dissatisfaction with the primary health care services (Vukapi 2020:234; Naicker 2022: 69). In addition, James, Pisa, Imrie, Beery, Martin, Skosana and Delany-Moretlwe (2018:9) argue that health services should make every attempt to offer a standard driven equitable, accessible, acceptable, appropriate, and effective approach to improve the quality of care to school-going adolescents. The study neither established the feedback nor the communication between the health facilities and the teachers.

It appears one of the challenges faced by the senior managers was a lack of teamwork due to staff's diverse ideas on how to conduct a project, making it difficult to work as a team (section 4.3.3.1.3). The study assumes that a lack of teamwork can hinder the implementation process. LO teachers did not experience good teamwork and support from other stakeholders. In some instances, teachers had to do the follow up or invite

the stakeholders to come to their schools for a variety of reasons. Zajac, Woods, Tannenbaum, Salas, and Holladay (2021:14) found that teams in healthcare face challenges, regardless of which field they work in. In addition, Morley and Carshell (2017:209), support the finding and argue that departments and sectors need to collaborate as a team in the sexuality education curriculum delivery.

This study did not establish how teachers themselves supported each other; a crucial issue that will be highlighted in the conceptual framework that will be developed to strengthen sexuality education in schools.

5.2.1.2.2 Planning, implementation, and evaluation of CSE

5.2.1.2.1.1 Planning CSE

Planning delivery of a comprehensive sexuality education requires joint efforts by all stakeholders. In terms of key stakeholders in the development and implementation of CSE in schools, the Departments of Health, Social Development and Basic Education are jointly responsible. The Department of Health, Department of Social Development and Department of Basic Education appeared to not have joint plans for implementation. Data showed each sector to have its own plan and the study could not identify joint planning. However, the National Adolescent and Youth Health Policy (NAYHP) states that for co-operation to be established, the DoH, DBE and DoSD must fulfill their roles and responsibilities to integrate initiatives, programmes and activities for the successful implementation of the policy (NDOH 2017:9). The policy affords opportunities for various sectors to work together to support implementation of CSE in schools.

The present study found that senior managers designed programmes to promote health and prevent disease (section 4.3.2.1.2). However, LO teachers argued that DBE and DoH health programmes were not being adequately implemented in the schools (section 4.4.1.1.1). On the other hand, school-going adolescents indicated that they hoped that the DBE would increase the support for sexuality education curriculum delivery, by having school health nurses in schools to assist with health promotion and disease prevention (section 4.3.1.2.3). LO teachers also articulated the wish for nurses to deal with certain topics.

The study results reveal challenges with funding, which is not unusual in the low- and middle-income countries. What is required is high-quality health/education/social

development systems that consistently provide care that enhances or preserves health and adapts to the changing demands of school-going adolescents. As emphasized by numerous literature, schools need adequate financing to provide for a sound learning environment (Fodo 2020:5; Sayed, Motala, Cared, Ahmed 2020:10). Hassan, Groot & Volante (2022:12) argue that there should be educational input and investment to increase the quality of education in schools. The study believes that limited funding could be a factor hindering the execution of the curriculum.

Results from the senior managers showed the procedures they use to plan, and that staff followed instructions, target dates and deadlines for activities. They indicated that huge tasks are broken down into smaller ones and staff are allocated duties. The resources are distributed according to the programme that is planned for each school. Their staff are given the opportunity to plan events and programmes.

5.2.1.2.1.2 Implementing CSE

In areas where inter-sectoral collaboration is mandatory, it is critical to recognize the relationship between the different stakeholders who have been mandated to take actions in a way which is more effective, efficient, and sustainable. The results from the senior managers and LO teachers demonstrate that the curriculum should be made available and accessible to all stakeholders (section 4.3.3.2.2). Participants believed the curriculum could be modernized and standardized, to ensure that the material is understood by all relevant sectors.

Senior managers confirmed that their staff conducted visits to selected schools due to the lack of staff, lack of funding and time constraints (section 4.3.3.1.1). However, data from all schools revealed that there was less input from the DBE, DoH, and DoSD. The exception is that only social workers came at regular intervals to visit a particular boarding school. It should be noted that these visits were not consistent in other schools. LO teachers indicated that they had to call and plan for the departments to come and visit the schools. LO teachers acknowledged visitations by university educators who yearly visited the school and address the school-going adolescents on various topics like abuse, sex, HIV, STIs, drug abuse, pregnancy, abortion, and contraception. They were of an opinion that health and education departments do not have school health promotion as a priority. Some school-going adolescents confirmed

that they were aware that other schools were being visited and could not understand why their schools were not being considered (section 4.4.2.1.2). However, it should be noted that the Integrated School Health Policy strives to standardize guidelines for offering programs to all schools, by instructing the integration of various departments to ensure strategic direction by schools regarding its implementation (DoH 2012:16-17).

Senior managers revealed that innovative teaching methods are used in community events (section 4.3.1.2.2). However, LO teachers confirmed that learners were bored with their teaching practices. They acknowledged that they predominately used the lecture method. The LO teachers used ready-made lessons from the Department of Basic Education. They needed to be innovative and present various topics in interesting ways. School-going adolescents found the lecture method boring, and they used their mobile devices to seek extra information. They would also appreciate more innovative teaching approaches, using technology. Both LO teachers and school-going adolescents believed that innovative teaching styles would enhance teaching and learning.

School-going adolescents seemed to want innovative teaching approaches like audio visuals and increased use of technology in the classroom. They specified that innovative teaching approaches such as using tiktok, YouTube videos, discussions, diagrams, and comics would make content presentation interesting. Kubheka, Carter and Mwaura (2020:1) and Haleem, Javaid, Qadri, and Suman (2022:333) concur with the findings that technologies provide students with freedom to access digital knowledge according to their learning styles. This suggests that the applicability of multimedia strategies such as the use of various media, websites, community projects, can be implemented in CSE in the schools. By expanding multiple teaching spaces, school-going adolescents can deepen their understanding, develop lifestyle skills, and make them better prepared for the real world.

However, this study contends that mere talk about the use of technology supported teaching is not a guarantee that school-going adolescents would change their risky behaviors. There are multiple factors that need to be considered to make sexuality education effective.

Teaching approaches should be innovative, but furthermore, there must be empowerment to give the girl child a voice to say No! and skills to navigate this developmental stage safely. It is also a fact that LO only cannot achieve intended outcomes because it is loaded with multiple content. The schools are not the only environment capable of changing school-going adolescents' behaviour. However, they are the best available option. The additional environment is the home, which means families need to be capacitated to handle this subject and empower the young people.

Findings revealed that senior managers conduct in-service training sessions to ensure that the team is completely knowledgeable on how to implement the programme. The study could not establish the effectiveness of this training with recipients. LO teachers also acknowledged the need to be capacitated in creative presentation of sexuality content.

This is consistent with Rivaldo and Nabella (2023:140) who concur that in-service training should be conducted in the work environment for personal and professional development as it increases performance and productivity. Literature confirms that in-service training maximizes staff productivity by broadening their knowledge, experience, and skills to equip them for their responsibilities (Alfaidi & Elhassan 2020: 193). The study believes that reskilling and upskilling are essential for increasing productivity since it allows staff to acquire new skills related to sexuality content.

It appears that the department of social development planned and implemented mostly the campaigns and community events (section 4.3.2.1.3). Programs aimed at raising the awareness of health risks were acknowledged by stakeholders from the Department of Social Development. They incorporated a variety of activities that occurred throughout the year. These were aimed at motivating school-going adolescents to adopt healthy behaviours. School-going adolescents participated in these events and found them useful and interesting (section 4.5.1.4.4).

It appears that school-going adolescents desired to participate in youth events as they found them innovative and engaging. This hints that innovative, adaptive, and flexible engagements could lead to positive health outcomes and a safe productive life. These findings call for an urgent evaluation of CSE content. There could be multiple factors involved in this dilemma. Inter-sectoral collaborations are beyond mere working together. They call for partnerships and commitment between sectors, to share

planning and cost sharing for service delivery. This study identified some challenges in this area.

Data showed that senior managers and LO teachers alike believed in a learner-centred (section 4.4.1.1.2) and age-appropriate approach curriculum (section 4.3.1.1.1). However, school-going adolescents confirmed that the content presented was not comprehensive enough. They engaged in information seeking by using social media and other channels as described earlier. They expressed that the information given in schools is insufficient and they wanted a diverse context-based content base. Venketsamy and Kinear (2020:2) argue that an age-appropriate diverse content and a learner centred-approach are needed to support the teaching needs of different age groups in schools. Developed countries have a clear implementation framework, technological platforms, age-appropriate content, youth participation and intersectoral collaboration approaches (Achen, Fernandes, Kemigisha, Rukundo, Nyakato & Coene 2023:6). On the other hand, in low- and middle-class countries, inappropriate content and inequalities between the planned curriculum and what was implemented was an issue (Mturi & Bechuki 2019:143-145).

LO teachers concur that there was a lack of visits from the other departments to assist, support or guide them in teaching difficult topics that need experts in the field of sexuality education to demonstrate and teach. In addition, school-going adolescents confirm that there was an absence of visits from the DoH, DBE or DoSD that could have been a support system for them in learning difficult to understand topics and believed that if the experts in the field taught the topics, they may have a better understanding of the subject. They indicated that they had to call and plan for the departments to come and visit the schools as indicated earlier. LO teachers revealed that they are in a collaborative relationship with a university department which frequently visits the school and addresses the school-going adolescents on various topics like abuse, sex, HIV, STIs, drug abuse, pregnancy, abortion, and contraception.

The LO teachers confirmed that health and education departments should prioritize visiting schools. School-going adolescents confirm they anticipated visits from the various departments as they were aware that other schools were being visited and could not fathom why their schools were not being considered (section 4.4.2.1.2).

Hence, the challenge of inconsistent and inequitable schools' coverage needs to be addressed. This infers that legislative requirements for the DoH and DBE to follow are providing school health services and school-based health promotion visits. This is consistent with previous studies done by Dibakwane and Peu (2018: 5) and Sharshor, Elkazeh, and Fahmy (2022: 234) who found that shortage of manpower and finding was a challenge and a barrier in service delivery to schools.

Challenges with the implementation were articulated by all participants. Senior managers indicated that one of the challenges was continuity of teaching and learning during the national Covid 19 lockdown. However, they developed some mechanisms to ensure continuity by using websites and call centers. There was also an issue of resources which were not adequate, issues of poor network and impassable roads in rural areas.

5.2.1.2.1.3 Evaluating CSE

The study recognizes that it is imperative for different sectors to engage in discussions on how they can improve collaboration, coordination and identifying solutions to the barriers that prevent implementation of CSE in schools.
Senior managers and LO teachers outlined the process used to track the policy's implementation progress. Senior managers revealed that they utilized monitoring tools like checklists to ascertain whether tasks and activities were completed. They believed that all sectors should have access to a standardized mechanism for school visits that they can use to determine which schools have already been visited and which still require visits. Likewise, LO teachers indicated that various sectors should visit schools as a standard routine and to prioritize time to visit the schools that were not visited (section 4.4.1.1.2). This suggests that a standardized tool can be beneficial as a consistent system to monitor and assess visitations routine.

Senior managers indicated that they assess the activities to see if they have been completed, and if not, to ascertain the reason, and to determine what can be done to complete them. LO teachers indicated that quality assurance inspectors should verify the effectiveness of the programs being used. It is assumed that the quality assurance process will measure compliance against certain necessary standards to ensure the programme meets the quality standards set by the government. Hence, this will enhance quality improvement.

The data from senior managers is evidence that it may be helpful to conduct a pilot run to find any errors and make the necessary corrections to ensure maximum program effectiveness (section 4.3.1.1.3). Whilst LO teachers indicated that the DBE must assume responsibility for schools and conduct routine assessments to see if the CSE programme implemented in schools is effective or not. The study assumes that monitoring *and* evaluation are only effective if the data gathered from different sectors are considered. This is in line with Danforth, Ahmad, Blanchet, Khalim, Means, Memirie, Alwan, and Watkins (2023: 5) who concur that monitoring and evaluating are an essential process that help to identify what is working and what is not and to make informed decisions on how to improve their programs. Additionally, the National Adolescent and Youth Health Policy (NAHYP) states that monitoring and evaluation must be included to track and measure the implementation of the NAHYP, and to assess progress (NDOH 2017:10). These exercises should be goal-oriented and use specific objectives to gauge performance. It is believed that the effective execution of monitoring and evaluation procedures may give rise to effective implementation of CSE in schools due to the obligation of accepting responsibility and accountability for one's actions.

5.2.1.3 OUTPUTS

This study highlighted views and perspectives on intersectoral collaboration, health promotion activities, and perceived benefits of sexuality education as outputs. Participants suggested that the Department of Health should provide ongoing assistance for the health and welfare of school-going adolescents. This implies that the DBE was not accomplishing its goal of creating, sustaining, and supporting the schools. Participants recognized that an effective method to create a stronger, healthier community is to educate the public and local officials. The participants also highlighted the point that for the community and schools to benefit from their experience, collaborative, innovative community engagement activities should be created and external field experts and speakers from other departments should be welcomed. The study acknowledged that campaigns, activities, and programmes were conducted in selected schools and in the community. This suggests that, given the available data, lifestyle programs should involve collaborating with local communities to prevent diseases among school-going adolescents. According to Amri, Chatur, and O'Campo (2022:4), intersectoral sectoral coordination is required to attain health

equity. This study draws the assumption that community involvement and teamwork may improve school-going adolescents' health. School-going adolescents expressed favourable and positive feedback about the programs, however, this did not result in favourable outcomes. Hence, collaboration between departments that are well coordinated becomes essential.

5.2.1.3.1 Views and perspectives on intersectoral collaborations

Participants believed that there was some adherence to the policies, in terms of collaboration, albeit not at the desired level. Senior managers indicated that they collaborate with the health and educational and social sectors to provide services to the schools and community. On the other hand, LO teachers acknowledged that the government has made it possible for intersectoral collaborations to work through policies and guidelines. However, they believed that it is not being executed according to the policies. They suggested that the government develop mandatory regulations for the various departments to plan collaborate at all levels to assist schools in implementing sexuality education. In addition, they indicated that the DoH should be a constant support in servicing the school-going adolescents' health and wellbeing (section 4.4.1.2.3). This implies that the DBE was not fulfilling their aim of developing, maintaining, and supporting the South African school education system for the 21st century. Senior managers from DBE explained that lack of human and financial resources impeded effective support. However, it is important to highlight the fact that this was justified by participants from all departments. The study suggests that the schools should also take responsibility in initiating contact with the various departments for specific assistance. To do so effectively, there must be a framework for communication between stakeholders.

Literature has shown that South Africa has good policies on paper, but their implementation is a challenge. This is consistent with Hoeyi and Makgari (2021:1, 7) who found that although governmental policies were a guideline to action, there were several challenges in implementing the policies which affected service delivery.

There was a shared belief among participants that educating the community and community leaders is a strategy that would build a stronger and healthier community.

They also pointed out that collaborative innovative community engagement activities should be planned and guest speakers from various departments should be invited so

that the schools and community can gain from their expertise (section 4.4.1.2.2). They made recommendations on how inter-sectoral collaboration could be strengthened. The study assumes that these are recommendations that should be discussed in their joint meetings.

Data revealed that the school-going adolescents attended community events and found them beneficial (section 4.5.1.2.1). This study observed that school-going adolescents were not included in planning these events, and as described earlier, they expressed the willingness to be part of the planning of implementation of sexual education.

All the participants acknowledged that intersectoral collaboration is essential for positive health outcomes. This indicates that a collaborative effort is needed from various sectors and departments to join forces collectively with their resources, knowledge, skills, and expertise for the purpose of positive health outcomes. This is consistent with the Integrated School Health Policy which state that the DoH, DBE, and DoSD must collaborate and take the responsibility for ensuring the provision of continuous health and education services to all learners in all schools (DoH 2012:7). Amri, Chatur and O'Campo (2022:4) found that intersectoral collaboration among sectors is required to achieve health equity. In other words, the relevant departments and sectors must collaboratively take action to enhance the effectiveness and efficiency of services to achieve health outcomes that are sustainable.

Challenges with effective inter-sectoral collaboration, could be at the government or school levels. Funding is discussed in a separate section; however, it reflects availability of resources at the government level. NGOs could assist or impede efforts, especially foreign donor NGOs where their objectives are not quite aligned with the policy intent. Hence, there might be a need to strengthen the re-engineering of primary health through inter-sectoral collaborations, with special emphasis on school health, as the third leg of re-engineered Primary Health Care Model.

5.2.1.3.2 Health promotion activities

Health promotion activities implemented reflected the level of collaboration between key stakeholders, with the department of social development being in the forefront. Views from senior managers and LO teachers converged on certain points.

There appeared to be inconsistencies in relation to campaigns or activities executed in the schools. Nevertheless, the study acknowledged that these campaigns, activities, and programmes were conducted in selected schools and in the community.
According to the findings, the following health promotions programmes were conducted: The Healthy Lifestyle, and Health4Life which address various health issues affecting school-going adolescents. However, the implementation of these programmes was not consistent. School-going adolescents experienced them differently, as they were not implemented in all communities and schools. Nevenglosky, Cale and Aguilar (2020:3) concur that inconsistent implementation of programmes and curriculum, negatively impact the programmes' objectives by not meeting learning goals. That suggests there is a need for collaboration efforts to unitedly work together to achieve common goals contributing to an overall success of the programme. Sexual and reproductive health rights are important as they are core components of the right to health and sustainable development. They are necessary for improving access to relevant services, as well as gender equality (Wangamati 2020:3). The author further laments the absence of core issues within CSE, such as gender inequality and power dynamics.

The measurement of outcomes of these programmes was not in the scope of this study. However, since other school-going adolescents did not benefit, the study assumes that all key stakeholders may have to review their planning and execution.

This infers that in the context of the evidence provided, lifestyle programmes need to involve working with local communities to prevent or reduce risk, and to mitigate the impact of common diseases among school-going adolescents. This study assumes that community participation and collaboration may enhance uptake by school-going adolescents.

Nonetheless, it was acknowledged that the challenge of the lack of resources hindered the implementation process in schools. Freeman, Simmonds, and Parry (2020:190), concur that intersectoral collaboration done in community events will invoke the same health promotion outcomes if done in schools.

The aim is for wider coverage of schools and school-going adolescents both in urban and rural areas.

5.2.1.3.3 Perceived benefits of sexuality education

As indicated earlier, school-going adolescents, as recipients of sexuality education curriculum, who attended these events were happy with the mode of content presentation and content itself. Senior managers and LO teachers confirmed the aims of sexuality education. However, the study contends it is the intended beneficiaries who can articulate the impact of the teaching on their understanding of self and sexual behaviour. The policy intent is to offer healthcare services that are preventative, promotive and that address the requirements of adolescents in school in terms of both their current and future health (DoH 2012:11). This implies that the DBE, DoH and DoSD were not executing the programme as purposed by the policy in schools. These findings coincide with a study conducted by Uzoma and Ifeanyi (2019:8) who found that health education enables students to comprehend the effects of disregarding their health. The study suggests that standard operating procedures based on the Integrated School Health Policy should be made compulsory in all schools, to enhance the quality and continuity of school health services.

School-going adolescents indicated that they have a better understanding of CSE, improved self-esteem, increased autonomy, focus on education and a positive outlook in life. They shared that they benefited from learning about topics that enabled them to live a more productive life with positive health outcomes. They expressed their desire to care for their physical health and concentrate on their studies. This hints that sexuality education has benefited school-going adolescents substantially, however, it should deliver an adaptable, applicable SE to all school-going adolescents as they require the capabilities to become productive and healthy individuals thriving in society.

Despite school-going adolescents expressing good and positive statements about the interventions, that did not translate to positive outcomes as reflected by statistics on teenage pregnancies and sexually transmitted diseases described earlier. This is evidence that school-going adolescents still engage in unprotected sex. This challenge must not be understood in isolation of societal factors such as poverty, issues of masculinity, elderly men abuse of young girls. Therefore, a well-coordinated inter-sectoral collaboration becomes imperative. In addition, approaches to presentation of specific topics need further exploration. Implementers of these policies must reflect on single sex or combined approaches to sexuality education. Data could be elicited by

feedback from learners. The reality of classrooms and time allocated to LO subject will need to be reviewed if health promotion is to gain traction.

5.2.1.4 OUTCOMES

The fourth study objective to develop a conceptual framework for intersectoral collaboration for secondary schools was emphasized through the theme of strengthening delivery of comprehensive sexuality education through capacity building and parental inclusion in sexuality education and school-going adolescents' participation in CSE delivery. It appeared in all the engagements with the participants. It was evident from data that senior managers discussed the several methods they used to empower their employees, including induction and orientation of new recruits, in-service training, and support monitoring of staff to ensure job efficiency. These techniques were initiatives to increase capacity. However, the LO teachers requested reskilling and upskilling. Participants suggested parental inclusion in sexuality education to eliminate misconceptions and support CSE. According to Venketsamy and Kinear (2020:12), school-going adolescent support for sexual issues is increased when parents are informed about and participate in the sexuality education program. The findings also suggest that to encourage school-going adolescents to take greater responsibility for their health, they should be included in the creation of policies, health networks, and curricula.

5.2.1.4.1 Strengthening delivery of comprehensive sexuality education

The results of this study make apparent that planning, implementation, and evaluation of CSE partnerships is very effective. The departments of Health, Social Development, and Basic Education are all major stakeholders in the implementation of CSE in schools. The study results reveal that every department had its own strategy, and collaborative planning was not identified in the study. According to the National Department of Health (NDOH) (2017:9) the integration of resources from various departments is essential for successful execution of policy related to CSE in schools. Policies have made it possible for various departments to collaborate to facilitate the implementation of CSE in school institutions.

According to the present study, senior managers; namely, NGOs from the DoSD planned and implemented initiatives to advance health and wellness. LO

teachers disputed that the health programs were sufficiently implemented in the schools. However, school-going adolescents expressed their desire that the DBE and DoH would be a consistent support system for the delivery of the sexuality education curriculum in schools.

Acknowledging the partnerships between various stakeholders who have been directed to execute sustainable activities is of very significant especially in areas where inter-sectoral coordination is required. The results from the LO teachers and school-going adolescents demonstrate that collaborative networks should be established. The participants believed that to strengthen the application of CSE, support structures needed to be in place.

Most of the LO teachers and school-going adolescents indicated that they were dissatisfied with the non-existent visitations from the Basic Education and the Health departments. They believed that sexuality and reproductive health services are not the foremost concern for the DoH and DBE.

It appears that school-going adolescents desired hybrid teaching approaches. The findings that technologies give students the ability to access digital content in accordance with their approaches to learning are supported by Haleem, Javaid, Qadri, and Suman (2022:333). This implies that it is feasible to use multimedia approaches to support CSE in schools.

According to LO teachers, the DBE must take responsibility for the schools and carry out regular evaluations to determine the efficacy of the CSE curriculum. The study assumes that data collected from various departments must be taken into consideration for monitoring and evaluation to be successful. The National Adolescent and Youth Health Policy (NAHYP) states that monitoring and evaluation must be included to track and measure the implementation of the NAHYP, and to assess progress (NDOH 2017:10). Due to the expectation that one accepts accountability for one's actions, it is thought that the efficient execution of monitoring and evaluation processes may lead to a successful execution of CSE in schools.

5.2.1.4.2 Capacity building

Findings showed some form of capacity building initiated by various sectors. Senior managers elaborated on various strategies they adopted to empower their staff such

as induction and orientating new staff members, in-service training, motivation, support, and supervision of staff to ensure work efficiency. Although the personnel were well supported in training, it was evident that LO teachers believed more could be done. LO teachers indicated that they often requested experts from the DBE, DoH and DoSD to assist in teaching topics that they were not familiar with or found daunting to teach. They insinuated that there were professionals from each department that could plan and co-ordinate activities for the successful implementation of sexuality education in schools.

LO teachers exhibited a positive attitude towards training, however, they seemed to experience challenges such as not receiving the opportunity from the DBE to upskill and reskill. This indicates that the DBE is not enforcing or monitoring training development as it should be part of the mandatory induction and continuous development process to increase teacher knowledge, skills, and competence, thereby delivering high standard of education. This is in line with Chakma and Chaijinda (2020:3-4); Ebekozien, Aigbavboa and Aliu (2023:119**)** who found that upskilling, reskilling and collaborative training support from various sectors are needed to change the teaching, learning and professional development. Furthermore, Diaz, Halkias and Thurman (2023:2, 3) mention that workforce needs to overcome training barriers and upskill and reskill to make a positive sustainable change in society. The results indicate that although senior managers ensured that their staff were well orientated and trained in CSE delivery, consideration was not extended to the LO teachers as they also required in-service training to improve their sexuality education competency levels. LO teachers expressed that they needed to attend a competency based CSE training to equip themselves with the latest content and presentation modes. School-going adolescents also concurred that the teachers need to be equipped to teach in more innovative ways. The study assumes that being competent makes delivery of knowledge and skills to school-going adolescents more effective. Similar results were obtained in the study done by Venketsamy and Kinear (2020:9) who found that LO teachers need content based in-service training in CSE delivery for competent performance. This suggests that to ensure a high level of proficiency and effectiveness in CSE delivery, competency and content orientation must be made a mandatory program during the induction process. In addition, there might be a need to review the content of the present sexuality curriculum.

This view was supported by data from DoSD senior managers, who indicated that the DBE needed to provide simplified lessons to schools (section 4.3.1.2.1). Similarly, this was echoed by LO teachers who indicated that the lesson plans on the DBE website were difficult to understand and needed the DBE to assist with workable lesson plans and a variety of instructional approaches (section 4.4.1.1.1).

This implies that there needs to be a broad selection of teaching resources and guides that are easy for LO teachers to follow. However, the study assumes that LO teachers need to be encouraged to be innovative and to design class activities in more interesting ways to capture the attention of learners and obtain their participation.

This is in line with Botha, Rens and de Jager (2022:5) who found that the correct teaching approach of LO gives learners the opportunity to develop and improve their well-being emotionally, physically, and mentally. This resonates with the objective of LO to develop learners holistically. On the other hand, Makatu (2019:1) argues that LO, although a mandatory subject, is not taken seriously by leaners and teachers and in some instances, the LO subject is being used to catch up on other subjects that are deemed to be more important. Hence, a wide variety of teaching methods and activities such as interactive discussions, role plays, demonstrations, individual and group research, group exercises, and homework assignments can foster learning as they increase learner participation and maximise the time allocated for teaching LO.

5.2.1.4.3 Parental inclusion in sexuality education

The issues of cultural variations were visible in the findings. Each cultural group has its own ways of teaching sexuality education. Currently, it is generally known that in many African households, parents find it awkward to discuss sexual topics. In the earlier section, the issue of traditional approaches to teach sexuality education was acknowledged. In this study, all participants acknowledged that challenge. The only way to overcome the awkward situation was to involve parents and the local community early on in sexuality education. Several suggestions were made on how this could be achieved. Involving parents would ensure continuity of sexual education, with anticipated positive outcomes for school-going adolescents. There would be open communication between parents, LO teachers, and school-going adolescents.

It must be acknowledged that some parents may view this subject with apprehension, considering LO teachers who have been found wanting in terms of upholding high morals. It is a known fact that some LO teachers have been convicted for sexually molesting learners. Parents would obviously be alarmed if predators were to present this content to their children.

Abdullah, Muda, Zain, and Sha (2020:7) and Venketsamy and Kinear (2020:12) concur that parental knowledge and involvement in the sexuality education curriculum increases adolescent support on sexual matters. In addition, Markwei (2019:131) agrees that preconceived notions about sexuality education prevents parents from educating their children about sexuality.

To eliminate any misconceptions or confusion regarding content of sexuality education, school-going adolescents suggested that the curriculum should be presented to their parents as a workbook in IsiZulu and English so they can see what their children are learning in class (section 4.5.1.4.2). Meetings between LO teachers and parents are equally important for the elimination of any doubts and anxieties. In addition, parents could be given a platform to share some indigenous knowledge on sexuality education with other stakeholders.

5.2.1.4.4 School-going adolescents' participation

Adolescent participation in issues that involve their health, healthy choices was encouraged by all participants. This was done mainly by encouraging their participation in health promotion events, and activities to empower them to take responsibility for their actions. Senior managers and LO teachers offered suggestions on how to implement programs. They believed that learners should participate in volunteer work and community service as part of assessment requirement. They recognized the importance of school-going adolescents partaking in decision-making processes and acknowledged that school-going adolescents should be given the opportunity to contribute to their own well-being.

The results further indicate that school-going adolescents should participate in policy formation, health networks, curriculum delivery to ensure that they take more responsibility for their health and are able to make competent decisions (section 4.4.1.2.3).

Sheehan, Bhatti, Yousuf, Rosenow, Roehler, Hazekamp, Wu, Orbuch, Bartell, Quinlan, and DiCara (2022:6) identified a positive association of youth involved in their health care with the long-term educational and health outcomes compared to youth not involved in their health care. Involving school-going adolescents in their healthcare using shared decision-making is promoted through policy and research, yet its implementation in practice remains low.

This study believes that the needs and interests of school-going adolescents, as defined by them, should guide content and presentation of sexuality education. In addition, presentation of content should represent the whole, topics should be integrated and sensitive to the emotional and social aspects of young people.

Life skills need to be the foundation for all content and relationships between different aspect of LO identified and emphasised.

5.3 RECOMMENDATIONS FOR IMPROVEMENT

All participants acknowledged the need to improve the delivery of sexuality education in schools and made several recommendations to enhance efficiency and effectiveness. The main issues raised were the need to sustain sexuality education and create an enabling environment for the programme to thrive.

5.3.1 Monitoring and evaluation

Data from the senior managers and LO teachers showed that needs analysis, pilot study, standardization of visits, and quality assurance were essential (section 4.3.1.1.3). This reflects the significance of identifying the needs of the school-going adolescents and LO teachers to ensure greater alignment between content of sexuality education curriculum, proficiency of LO teachers, and the availability of resources before developing a programme. It would also require a standardized visitation schedule to schools to provide all-inclusive sexuality education. Maphumulo and Bhengu (2019:6-7) found that quality assurance is essential to promote the effectiveness of health promotion initiatives. LO teachers emphasized this need as the people at the periphery delivering the content. The study could not establish the initial stages of developing this curriculum, as senior managers appeared to have not been involved.

5.3.2 Training and development

The theme that emerged from all the data was the need to build capacity of LO teachers. Several suggestions were made, as LO teachers reiterated their discomfort in teaching certain content. They believed nurses could handle those topics better. What is evident is that the social, religious, and cultural issues that LO teachers may grapple with were not established prior to implementation.

The ready-made lesson plans from DBE may seem easy to someone not involved in delivering the content. However, this study argues that the age gap and other cultural issues may make it challenging for some LO teachers to teach certain topics. The findings reveal that it was understood that protocols needed to be in place for staff to attend CSE training workshops before conducting CSE programmes. Likewise, the LO teachers confirmed that they needed training on CSE for personal and professional development.

The study assumes that workforce training is critical to ensure coping with complex job demands. Therefore, there is a need to develop measures to ensure that all staff have access to CSE in-service training before being allocated to teach CSE in schools. This result is consistent with Ercan and Kutay (2022:181) who concur that further training must be carried out to ensure that the staff fulfil their duty with skill, competence, and confidence and to carry out training activities aimed at improving the performance of school-going adolescents.

The study suggests that LO should be taught by highly skilled LO teachers who have the appropriate knowledge, skill, and values to strategically implement the sexuality education curriculum successfully.

This is consistent with Mahoso and Finestone (2023:66) who report that sexuality education should be taught by specially trained teachers who must receive training to help prepare them as sexuality educators as they need to deliver accurate information about sexuality, sexual development, human reproduction, anatomy, physiology, pregnancy, sexual response, sexual orientation, gender identity, contraception, abortion, sexual abuse, HIV/AIDS, sexually transmitted diseases and the like.

LO teachers are encouraged to provide their learners with exposure to diverse perspectives and sound knowledge in sexuality education. Life Orientation teachers need in-service training seminars to gain confidence in handling extremely delicate subject with students. Consistent with the study findings is Delport de Villier and de Jager (2021: 3) who found that LO teachers lacked skill and confidence in the context and content of the LO curriculum and thus needed in-service training to boost their confidence, competence, knowledge, and skills in implementing SE in schools. On the contrary, Ocran (2021:164) found that although teachers received in-service training, they adopted different attitudes and approaches in teaching SE, which resulted in the student accounts of disinterest in sex education programs. Currently, the implementation of SE appears to be unsuccessful as the adolescent HIV/AIDS, STIs and teenage pregnancy rate is substantially high according to the statistics (Statista 2023:7; WHO 2023:1). As previously mentioned, the study suggests the use of the SLPs, collaboration, teacher support, and innovative teaching approaches to be the main emphasis of training. This should not be as a capstone project, but as an essential component of the LO curriculum. Instructions should be given to support the instructor's pedagogy or style of teaching in the classroom. Additionally, they dispel the myths and incorrect assumptions about comprehensive sexuality education that are pervasive in the classrooms. The LO teachers need to receive resources to aid in teaching and learning. In-service training also assists in forming small-scale professional learning communities to support themselves as LO teachers. A follow-up should be scheduled for orientation purposes to reinforce teacher learning.

5.3.3 Increase workforce and strengthen collaborations

The challenges with teen pregnancy and HIV incidence among youth in South Africa, offer the opportunity for government and all stakeholders to work together to implement comprehensive sexuality education in schools which include CSE SHRH services through an ISHP. It is evident from the findings that not all schools benefitted from the services of school nurses, not all school-going adolescents could access the youth friendly health services at the clinics, there seemed to be a general staff shortage in all sectors, and lastly, collaborations did not appear to be very successful.

Findings showed that school health nurses were not deployed to the schools as policy instituted. Policy instructs and supports that school-going adolescents require health

promotion initiatives from the DoH and DBE (DoH 2012:7). Senior managers acknowledged that this was supposed to be the case according to the Integrated School Health Policy and Adolescent Sexuality and Reproductive Health Policy, but the budget was an issue. On the other hand, the LO teachers suggested that the government could make it mandatory for all departments to work together to assist schools in teaching CSE as this could not only assist and support LO teachers, but school-going adolescents will have a structured support system as well. School-going adolescents also confirmed that a school health nurse stationed at the school will make it convenient for them to get help timeously. Ashipala and Shapopi (2022:5) argue that the government should employ school health nurses to render school health services according to the ISHP. It seems that a significant obstacle to the active implementation of the School Health Programme is the apparent decline in the availability of school health services, which raises the possibility that there may be other variables influencing delivery. This study developed a conceptual framework to address these challenges.

5.3.3.1 Community education and involvement

Participants articulated the need for community involvement. Participants reiterated the need to strengthen this initiative to mitigate misconceptions about sexuality education. Senior managers and LO teachers believed that if the community and its leaders are educated about the benefits of sexuality education in schools, the community as whole would benefit. Several recommendations were made on how to involve the community. The community needs to take a lead in identifying solutions to the barriers that currently prevent young people from receiving quality CSE. They will need to have sufficient knowledge and understanding of the policies that guide implementation of sexuality education in schools. The emphasis was on sharing expertise and improving collaboration and coordination among various stakeholders.

LO teachers confirmed that guest speakers could be invited to community events so that the community can gain from their expertise. In addition, school-going adolescents mentioned that there should be health promotion event days where professionals can collaborate with schools to share their expertise on sexuality and reproductive health. It is evident that community empowerment is imperative. Engagement with the community may raise awareness of issues, deepen understanding of health problems

school-going adolescents are grappling with, and give communities the power to influence decisions that impact the lives of young people.

Friday (2023:1) states that when community members are actively involved in education, they provide resources, support, and accountability to schools, resulting in improved student achievement. In addition, Morley and Carshell (2017:208) concur that collaboration is an integration of activities and knowledge that requires a partnership of shared authority and responsibility. Thus, collaboration is a mutually beneficial connection between stakeholders who have shared objectives and common goals. It provides stakeholders a structure that is collaboratively formed to share responsibilities embedded in a trusting work relation to accomplish positive health outcomes. Hence, the study proposes that community members ought to be integrated into, and involved in school health committees, which can be used to raise school health awareness and pinpoint health issues affecting school-going adolescents in their communities.

5.4 CONCLUSION

This chapter highlighted the integration, interpretation, and discussion of the combined findings of both phases. The most significant results from each stage were recorded and contrasted. Similarities and discrepancies were noted, and gaps found. From combining data sets, new meanings were revealed. Discussions were in relation to literature. The Logic Model guided the interpretation and discussion. Key issues highlighted were the implementation of sexuality education in schools and challenges.

Chapter 6 presents processes followed for the development and the validation of the conceptual framework.

CHAPTER 6

THE DEVELOPMENT AND VALIDATION OF THE CONCEPTUAL FRAMEWORK

6.1 INTRODUCTION

The preceding chapter discussed the combined findings of the study. The present chapter focuses on the processes followed for the development of the conceptual framework and the validation thereof. The study undertook to:

- Explore the processes involved in sexuality education implementation in secondary schools which were achieved by gathering data through a semi-structured interview guide that addressed the processes involved in the implementation of sexuality education in secondary schools.
- Describe Life Orientation teachers' perspectives on intersectoral collaboration in sexuality education in schools which was achieved through gathering data in focus group discussions by using a semi-structured interview guide.
- Explore viewpoints of school-going adolescents regarding implementation of sexuality education in schools which was achieved by gathering data through focus group discussions by using a semi-structured interview guide.
- Develop a conceptual framework to strengthen intersectoral collaborations in sexuality education in secondary schools.

Based on the findings of the previous chapter, the researcher proposes a progressive infrastructure and concrete conceptual framework that is compliant with the existing policies and legislation such as the Adolescents sexuality and reproductive health policy, Integrated School health policy, UNESCO 2018, and DBE CSE curriculum.

The researcher achieved the last objective by developing a conceptual framework to strengthen intersectoral collaborations to sexuality education in secondary schools. The process of developing a conceptual framework is discussed in this chapter. Intersectoral collaboration as the fundamental support system will be emphasized. The developed conceptual framework aims to address the gaps found in the combined research findings.

6.2 THEORETICAL BASIS IN THE DEVELOPMENT OF THE CONCEPTUAL FRAMEWORK

The Logic Model has provided the framework for the study and the developed conceptual framework. The Logic Model entailed a process for describing and communicating a programme or intervention. The programme activities add intended effects and the context in which the programme functions are graphically presented. These models communicate the purpose of the programme and the expected results. They also describe the actions that would lead to expected outcomes (CDC 2019:13).

6.3 KEY PRINCIPLES IN THE DEVELOPMENT OF THE CONCEPTUAL FRAMEWORK

The integrated findings of the study as discussed in the previous chapter coupled with intensive literature review, yielded key principles that guided the development of this study's conceptual framework. In the process, both deductive and inductive reasoning were used. The four key principles include:

- **Intersectoral collaboration approach:**

Most of the participants took cognisance of the adolescents' sexuality and reproductive health policy to direct a collaborative sexuality education. It is a fundamental human right to have access to information, receive support, and to utilize the various services that protect the adolescents' rights to self-determination in relation to sexual and reproductive health.

- **Age-appropriate and broadened diverse context-based content:**

As participants noted, an intersectoral collaboration approach to sexuality education should be an age-appropriate and broad diverse program content. It reaches beyond current programming that emphasizes prevention of pregnancy and disease to addressing larger contextual issues that affect adolescents' sexual decision making. The idea is to develop a programme that includes the holistic wellbeing of the adolescents. The idea that broadened content is inherent to the SE curriculum delivery was noted by the participants.

- **Learner-centeredness:**

An intersectoral collaboration approach necessitates a change in how sexuality education is taught. It requires a participatory, interactive and learner centred approach. According to participants, an intersectoral collaboration approach goes further by promoting experiential learning that actively engages adolescents in the education process. Moreover, it aims to incorporate their experiences through reflection, building on their existing knowledge and engaging them as agents of change in their communities.

- **Sufficient resources and innovative technological advancements:**

Many participants noted that the government tends to give funding. However, the funds were insufficient to conduct all the programs, events, and activities. Furthermore, they recommended that innovative technological advancements be prioritized to engage adolescents for effective and efficient reception of the SE curriculum.

From the specific concluding statements of the key principles, conceptual framework was proposed to address these statements.

6.3.1 Purpose of the conceptual framework

The purpose of developing this conceptual framework is to provide guidelines by using evidence-based practices on interventions that will assist policy makers and policy implementers on relevant actions for strengthening and implementing effective intersectoral collaboration support systems for CSE in secondary schools (Beighton & Wills 2017:325).

6.3.2 Scope of the conceptual framework

The framework relates to support for school institutions which teach CSE across all socio-economic sectors and government departments. The proposed conceptual framework is applicable to all the departments, sectors, institutions, NGOs, and community structures providing services to the schools for CSE. Furthermore, the

conceptual framework allows the strengthening and improvement of systems and programmes that support the school-going adolescents. The conceptual framework is also intended to enhance monitoring and evaluation of the impact of the support services provided for CSE implementation (Danforth et al. 2023: 5; UNESCO 2021:1). All professionals and service providers rendering support services to the schools are target groups of the proposed conceptual framework.

6.3.3 Objectives of conceptual framework

The objectives of the conceptual framework are to:

- Describe the collaborative support systems that would assist the senior managers, LO teachers and school-going adolescents to improve on the implementation of the CSE curriculum that is being taught in schools.
- Facilitate the empowerment of the professionals as well as support parental involvement by assisting them in developing effective support programmes.
- Underline the importance and responsibilities of all relevant stakeholders.
- Reduce the negative evaluation of services provided in the CSE curriculum implementation.
- Enhance monitoring and evaluation of the impact of the intersectoral collaboration support services provided to the school institutions.

6.4 PRESENTATION OF THE DEVELOPED AND VALIDATED CONCEPTUAL FRAMEWORK

Figure 6.1: THE VALIDATED CONCEPTUAL FRAMEWORK

6.5 VALIDATION OF THE PROPOSED CONCEPTUAL FRAMEWORK FOR INTERSECTORAL APPROACH TO SEXUALITY EDUCATION IN SECONDARY SCHOOLS

The proposed conceptual framework was given to field experts, experts in the field of sexuality education to validate and make suggestions for improvement. The expert reviewers were senior managers from the DBE, DoH and DoSD, who responded to the email that was sent out by the researcher. There were 2 iterations to ensure that their feedback was incorporated in the validated conceptual framework. Iteration 1 was identifying and recruiting field experts in the field of sexuality education to review and validate the conceptual framework. After the purposively selected framework validators agreed to participate, they were provided with a hard or electronic copy of the proposed conceptual framework, a validation form and a letter explaining the validation process (Annexure S). They were requested to validate the framework according to the following criteria: credibility, relevance, outcomes, reliability, implementable, clarity, quality of content, sustainability, and flexibility. Iteration 2 was incorporating the field experts feedback in the validated conceptual framework. A detailed discussion of the process was provided in chapter 3.

A total of thirteen (13) field experts were approached, of whom five (5) indicated that they were not available. Eight (8) experts agreed to participate in the validation process. Table 6.1 indicates the wide-ranging attributes of the eight validators. The attributes of the field experts included descriptors, namely: position, employer, expertise, years of experience in the field, and academic qualification. Among the field experts were Chief Education Specialists, a Deputy Director, Managers, and a Senior Lecturer and Social Worker who was employed by the DBE, DoH and DoSD. They had expertise in the field of sexuality education as they were educational specialist, managers employed in the community health centre, social worker, senior lecturer, community developer, Gender based violence/ intimate partner violence (GBV/IPV) advocate and specialist. They had between 3 to 10 years' experience in the field. Their academic qualifications were PhD, master's degree, bachelor's degree, and diploma.

Table 6.1 ATTRIBUTES OF THE FIELD EXPERTS

Descriptors	Frequencies
Position:	
Chief Education Specialist	2
Deputy Director	1
Managers	3
Senior Lecturer and Social Worker	2
Total	**8**
Employed by:	
DBE	3
DoH	3
DoSD	2
Total	**8**
Expertise	
Educational specialist and Deputy Director	3
Managing CHC	3
Senior Lecturer, Social worker, Community Developer, GBV/IPV Advocate and Specialist	2
Total	**8**
Years of experience in the field	
3years and above	2
10years and above	6
Total	**8**
Academic qualifications	
PhD	1
Master's Degree	4
Bachelor's degree	1
Diploma	2
Total	**8**

Table 6.2 displays the results of the validated conceptual framework. As is evident from the discussion, the conceptual framework received varied comments and recommendations. Feedback was received from eight (8) evaluators. Five (5) evaluators did not respond to the request. Results from the eight evaluators were considered when developing the final conceptual framework as reflected in Table 6.2. The conceptual framework was endorsed by all the experts, who also noted that it will greatly assist secondary schools if an intersectoral approach to sexuality education was implemented in schools. One expert commented that it would enable the students to make knowledgeable choices about their sexuality and well-being whilst another observed that the current Integrated School Health Policy aligns with the well-outlined conceptual framework for implementing CSE. Nonetheless, some experts in the field recommended improvements to the conceptual framework, pointing out that the DoH should bear the primary duty for organizing health days and campaigns, rather than

the DoSD. Others suggested that the framework should highlight what each department's duties and responsibilities are. One expert recommended including the learner-centred notion in the framework. Another one advocated for the inclusion of context-based material in the framework. All these recommendations were acknowledged and incorporated in the validated conceptual framework to modify it. The framework was sent back to the experts to confirm that their recommendations were included in the validated conceptual framework.

Table 6.2 Results of the validated conceptual framework

Criteria	Strongly Disagree	Disagree	Agree	Strongly Agree	N
Credibility	0	0	2	6	8
Relevance	0	0	1	7	8
Outcomes	0	0	1	7	8
Reliability	0	0	4	4	8
Implementable	0	0	5	3	8
Clarity	0	0	3	5	8
Quality of content	0	0	4	4	8
Sustainability	0	0	5	3	8
Flexibility	0	0	3	5	8
Average %			43.75%	68.75%	

6.6 THE ASSUMPTIONS OF THE VALIDATED CONCEPTUAL FRAMEWORK

The framework assumes that:

- A shared purpose is a necessary input that can be achieved through collaborations (process) to stabilise relations between DBE, DoH and DoSD. A shared purpose is essential to transforming all members into a high-achieving collaborative team. A shared purpose for intersectoral collaboration is a shared vision and set of values among various departments. It brings departments together by fostering a common vision of success and a cooperative approach to achieving it. This process could be the responsibility of the national department of Basic Education assisted by other stakeholders.

- The stakeholders derive meaning and significance through their work from common goals. It serves as the connecting element. Hence, a shared purpose is imperative as it drives the alignment of common goals, ongoing engagement with stakeholders, motivation to achieve objectives, and a commitment to continuous support structures. Stakeholders should be part of a purpose-driven environment that makes a collaborative impact. A strong purpose unifies and drives stakeholders to work together. This has the potential to strengthen intersectoral collaborations as a strong shared purpose guides actions and decisions.

- Collaborations that are successful must have well-defined goals, objectives, roles, and responsibilities of each department/sector including LO teachers and understanding of rules of engagement. The DBE, DoH and DoSD are all responsible for a shared purpose and common goals.

- An enabling environment: namely leadership, detailed provision for CSE delivery, adequate resources, and a sense of trust and belonging are essential inputs that can be achieved through intersectoral collaborations. The stakeholders should foster the provision of knowledge, skill and imparting attitudes and values to the school institutions. Moreover, an enabling environment plays a key role in supporting learning and development as well as achieving curriculum objectives and outcomes. It also establishes and sustains opportunities for collaboration among the stakeholders. Thus, an enabling setting should be one that engages school-going adolescents in activities that build their resilience and social skills, empowers staff, motivates teamwork, utilises evidence-based decision making, and makes provision of adequate resources to implement a comprehensive sexuality education curriculum in schools. Nurturing a conducive enabling environment to meet the needs of the school-going adolescents is the responsibility of the DBE, DoH and DoSD and school institutions.

- Mutuality among stakeholders, decentralised joint district planning and shared decision-making are crucial inputs that can be accomplished through equal cooperation. All these processes are necessary for a program to be

implemented successfully. Mutuality is vital for the development of sustainable positive benefits among stakeholders through a shared purpose. If everyone has a say in the creation of the policy as well as its execution and evaluation, there may be a good chance of success. Thus, mutuality produces value through collaborative stakeholder relationships, finding ways to align common goals, vision, and shared purpose to achieve productive outcomes.

- Decentralised joint district planning is critical as it requires the process of transferring authority to the district DBE and DoH to make shared decisions regarding the planning and implementation of CSE. Thus, mutuality, decentralization, and shared decision-making among stakeholders are needed for the sustained strengthening and improvement of the implementation of CSE in secondary schools. Both the DBE and DoH are responsible for creating mutuality, decentralised planning, and implementation of CSE in schools.

6.7 CONCLUSION

This chapter outlined the development of the conceptual framework to support the school institutions in implementing the CSE curriculum. It is noteworthy that the decision makers play a major role in providing an enabling environment for legislation and policies that promote support in the school institutions. South Africa has progressed well with the implementation programmes for other diseases such as HIV/AIDS. However, the provision of intersectoral collaborations to support CSE implementation in schools is lagging. This inevitably leads to marginalisation of LO teachers and school-going adolescents who were not receiving adequate support from the relevant support structures available.

The study has identified that the active participation of relevant departments in government plays a pivotal role in applying an intersectoral approach to the support system. A recommended conceptual framework is likely to provide an intersectoral collaboration support approach for the wellbeing of the school-going adolescents. However, the success and effectiveness of the proposed strategies depend on transformation, commitment, and availability of resources to improve the quality of support given to the schools.

Chapter 7 presents conclusions, recommendations, contributions, and limitations of the study.

CHAPTER 7

CONCLUSIONS, RECOMMENDATIONS, CONTRIBUTIONS AND LIMITATIONS OF THE STUDY

7.1 INTRODUCTION

This chapter presents the conclusions, recommendations, contributions, and limitations of the study. Themes generated during the analysis as discussed in chapter 4 and 5 are used to provide an overall conclusion of the study findings. Recommendations for further research and practice in all three selected departments that participated in the study are discussed with specific reference to the intersectoral approach on sexuality education in schools. Furthermore, the chapter acknowledges the limitations of the study.

7.2 Purpose of the study

A three-phased qualitative case study was conducted with the purpose of developing a conceptual framework to strengthen intersectoral collaboration to sexuality education in secondary schools. The following were the research questions the study sought to answer:

What are the processes of sexuality education implementation in secondary schools? What are the perspectives of LO teachers on intersectoral collaboration in sexuality education in schools? What are the viewpoints of school-going adolescents regarding implementation of sexuality education in schools? What conceptual framework can be developed to strengthen intersectoral collaborations on sexuality education in secondary schools?

7.3 Research design and methods

A case study design was employed to conduct a three-phased qualitative inquiry on the intersectoral approach of sexuality education in secondary schools. The rationale for selecting a case study was to answer the research questions namely: What are the processes of sexuality education implementation in secondary schools; what are the perspectives of LO teachers on intersectoral collaboration in sexuality education in schools; what are the viewpoints of school-going adolescents regarding implementation of sexuality education in schools? The researcher sought a case that illuminated what could be learned to gain in-depth knowledge about specific real-world

participants. It allowed the researcher to explore the key characteristics, meanings, and implications of the case. Hence, a case study was appropriate for this study. In this study an in-depth investigation was conducted in a single case study at school institutions to seek the common and specific features of the case. The purpose was not to generalise, but to get an understanding of the LO teachers' perspectives on intersectoral collaboration and to explore the school-going adolescents' views on the implementation of sexuality education in secondary schools. The researcher recognized that an effective case study should be able to offer unexpected perspectives on the participants, suggest practical solutions to issues, concentrate on collecting and analysing data, suggest new lines of inquiry for further research, and develop a conceptual framework.

7.3.1 Phase 1

This phase entailed data collection through in-depth semi-structured interview. Phase 1 addressed the first objective which was to explore the processes involved in sexuality education implementation in secondary schools.

The senior managers oversaw the implementation of sexuality education policies from the DBE, DoH, DoSD in one Health Sub-district in the North Coast of KZN as participants. The sampling and sample used were purposive. Critical case sampling was used to select senior managers from the DBE, DoH and DoSD. Data from phase 1 was analysed using Flick's (2014:371) thematic analysis steps. All recordings were studied and transcribed. Reading and re-reading of transcriptions were done to identify significant statements and phrases. Coding was developed. Three themes emerged from the findings. These were described by developing emerging meanings into subthemes and categories from individual quotes.

7.3.2 Phase 2

Focus group discussion approach was utilized for this phase. Phase 2 FGD with sample A (LO teachers) addressed the second objective which was to describe the perspectives on intersectoral collaboration in sexuality education in schools. Phase 2 FGD with Sample B (school-going adolescents) addressed the third objective which was used to explore their viewpoints regarding implementation of sexuality education

in schools. The sample consisted of sixteen LO Teachers and thirty-nine school-going adolescents. The sampling and sample were purposive homogeneous sampling (Crossman 2020:1) for the LO Teachers. Purposive maximum variation was used for school-going adolescents (Yin 2016:94). Data was collected through FGD from 4 secondary schools. Findings from phase 2 were analysed using Flick's (2014:371) thematic analysis steps. All recordings were studied and transcribed. Reading and re-reading transcriptions were done to identify significant statements and phrases. Coding was developed. Two themes emerged from phase 2 Sample A: implementation of sexuality education and evaluation of sexuality education. Two themes emerged from phase 2 Sample B: comprehensive and inclusive sexuality education and challenges to effective implementation of SE. The themes were described by developing emerging meanings into subthemes and categories from individual quotes.

7.3.3 Phase 3

Phase 3 involved the integration of findings from phase 1 and phase 2 to obtain a holistic understanding of sexuality education in secondary schools to address the fourth objective which was to develop a conceptual framework to strengthen intersectoral collaborations in sexuality education in secondary schools. The Logic Model was used to guide integration of all study findings to obtain in-depth understanding of the implementation of a comprehensive sexuality education for school-going adolescents in secondary schools in KZN. Using the model's constructs, key themes were identified and discussed. The key themes from the integrated findings coupled with intensive literature reviews yielded key principles that guided the development of this study's conceptual framework. This was followed by the development of a conceptual framework. The proposed conceptual framework was subjected to a validation process by experts in the field of sexuality education. The majority consensus was that it was credible, relevant, reliable, implementable, clear, sustainable, and flexible.

7.4 CONCLUSIONS OF THE STUDY

Based on the findings presented in Chapter 4, and the discussion of these findings in relation to the literature in Chapter 5, it is evident that intersectoral collaboration for sexuality education is required for quality sexuality education in secondary schools. However, the participants recognised the need to get the support from DBE, DoH, and the DoSD to implement the conceptual framework.

7.4.1 Phase 1

Theme 1: Processes of sexuality education in schools

It is assumed that to address the needs of the school-going adolescents, access to accurate, age-appropriate context-based content about sexuality and reproductive health is vital as it will help them make better decisions. This is because school-going adolescents and young adults will use such access to position themselves for success in the adult world. Policies in South Africa are essential for meeting the needs of school-going adolescents in terms of their sexuality and reproductive health. Thus, stakeholders and policymakers must be aware of the major areas of concern regarding adolescent sexuality and reproductive health (Mbachu, Agu & Onwujekwe 2020: 86). Most of the participants recognised the need to empower learners, parents, and LO teachers by creating an enabling environment where they can implement the curriculum effectively. An enabling environment is one that provides a supportive atmosphere that promotes a successful execution of sexuality education in schools (Plesons et al. 2020:6). The ability to effectively manage resources, build capacity and involve parents in the implementation of the CSE curriculum has also been identified as a benefit.

Theme 2: Implementation of Sexuality Education

It was necessary to determine the processes that the senior managers used regarding the implementation of the sexuality education policy to obtain a broad and in-depth understanding of the implementation process. Results showed that the senior managers, as described by many of the participants, oversaw the implementation of the policies. The main highlights were health promotion activities and zooming in on specific youth programmes committed to raising youth risk factor awareness. All three sectors'

participants concurred that school-going adolescents should be involved in the planning and execution of youth projects aimed at educating youth on sexuality. Mwape and Munsaka (2021:77) found that the major challenge to the implementation of CSE was the learners' inability to turn what they learnt into practice due to a lack of learner involvement in implementational activities so that whatever is learned becomes practical.

Results showed that there were insufficient resources to conduct programmes, events and festivals as intended. The inability to implement programmes, activities, and events due to lack of resources sometimes creates barriers to empowering people. It can be argued that optimal functioning of resources is critical to achieving the desired results in the education institutions. This finding was supported by studies by Chavula, Zulu and Hurting (2022:11) and Diamond-Smith, Onyango, Warwire and Ayodo (2020:10). The studies found that a lack of sufficient resources is a huge impediment to successfully implementing CSE in schools. In view of these studies, it was inferred that it would be beneficial to investigate the complex challenges faced by senior managers in implementing the sexuality education policy.

Theme 3 Challenges and barriers

This study assumed that the nature of the challenges experienced by senior managers could have resulted in insufficient support rendered to the education institutions. A large number seemed to agree on similar information across the in-depth interviews. The dominant views on the challenges faced were limited coverage of schools, teamwork and communication issues, inadequate resources, and socio-cultural barriers. A limited number of the participants believed that the impact of these challenges manifested in insufficient support rendered to education institutions hence, they did not receive quality sexuality education. It is evident that the provision of high-quality health and education services depends on the support rendered from intersectoral collaboration from the DBE, DoH and DoSD. This study has provided a clear depiction of the processes, perspectives, and views as a basis for further inquiry into the implementation of the sexuality education policy. However, it was apparent that the school institutions needed support in rendering quality sexuality education.

7.4.2 Phase 2 Sample A

Theme 1: Implementation of Sexuality education

To develop a conceptual framework for intersectoral collaboration for sexuality education in secondary schools, it was important to determine the perspectives of the participants in the implementation of sexuality education in secondary schools. The LO teachers expressed the need for support, collaboration and networking, empowering communities, and youth-centredness. They believed that open communication and shared decision-making were enabling factors to a stronger partnership. All the LO teachers who took part in this study showed a willingness to try any measures to implement quality sexuality education to promote health and prevent disease. A moderate number showed concern for receiving information and professional support. The issue of CSE has always been a challenge in South Africa, as it is in all developing countries. Mwape and Munsaka (2021:71) confirm the failure of CSE implementation in schools. The success of any programme intervention depends on the willingness to make the teaching experience pleasant for LO teachers. Thus, different levels of senior management need to be involved. The findings were significant in revealing that a collaborative support needs to be rendered effectively (section 4.4.1.2.1; 4.4.1.2.3; 4.4.1.3.3). It is, therefore, imperative that a conceptual framework is identified and implemented.

Theme 2: Evaluation of Sexuality education

LO teachers took the opportunity to express their perspectives on the implementation process of sexuality education in schools. They elaborated on the challenges such as poor networking and inadequate resources. Language barrier was a concern, thereby limiting the reception of knowledge. Pino (2019:1) reported that limited information related to sexuality and sexual and reproductive health and rights among school-going adolescents contribute to HIV, STIs, teenage pregnancies, abortions, and other adverse health outcomes**.** However, they recommended measures for improvement and emphasized that collaborative support initiatives, learner-centredness, being age-appropriate, and context-based content be executed in the CSE curriculum in secondary schools. They further highlighted a continuity of youth programmes to add

quality services to support the youth. They suggested that a monitoring and evaluation system would ensure that the CSE is implemented in an effective manner.

A limited number of participants were concerned about strengthening capacity building and collaborating with other sectors to integrate skill and knowledge in the teaching process. Mavhandu, Adekola, and Kutame (2022:313) concur and suggest forming a support network for sexuality education teachers as a capacity building strategy.

7.4.3 Phase 2 Sample B

Theme 1: Comprehensive and inclusive sexuality education

Greater understanding of sexuality matters, improved autonomy, collaborating access to support systems, and active participation in programmes were found to be some of the main themes under adolescents' views on sexuality education. All the participants acknowledged and expressed a positive outlook for health. All the participants disclosed their views and thoughts regarding diverse content and innovative teaching approaches being taught in schools. They seemed to benefit from multimedia approaches as they expressed satisfaction in being exposed to diverse content. They also elaborated on their desire to participate in community events and programmes and expressed that they seemed to gain more knowledge while participating in these events.

Theme 2: Challenges to effective implementation of SE

Support systems and essential resources were found to be some of the main challenges. Most of the participants recognised the need for collaborative support systems and essential resources. They suggested the need to strengthen and implement support measures aimed at encouraging and enhancing quality sexuality education in secondary schools. Pino (2019:1) reported that there is an urgent and critical need to increase and improve the provision of quality CSE across all schools in South Africa to empower youth as there is a lack thereof. Mwape (2021:91) agrees that the implementation of CSE is not being comprehensively implemented in schools using collaborative education involvement as a resource tool. Similarly, Zucaro, Maselli and Ulgiati (2022:5) agree

that resource management should entail management measures that include all those involved, to accomplish the envisaged results.

Another challenge which emerged was the one of teacher presentation styles. Opportunities need to be created for LO teachers to gain adequate knowledge, skills, and confidence, to enhance quality sexuality education. A significant number showed concern for the challenges they face such as transport issues in attending health services, clinic staff attitudes, and competing needs between academics and extra-curricular chores.

The findings of this study reveal that adolescent challenges need to be addressed urgently for students to benefit from the CSE curriculum. The participants recommended a collaborative support system integration from various sectors; hence, my suggestion is practising collaborative comprehensive learner-centredness so that students benefit from the knowledge and skill that they acquire.

7.4.4 Conclusion on the findings from Phase 1 and 2

The literature reviewed and the integrated findings of phase 1 and phase 2 provided a foundation and guidance for the development of a conceptual framework. In this regard, the study found it essential that the DBE, DoH, DoSD, school institutions, community leaders actively participate in supporting school-going adolescents in sexuality education. To develop a conceptual framework for intersectoral collaboration to sexuality education in secondary schools, it was important to meet the objectives of the study which are as follows:

- To explore the processes involved in sexuality education implementation in secondary schools.
- To describe Life Orientation teachers' perspectives on intersectoral collaboration in sexuality education in secondary schools.
- To explore viewpoints of school-going adolescents regarding implementation of sexuality education in secondary schools.

Explore the processes involved in sexuality education implementation in secondary schools.

This study has revealed the processes followed by senior managers who oversee the implementation of sexuality education in schools. Data was gathered through a semi-structured interview guide that addressed the processes involved in the implementation of sexuality education in secondary schools. The participants were senior managers who oversee the implementation of sexuality education in schools. Some of these participants were from the DBE, DoH, and DoSD. Questions that were asked included implementation processes of intersectoral collaboration, a better approach to an effective intersectoral collaboration, the senior managers' role in intersectoral collaboration, decision-making regarding intersectoral collaboration, implementation process change and their understanding of the policies and procedures. The main themes that arose from the data were how they currently conducted the implementation process. The senior managers recognised the need for an enabling environment. They believed that parental involvement and youth participation in programmes was critical for continuity of adolescents learning. They elaborated on their challenges of being understaffed, insufficient resources to conduct programmes and events, and the inability to conduct visits to every school in the district. Most senior managers in this study had a high level of consensus regarding their processes, experiences, and views. They assisted in shedding light on intersectoral collaboration of sexuality education. Senior managers were unanimous regarding the provision of collaboration opportunities as measures that could be implemented in intersectoral collaborations. Moreover, providing support for LO teachers seemed to be dominant suggestions. Also, if planned and implemented appropriately, these measures will positively influence the success of efforts in intersectoral collaborations of sexuality education in secondary schools. The government supports the Integrated School Health Policy and the Adolescent Sexuality and Reproductive Health Policy for school-going adolescents. Several studies concur that policies are a positive governmental support structure (Venketsamy & Kinear 2020:11-12; Panchaud, Keogh, Stillman, Awusabo-Asare, Motta, Sidze & Monzon 2019:11-12; Achen 2023:3; Usubillaga, Diaz & Forrester 2021:271). All participants seemed to be aware of the policies. However, the main problem appeared to be lack of implementing shared decision-making and collaborative support to the school institutions. The study found that shared decision-making and intersectoral

collaboration among DBE, DoH, DoSD, school institutions, the community, parents and adolescent could not be established**.** Hence, it will be useful to improve and strengthen CSE implementation in secondary schools through the validated conceptual framework. However, the departments and sectors need to have a shared purpose, clear understanding of goals, responsibilities from each stakeholder and an understanding the rules of engagement.

The study findings have revealed that the DoSD: namely, the NGOs focused on the provision of programmes, events, and festivals to strengthen sexuality education in support of the CSE curriculum in schools. However, a lack of financial and human resources posed a challenge. The lack of human and financial resources seemed to be a challenge. Sufficient funding will ensure that stakeholders conduct programmes, events, and festivals in schools and in the community as stipulated in the policies in support of the CSE curriculum in secondary schools. Sufficient human resources would ensure that DoH and DoSD have a wider school visitation coverage.

Describing Life Orientation teachers' perspectives on intersectoral collaboration in sexuality education in schools.

This study has revealed the perspectives of intersectoral collaboration of sexuality education in secondary schools. Data was gathered through focus group discussions using a semi-structured interview guide. The main themes that arose from the data were that LO teachers understood the policies that supported them such as the Integrated School Health Policy. One of the key findings that emerged was that the LO teachers were aware of the scripted lesson plans on the DBE website. However, they found it difficult to understand them, hence, they could not incorporate these as part of their teaching content. The study recommends that the DBE revisits the scripted lesson plans and make it easily comprehensible to assist LO teachers to incorporate it as part of their lesson plans. This is another way of providing support to the school institutions.

The LO teachers believed that intersectoral collaboration, open communication, shared decision-making, and community awareness was essential for a successful delivery of the sexuality education curriculum. They indicated that they need support from the DBE and DoH. They also zoomed in on the importance of a learner-centred curriculum. They suggested measures for improvement such as quality assurance and collaboration from the different, departments, sectors, and government. They also

suggested the need to strengthen the planning, implementation, and evaluation of CSE in schools. The study found a need for the training and capacity building of stakeholders to ensure competency. Results further show that adequate, age-appropriate, learner-centred, and context-based content should be disseminated to the school-going adolescents to increase knowledge and skill in sexuality education. Literature confirms that this is essential to develop proficiency and skilfulness, in obtaining tangible results when applying knowledge into practice regarding sexuality education (Venketsamy & Kinear 2020:2; Achen, Fernandes, Kemigisha, Rukundo, Nyakato & Coene 2023:6).

Exploring viewpoints of school-going adolescents regarding implementation of sexuality education in schools.

This study has revealed the views of school-going adolescents on the implementation of sexuality education in secondary schools. Data was gathered through focus group discussions using a semi-structured interview guide. The main themes that arose from the data were that the school-going adolescents had a greater understanding of sexuality and reproductive matters. However, they elaborated that they wanted a diverse, yet age-appropriate content with innovative teaching strategies. They also felt that they needed and wanted collaboration from the DBE and DoH. They reiterated that they benefited from multi-media teachings. They believed that they gained not only a better understanding of sexuality and reproductive matters, but also, their autonomy and self-esteem increased which in turn led to them having a broader perspective on life and health. They also stated that they enjoyed the benefits of participating in community events. However, they also encountered challenges such as content issues and teaching styles which they complained, were not diverse or innovative. They recommended improvements such as a more supportive input from the DoH, DBE and the DoSD in school curriculum delivery, innovative teaching approaches, and a broad and diverse content which they assumed would increase design and implementation effectiveness.

Various views were expressed regarding the content and teaching approaches. Data revealed that the school-going adolescents expressed a desire for age-appropriate and diverse context-based content that was learner-centred. They further desired the use of innovative teaching approaches such as drama, role play, demonstrations, discussions,

comic books, multimedia teaching and the like. Most of the school-going adolescents disclosed that they wanted to participate in programmes concerning CSE. Some school-going adolescents revealed that they benefited much from actively participating in the CSE community programmes as they believed they gained more knowledge and skill from those teaching approaches, as previously mentioned. The evidence of this study supports the collaborations of the school-going adolescents, community, and parental involvement. Community awareness and development through conducting health campaigns, events, festivals, and programmes can inform the public about a healthy life outlook. The evidence has shown that the school-going adolescents desired to participate in youth programmes as they believed that it benefited them regarding health self-care. However, this was insufficient in reducing the rate of teenage pregnancy and STIs (Statista 2023:1; WHO 2023:1). Community leaders should become active in facilitating support programmes and events by collaborating with the NGOs.

The study provides evidence-based data on the participants' implementation process, perspectives, and views on sexuality education in secondary schools. The study serves as a foundation for the development of a conceptual framework that can be utilised to evaluate the framework in future studies.

7.4.5 Summary of the process of development and validation of the conceptual framework for intersectoral approach in sexuality education in secondary schools

The final objective (section 1.4.1) of developing a conceptual framework to strengthen intersectoral collaboration in secondary schools was achieved. The findings of phases 1 and 2 were integrated and formed the basis of the development of the conceptual framework for intersectoral approach in sexuality education in secondary schools. The conceptual framework assumed that: a shared purpose, an enabling environment, mutuality among stakeholders, shared decision-making, collaborative team functioning, capacity building, innovative and diverse teaching practices, adequate coverage of schools, technology-supported teaching, monitoring, and evaluating framework, and positive health outcomes are essential inputs, processes, outputs and outcomes that can be achieved through intersectoral collaborations. Lastly, the conceptual framework was resent to the expert validators to confirm that their recommendations were incorporated in the validated conceptual framework.

The Logic Model served as the theoretical foundation for the development of the conceptual framework. Inputs, processes, outputs, and outcomes were the constructs of the conceptual framework. The constructs are to aid educational establishments that instruct CSE which is applicable to all structures that offer CSE services to schools. The conceptual framework was developed with the following guiding principles in mind: learner-centredness, adequate resources, innovations in technology, age-appropriate and broadened diversified context-based material, and intersectoral collaborative approach. The conceptual framework's objectives were to outline the cooperative support networks that would assist LO instructors, senior managers, and school-going adolescents and thereby, enhance the way the CSE curriculum is implemented in schools. The conceptual framework was validated by field experts in the field of sexuality education, namely: chief educational specialists, a deputy director, managers, and a social worker. The recommendations from the eight experts were considered and incorporated into the validated conceptual framework. The experts expressed consensus with the conceptual framework and highlighted the significant advantages that schools will reap from implementing an intersectoral approach to sexuality education in secondary schools.

7.5 LIMITATIONS OF THE STUDY

Only one Sub-district in KZN province has been used in this study. The study focused only on comprehensive sexuality education implementation at one KZN Sub-district, and therefore, a similar study in another Sub-district could produce different findings.

Purposive critical case sampling was used to select senior managers from the DBE, DoH and DoSD. Purposive homogeneous sampling approach was used to recruit LO teachers and purposive maximum variation sampling was used to recruit school-going adolescents in a selected Sub-district, which may limit the generalisability of the findings to other Sub-districts. However, in qualitative research, the researchers do not seek to generalise the findings. In this study, the researcher sought an understanding that might prove useful in other situations, but that also may not apply.

7.6 RECOMMENDATIONS

Based on the findings of this study, the researcher makes the following recommendations for education institutions, healthcare services, policy making and for further research.

7.6.1 Education Institutions

Senior managers should take the following list of recommendations into account and should work towards implementing the recommendations effectively in education institutions.

- Senior managers should involve all secondary schools in decision-making regarding intersectoral collaborations in education institutions.
- Schools should motivate for staff support sexuality education training programmes to be initiated and sustained.
- Schools should facilitate well-structured discussions that provide curriculum support to enhance the work experience of LO teachers.
- DBE should provide clear resources guidelines that articulate the types of sexuality education programmes that are provided.
- DBE and DoH should ensure that collaborations are a joint effort that includes various levels of departments and sectors, within and outside the education institutions.
- DBE, DoH and the DoSD should market sexuality education aggressively to support quality education efforts.

- DBE, DoH and the DoSD should ensure that innovative and improved sexuality education programmes, projects, events, and festivals are planned, implemented, and evaluated throughout the implementation process in order to determine successes and rectify errors immediately, to ensure the proper co-ordination of intersectoral collaboration.

- DBE, DoH and the DoSD should ensure that collaboration models and teaching-related practices are based on evidence that has been proved successful.

- Available services should be included in the curriculum for educational institutions.

7.6.2 Healthcare Services

- The DoH should provide school health services to all schools.

- NGOs should be funded sufficiently to conduct programmes, events, and festivals in schools in all districts.

- The DoH should assume their leadership role in assessing, planning, implementing, and evaluating health care among the school-going adolescents'.

- DoH should initiate and integrate intersectoral collaboration of sexuality education in schools.

7.6.3 Policy making

- Policy makers should review the Adolescent Sexuality and Reproductive Health Policy and the Integrated School Health Policy to include school-based health nurses.

- Policy makers should review the Adolescent Sexuality and Reproductive Health Policy and ensure that NGOs gain access to schools to support the implementation of CSE.

- The DBE, DoH, DoSD, school-going adolescents and parents should be involved in the policy making process.

7.6.4 Further research

It is recommended that further research be conducted in the following areas:

- LO teachers' perceptions of mutual obligations between departments and themselves.
- The relationship between perceived advancement opportunities and LO teachers' objectives regarding intersectoral collaboration concerning sexuality education in secondary schools.
- A study to evaluate the conceptual framework for intersectoral collaboration in secondary schools.
- A need to duplicate the study of the implementation of CSE in primary schools in South Africa.
- A comparative study between rural and urban secondary schools to explore CSE implementation.
- A need to duplicate the study of the implementation of CSE in high schools and to include parents and community members.

7.5 CONTRIBUTIONS OF THE STUDY

The study developed a conceptual framework to strengthen intersectoral collaborations regarding sexuality education in secondary schools. It is expected that the conceptual framework will improve and reinforce secondary school CSE implementation.

It is also expected that the developed conceptual framework can be applied in other schools where conditions are like those at the primary study site. Finally, the conceptual framework that was developed because of these study findings will benefit the schools.

7.5 CONCLUSION

The study was conducted in three (3) phases for the purpose of developing a conceptual framework for an intersectoral approach to sexuality education in schools. The study provided evidence of the processes involved in sexuality education implementation in

secondary schools. It also unearthed the LO teachers' perspectives on intersectoral collaborations and the viewpoints of school-going adolescents regarding the implementation of sexuality education in secondary schools. The evidence fashioned a roadmap for the development of a conceptual framework.

The South African government developed guidelines, policies, and frameworks to be utilised by the district and provincial levels to support institutions. Therefore, the study concludes that South Africa has adequate policies and infrastructure to adequately support school institutions. However, the implementation of the guidelines, policies and frameworks needs to be improved to strengthen CSE in schools. The objectives of the policies support adolescent sexuality and reproductive health by providing a framework. Including policymakers in the research would have increased the understanding of the problems associated with human and financial resources.

The study found that there was some form of intersectoral collaboration between DBE, DoH and DoSD. However, the strength of this collaboration could not be determined. The researcher also makes references to the study's significance, appropriateness, and relevance considering the need for an intersectoral support in schools. Therefore, studies involving CSE collaboration support should be seen as an initiative to improve and strengthen the implementation of CSE in secondary schools.

The evidence produced by the study contributed to the conceptual framework for the intersectoral collaboration approach. CSE was essential in the KZN schools selected for this study. The picture emerging from study's findings could be a microcosm of what is happening in both the public and private education institutions in South Africa. Therefore, to achieve quality education, more must be done to investigate, plan and implement an effective conceptual framework for intersectoral collaboration in sexuality education in secondary schools.

The study acknowledges that the development of a conceptual framework is essential to the successful implementation of the CSE curriculum in secondary schools. The conceptual framework can be applied in all secondary schools in South Africa's provinces. However, its use is influenced by the collaborative support that each stakeholder provides. The Logic Model theoretical framework that was used provided a clear outline of the development of the conceptual framework. Significant findings

from both stages informed the development of the conceptual framework, which was intended to support secondary schools to improve and strengthen the CSE implementation. As mentioned previously, recent statistics on teenage pregnancies and sexual transmitted diseases raise questions on the effectiveness of sexuality education in schools. Thus, the researcher believes that this conceptual framework will not only strengthen CSE in schools, but also, it will reduce the rate of teenage pregnancy, abortions, HIV/AIDS and STIs. This would support the objectives of the Adolescent Sexuality and Reproductive Policy and the Integrated School Health Policy which the government formulated to meet the Sustainable Development Goals 3 and 4 (Good health and wellbeing, to ensure inclusive and equitable quality education and to promote lifelong learning opportunities for all).

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ANNEXURE A: DEPARTMENT OF HEALTH STUDIES, HIGHER DEGREE UNISA: ETHICAL CLEARANCE CERTIFICATE

UNISA university of south africa

UNISA HEALTH STUDIES HIGHER DEGREES ETHICS REVIEW COMMITTEE

Date 5 August 2020

Dear Zoe Pillay

NHREC Registration # : REC-012714-039
ERC Reference # : **HSHDC/1013/2020**
Name : Zoe Pillay

Student #:46403434

Staff #:

Decision: Ethics Approval from
5 August 2020 to 5 August 2023

Researcher(s): Name Zoe Pillay

Address 44 Hedge Hunt, Brackenham, Richardsbay
E-mail address pillayzoe@gmail.com, telephone # 0614385450

Supervisor (s): Name Prof FH Mfidi
E-mail address mfidifh@unisa.ac.za, telephone # 012 429 6731

Working title of research:

A conceptual framework for intersectoral approach to sexuality education in KZN secondary schools

Qualification: PhD

Thank you for the application for research ethics clearance by the Unisa Health Studies Higher Degrees Ethics Review Committee for the above mentioned research. Ethics approval is granted for three (3) years.

*The **medium** **risk application** was **reviewed** by a Sub-committee of URERC on 4 August 2020 in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment. The decision was approved on 4 August 2020.*

The proposed research may now commence with the provisions that:

1. The researcher will ensure that the research project adheres to the relevant guidelines set out in the Unisa Covid-19 position statement on research ethics attached.

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

2. The researcher (s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics .
3. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the Health Studies Research Ethics Committee HSREC@unisa.ac.za .
4. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
5. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing , accompanied by a progress report.
6. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
7. Only de-identified research data may be used for high research purposes in future on condition that the research objectives are similar to those of the original research. high use of identifiable human research data require additional ethics clearance.
8. No field work activities may continue after the expiry date (5 August 2023). Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

The reference number ***HSHDC/1013/2020*** *should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Yours sincerely,

Signatures :

Chair of HSREC : Prof JM Mathibe-Neke
E-mail: mathijm@unisa.ac.za
Tel: (012) 429-6443

PP
Executive Dean : Prof K Masemola
E-mail: masemk@unisa.ac.za
Tel: (012) 429-6825

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa

ANNEXURE B: LETTER OF SUPPORT FROM THE DEPARTMENT OF BASIC EDUCATION, KZN

KWAZULU-NATAL PROVINCE
EDUCATION
REPUBLIC OF SOUTH AFRICA

OFFICE OF THE HEAD OF DEPARTMENT

Private Bag X9137, PIETERMARITZBURG, 3200
Anton Lembede Building, 247 Burger Street, Pietermaritzburg, 3201 **Email**: Phindile.duma@kzndoe.gov.za **Tel**: 033 3921062 / 033-3921051
Buyi.ntuli@kzndoe.gov.za

Enquiries: Phindile Duma/Buyi Ntuli
Ref.:2/4/8/7072

Mrs Zoe Pillay
P.O. Box 1636
RICHARDS BAY
3900

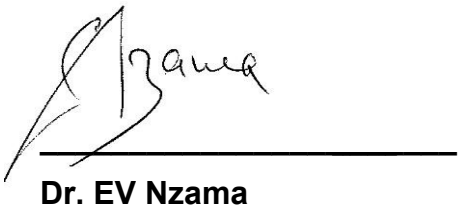
Dear Mrs Pillay

PERMISSION TO CONDUCT RESEARCH IN THE KZN DBE INSTITUTIONS

Your application to conduct research entitled: **"A CONCEPTUAL FRAMEWORK FOR INTERSECTORAL APPROACH TO SEXUALITY EDUCATION IN KZN SECONDARY SCHOOLS:** in the KwaZulu-Natal Department of Education Institutions has been approved. The conditions of the approval are as follows:

1. The researcher will make all the arrangements concerning the research and interviews.
2. The researcher must ensure that Educator and learning programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Learners, Educators, Schools, and Institutions are not identifiable in any way from the results of the research.
5. A copy of this letter is submitted to District Managers, Principals and Heads of Institutions where the Intended research and interviews are to be conducted.

6. The period of investigation is limited to the period from 27 January 2021 to 10TH October 2023.
7. Your research and interviews will be limited to the schools you have proposed and approved by the Head of Department. Please note that Principals, Educators, Departmental Officials and Learners are under no obligation to participate or assist you in your investigation.
8. Should you wish to extend the period of your survey at the school(s), please contact Miss Phindile Duma/Mrs Buyi Ntuli at the contact numbers above.
9. Upon completion of the research, a brief summary of the findings, recommendations or a full report/dissertation/thesis must be submitted to the research office of the Department. Please address it to The Office of the HOD, Private Bag X9137, Pietermaritzburg, 3200.
10. Please note that your research and interviews will be limited to schools and institutions in KwaZulu-Natal Department of Education.



Dr. EV Nzama
Head of Department: Education Date: 27 January 2021

ANNEXURE C: LETTER OF SUPPORT FROM THE DEPARTMENT OF HEALTH, KZN

GROWING KWAZULU-NATAL TOGETHER

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

DIRECTORATE:

Postal Address: Private Bag X9050
Physical Address: 330 Langalibalele Str; PM Burg; 3201
Tel: 0333953189/3123/2805 Fax: 033-3943782
Email address: hrkm@kznhealth.gov.za
www.kznhealth.gov.za
Health Research & Knowledge Management Unit

NHRD Ref: KZ_202106 033

Dear Mrs
Z Pillay
(UNISA)

Approval Of research

1. The research proposal titled 'A conceptual framework for intersectoral approach to sexuality education in KZN secondary schools' Was reviewed by the KwaZulu-Natal Department of Health (KZN-DoH).

   The proposal is hereby approved for research to be undertaken at Ngwelezana hospital.

2. You are requested to take note of the following.

   a. All research conducted in KwaZulu-Natal must comply with government regulations relating to Covid-19. These include but are not limited to: regulations concerning social distancing, the wearing of persona/ protective equipment, and limitations on meetings and social gatherings.
   b. Kindly liaise the facility manager BEFORE your research begins in order to ensure that conditions in the facility are conducive to the conduct of your research. These include, but are not limited to, an assurance that the numbers of patients attending the facility are sufficient to support your sample size requirements, and that the space and physical infrastructure of the facility Can accommodate the research team and any additional equipment required for the research.

c. Please ensure that you provide your letter of ethics re-certification, when the current approval expires.
d. Provide an interim progress report and final report (electronic and hard copies) when your research is complete to HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG '0051, PIETERMARITZBURG, 3200 and e-mail an electronic copy to hrkm@kznhealth.gov.za
e. Please note that the Department of Health shall not be held liable for any injury that occurs as a result of this study.

For any additional information please contact Ms G Khumalo on 033-395 3189.

Yours Sincerely

Dr E Lutge
Chairperson, Health Research Committee
Date: 23/06/2024

GROWING KWAZULU-NATAL TOGETHER

ANNEXURE D: LETTER OF SUPPORT FROM THE DISTRICT HOSPITAL, KZN 226

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

DIRECTORATE:
MEDICAL SERVICES
SENIOR MANAGER : MEDICA L SERVICE

Postal Address: Private Bag x 20021 Empangeni 3880
Physical Address: Thanduyise Road- Empangeni 3880
Tel:035-9017273 Fax: 0865196873 Email address : tobias.gumede@kznhealth.gov.za
www.kznhealth.gov.za

Enquiries: Dr PD Milligan
Date: 05.02 2021

TO: MS Z. PILL-AY
BOX 1636
RICHARDS BAY, 3900

Dear Sir / Madam

RE: PERMISSION TO CONDUCT RESEARCH AT NGWELEZANA TERTIARY HOSPITAL

I have pleasure in informing you that permission has been granted to you by Ngwelezana Tertiary Hospital to conduct research titled "A conceptual framework for intersectoral approach to sexuality education in KZN secondary schools"

Please note the following:-

1. . Please ensure that you adhere to all policies, procedure, protocols and guidelines of the Department of Health with regards to research.

2. This research will only commence once this office has received approval of your study from the Provincial Health Research and Ethics Committee (PHREC) in the KZN Department of Health.

3. Application to PHREC is done online via the National Health Research Database (NHRD):http://nhrd.hst.ora.za or to HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X 9051 PIETERMARITZBURG, 3200
Email- hrkm@kznhealth.gov.za or contact Mr Xaba @ 033-395 2805

4. Please ensure this office is informed before you commence your research.

5. The Facility will not provide any resources for this research.

6. You will be expected to provide feedback on your findings to the facility.
7. You are required to contact this office regarding dates for providing feedback when the research has been completed.

We would like to take this opportunity to wish you all the best in your future endeavours.

Thank you,

DR PD MILLIGAN
ACTING SEN. MANAGER: MEDICAL SERVICE

Recommended/ Not-recommended-bye
Approved/-
Disapproved
by;—,

MRS C.N.N. MKHWANAZI
AGER: MEDICAL SERVICES ACTING CHIEF EXECUTIVE OFFICER

08.02.2021

CHAIRPERSON, ETHICS AND RESEARCH COMMITTEE NGWELEZANA TERTIARY HOSPITAL

NGWELEZANA TERTIARY HOSPITAL

DATE:

GROWING KWAZULU-NATAL TOGETHER

ANNEXURE E: DATA COLLECTION INSTRUMENTS

DATA COLLECTION INSTRUMENT WITH COVER LETTER
INTERVIEWS WITH SENIOR MANAGERS WHO IMPLEMENT POLICY (EDUCATION, HEALTH, AND SOCIAL SECTORS)

Covid-19 Safety and Protection Measures

The researcher will take responsibility to ensure that this proposed research adheres to the values and principles outlined in the UNISA Research Ethics Policy and the guidelines provided in the University of South Africa Covid-19 Position Statement on Research and Ethics (UNISA 2020).

The researcher will use telephonic and/or face to face to interview the participants. Arrangements will be done in advance to schedule meetings with each participant at appropriate times.

Projected time duration for interview will take approximately 60 minutes.

Section A: Bio Data Information

1. Number……
2. Title……..
3. Sex……..
4. Name of the department ……

QUESTIONS

Section B: Senior managers who implement policy

In reference to the Adolescent Health policy framework, how responsive is the policy in supporting intersectoral collaboration in adolescents' sexual and reproductive health/ ASRH?

- What are the current processes in implementing sexual education policies?
- How are other sectors involved in the implementation of CSE policy?
- What role do you play in the implementation of CSE policy in your district?

FOR EACH SEGMENT OF QUESTIONS, THERE WILL BE INTENSIVE PROBING IN THE FORM OF:

- Please elaborate on CSE policy
- What is your opinion regarding…?
- How do you think other sectors could be involved

DATA COLLECTION INSTRUMENT WITH COVER LETTER
FOCUS FROUP INTERVIEWS (SCHOOL-GOING ADOLESCENTS)

The purpose of this study is to develop a conceptual framework for an intersectoral approach to sexuality education in KZN secondary schools.

Participants' will be informed of the purpose and benefits of the study, the procedures to be followed, and how the results will be published. Informed consent and assent consent will be sought with the

assistance of the school principal prior to the commencement of the study and participants will be informed about their option to withdraw from the study at any time, if they so desired. The participants will be allowed to ask questions for clarity and will be given the opportunity to confirm their participation by signing a written consent form. Protection of the above human rights in research ethics will be adhered to.

As this data collection phase forms an integral part of the study and the researcher will therefore delay it until such time the University of South Africa Covid-19 Position Statement on Research and Ethics (UNISA 2020) and the country's lockdown regulations have been lifted. However, it is envisaged that the basic precautionary measures of social distancing, handwashing and masks will continue for a foreseeable period. In that case:

In preparing to conduct the focus group interviews, the researcher will first contact the school principal who will act as the gatekeeper to the participants to discuss Covid-19 precautionary and protective measures to be observed by participants during the interviews and ensure that the venues to be used will be those that implement Covid-19 hygienic conditions and are regularly disinfected. The principal or any teacher assigned by him will be requested to set aside an arranged classroom for school-going adolescents or an office room for teachers to accommodate 10 participants that will be expected to be readily disinfected according to the health and safety protocols. Seating arrangement will ensure social distancing with chairs arranged to allow 2 meters apart.

Before the start of the discussion the researcher will again discuss Covid-19 precautionary and protective measures with all the participants. The researcher will inform consenting participants not to attend the interviews if they feel ill, and to rather postpone to a later date when they will be well. Participants' rights for self-determination will be emphasised. Both the researcher and the participants will arrive at the respective venues wearing face masks for personal protection and will keep them on throughout the duration of the group discussion. Physical contact will be strictly avoided. The researcher will carry alcohol based wet wipes to clean the table surface and the audio recording devise. The researcher will also provide a hand sanitiser and pop-up tissues at the interviews. The researcher will prudently adhere to the necessary precautionary measures to protect the participants and employ needed risk mitigation means in every interview context.

GRAND TOUR QUESTIONS

Section A: Sexual education

1. What are your views on the implementation of CSE in schools?
    - What do you think could be done to improve on the current sex education programme?
    - Are you open to more topics being added to your current curriculum?
    - What diverse teaching strategies do you think can be incorporated in CSE?

2. What ASRH information do you receive outside of school?
3. What challenges do you experience in learning about CSE?
4. What recommendation do you make to improve sexuality CSE in schools?
5. Do you think that the topics are sufficiently and appropriately covered in the curriculum?

    - If not, explain why you think so.

6. What do u think about a spiritual support system as part of the sex educational programme?

    - Who do you think can be added to the spiritual support system?

Section B: Access to sexual reproductive health services

- What has been your experience in accessing ASRH services?
- Which other departments would you like to be involved in sexuality education in schools? Why?

Section C: Media

- What kind of ASRH information do you learn through the media?
- How helpful has the media been in helping you understand ASRH information.

FOCUS FROUP INTERVIEWS (LO TEACHERS)

GRAND TOUR QUESTIONS

1. What are your thoughts on intersectoral collaboration for sexuality education/CSE in schools?
2. What activities/tasks/events/team functioning/information do you think can be taken by the LO teachers to participate in intersectoral collaborations for sexuality education?

3. What levels of collaborations do you think is necessary for the implementation of sexuality education/CSE in schools?

…. networks/linkages of CSE in schools?

4. What do you think will be the desired results/outcomes of an intersectoral collaboration program of CSE in schools?

PROBING WILL CONTINUE UNTIL SATURATION POINT IS REACHED.

ANNEXURE F: INFORMATION LEAFLET AND INFORMED CONSENT FOR SCHOOL-GOING ADOLESCENTS

TITLE OF THE STUDY: **A conceptual framework for an inter-sectoral approach to sexuality education in KZN** secondary **schools.**

Dear Participant,

As a student in this secondary school, you have been selected to participate in this study that will be conducted at your school premises. This information leaflet contains all the information that you need to help you to understand your role in the study. If you have any questions, please feel free to contact the researcher, Mrs Zoe Pillay.

1. The purpose and benefits of this study

As a student, you will experience sexuality and sexual behaviours, therefore, I request your permission to accomplish the purpose of the study which is to develop a conceptual framework for an intersectoral approach to sexuality education in KZN secondary schools. Information obtained from this study will provide an insight into adolescents' sexuality and sexual behaviours in order to develop a conceptual framework to be incorporated into sex educational programmes in secondary schools from which training institutions, health professionals, policy and decision-makers may use in the review of curricula, policies and operational procedures to improve adolescent sexual and reproductive health and wellbeing.

2. Explanation of the procedure and Confidentiality

As a participant you will be required to participate in a focus group discussion that will take approximately 60 minutes. The researcher will conduct the discussion. This is an anonymous discussion which means that your name will not be identified. The discussion will be digitally recorded and transcribed thereafter and after data analysis the recorded information will be disposed of. All the information you provided in this research will be kept confidential. To protect your child's identity, identification numbers will be used.

3. Risk and discomfort

There may be some minor discomfort or inconvenience as this discussion requires your child's time and effort. There are no known risks associated with the study. The discussion will be conducted in English. However, should your child experience discomfort either physical or emotionally, the researcher will allow your child to withdraw from the study, offer your child some debriefing or refer your child for psychological counselling.

4. Your right as a participant

Your participation in the study is voluntary. You can refuse to participate or withdraw at any time during the study without giving any reason and without any penalty.

5. Ethical approval

The research has been granted ethical clearance and approval by the Department of Health Studies higher Degrees Committee, at UNISA. Permission to undertake this study has been obtained from the Department of Education and the school principal.

6. Compensation

Your participation is voluntary. No compensation will be given for your participation.

7. Additional information

For any question about your participation in this study, you should contact the researcher, Mrs Zoe Pillay at 0614385450.

Email address: pillayzoe@gmail.com

Alternatively, you can contact my supervisor Prof FH Mfidi at Work: 012 429 6731

Email address: **mfidifh@unisa.ac.za**

Consent to participate in this study

Your participation in this research is subject to reading and signing the informed consent. A copy of the signed consent document will be given to you.

INFORMED CONSENT

I confirm that the purpose, procedure, risks, discomforts, and benefits of the study were communicated to me. I have read and understood the leaflet information. I am aware that all information given is confidential and anonymous. I am participating in this study willingly. I am aware that I can ask questions at any time. I understand that I do not need to give a reason to withdraw and there is no penalty involved.

Participant's name: ..... (Please print)

Participant's signature: .....Date.....

Researchers name: ……..(Please print)

Researchers signature: .....Date.....

Witness name: .....(Please print)

Witness signature: .....Date.....

ANNEXURE G: INFORMATION LEAFLET AND INFORMED ASSENT / CONSENT FOR PARENTS

TITLE OF THE STUDY: **A conceptual framework for an inter-sectoral approach to sexuality education in KZN secondary schools.**

Dear Parent/Guardian,

Your son/daughter a Grade…….…… student has been selected to be among the school-going adolescents who will be participating in the above research at the school premises. The researcher hereby requests your permission in this regard. This information leaflet contains all the information that you need to help you to understand your child's role in the study. If you have any questions, please feel free to contact the researcher, Mrs Zoe Pillay.

1. The purpose and benefits of this study

Your child is a school going adolescent who among other school-going adolescents will experience sexuality and sexual behaviours. Therefore, the researcher requests your permission to allow your child to participate in this study to accomplish the purpose of this study which is to develop a conceptual framework for an intersectoral approach to sexuality education in KZN secondary schools. Information obtained from this study will provide an insight into adolescents' sexuality education in order to develop a conceptual framework to strengthen sexuality education in secondary schools, from which secondary schools, health professionals, policy and decision-makers may use in the review of curricula, policies and operational procedures to improve adolescent sexual and reproductive health and wellbeing.

2. Explanation of the procedure and Confidentiality

As a participant your child will be required to partake in a focus group discussion which will take approximately 60 minutes. The researcher will conduct the group discussion. This is an anonymous discussion which means that your child's name will not be identified and after data analysis the recorded information will be disposed of.

All the information you provided in this research will be kept confidential. To protect your child's identity, identification numbers will be used.

3. Risk and discomfort

There may be some minor discomfort or inconvenience as this discussion requires your child's time and effort. There are no known risks associated with the study. The discussion will be conducted in English. However, should your child experience discomfort either physical or emotionally, the researcher will allow your child to withdraw from the study, offer your child some debriefing or refer your child for psychological counselling.

4. Your right as a participant

Your child's participation in the study is voluntary. Your child can refuse to participate or withdraw at any time during the study without giving any reason and without any penalty.

5. Ethical approval

The research has been granted ethical clearance and approval by the Department of Health Studies Higher Degrees Committee, at UNISA. Permission to undertake this study has been obtained from the Department of Education and the school principal.

6. Compensation

Your child's participation is voluntary. No compensation will be given for your child's participation.

7. Additional information For any question about your participation in this study, you should contact the researcher, Mrs Zoe Pillay at 0614385450.

Email address: pillayzoe@gmail.com

Alternatively, you can contact my supervisor Prof FH Mfidi at Work: 012 429 6731

Email address: mfidifh@unisa.ac.za

Parental Assent / Consent to participate in this study

The participation of your child in this research is subject to your reading and signing the informed consent. A copy of the signed consent document will be given to you.

INFORMED CONSENT

I confirm that the purpose, procedure, risks, discomforts, and benefits of the study were communicated to me. I have read and understood the leaflet information. I am aware that all information given is confidential and anonymous. I am participating in this study willingly. I am aware that I can ask questions at any time. I understand that I do not need to give a reason to withdraw and there is no penalty involved.

Participant's name: ..... (Please print)

Participant's signature: .....Date.....

Researchers name: ……(Please print)

Researchers signature: .....Date.....

Witness name: .....(Please print)

Witness signature: .....Date.....

ANNEXURE H: INFORMATION LEAFLET AND INFORMED CONSENT FOR LO TEACHERS

TITLE OF THE STUDY: **A conceptual framework for an inter-sectoral approach to sexuality education in KZN secondary schools.**

Dear Participant,

As LO teachers in this secondary school, you have been selected to participate in this study that will be conducted at your school premises. This information leaflet contains all the information that you need to help you to understand your role in the study. If you have any questions, please feel free to contact the researcher, Mrs Zoe Pillay.

1. The purpose and benefits of this study

As LO teachers at this school, I request your permission to accomplish the purpose of the study which is to develop a conceptual framework for an intersectoral approach to sexuality education in KZN secondary schools. Information obtained from this study will provide an insight into adolescents' sexuality and sexual behaviours in order to develop strategies to be incorporated into sex educational programmes in secondary schools from which training institutions, health professionals, policy and decision-makers may use in the review of curricula, policies and operational procedures to improve adolescent sexual and reproductive health and wellbeing.

2. Explanation of the procedure and Confidentiality

As a participant you will be required to participate in a focus group discussion that will take approximately 60 minutes. The researcher will conduct the discussion. This is an anonymous discussion which means that your name will not be identified. The discussion will be digitally recorded and transcribed thereafter and after data analysis the recorded information will be disposed of. All the information you provided in this research will be kept confidential. To protect your identity, identification numbers will be used.

3. Risk and discomfort

There are no known risks, but you may experience some minor inconvenience as this discussion requires your time and effort. However, should you experience discomfort either physical or emotionally, the researcher will allow you to withdraw from the study, offer some debriefing or refer you for psychological counselling. The discussion will be conducted in English.

4. Your right as a participant

Your participation in the study is voluntary. You can refuse to participate or withdraw at any time during the study without giving any reason and without any penalty.

5. Ethical approval

The research has been granted ethical clearance and approval by the Department of Health Studies Higher Degrees Committee, at UNISA. Permission to undertake this study has been obtained from the Department of Education and the school principal.

6. Compensation

Your participation is voluntary. No compensation will be given for your participation.

7. Additional information

For any question about your participation in this study, you should contact the researcher, Mrs Zoe Pillay on 0614385450.

Email address: pillayzoe@gmail.com

Alternatively, you can contact my supervisor Prof FH Mfidi at Work: 012 429 6731

Email address: mfidifh@unisa.ac.za

Consent to participate in this study

Your participation in this research is subject to reading and signing the informed consent. A copy of the signed consent document will be given to you.

INFORMED CONSENT

I confirm that the purpose, procedure, risks, discomforts, and benefits of the study were communicated to me. I have read and understood the leaflet information. I am aware that all information given is confidential and anonymous. I am participating in this study willingly. I am aware that I can ask questions at any time. I understand that I do not need to give a reason to withdraw and there is no penalty involved.

Participant's name: ..... (Please print)

Participant's signature: .....Date.....

Researchers name: ……. (Please print)

Researchers signature: .....Date.....

Witness name: .....(Please print)

Witness signature: .....Date.....

ANNEXURE I: INFORMATION LEAFLET AND INFORMED CONSENT FOR SENIOR MANAGERS WHO OVERSEE THE IMPLEMENTATION OF POLICY (EDUCATION, HEALTH AND SOCIAL)

TITLE OF THE STUDY: A conceptual framework for an intersectoral approach to sexuality education in KZN secondary schools.

Dear Participant,

As senior managers who implement policy in Education, Health, and Social Policy for sexual education in schools, you have been selected to participate in this study that will be conducted at your departments. This information leaflet contains all the information that you need to help you to understand your role in the study. If you have any questions, please feel free to contact the researcher, Zoe Pillay.

1. The purpose and benefits of this study

As senior managers who implement policy in Education, Health, and Social Policy for sexual education in schools, I request your permission to participate in in-depth interviews as it is required of the researcher to explore the processes involved in implementing sexuality education in secondary schools. The purpose of this study is to develop a conceptual framework for an intersectoral approach to sexuality education in KZN secondary schools. Educators at secondary schools, health professionals, and policy and decision-makers may use this information to review curricula, policies, and operational procedures in order to improve adolescent sexual and reproductive health and wellbeing.

2. Explanation of the procedure and confidentiality

As a participant you will be required to participate in an in-depth interview that will take approximately 60 minutes. The researcher will facilitate the interview. However, due to the lockdown regulations that are in place, the researcher will use telephone or/and zoom/face to face at the times agreed upon by you. A person to act as gatekeeper has been identified to assist with scheduling a meeting in advance at your own appropriate and convenient times; securing a private room/office space where there are no distractions and act as a witness whilst you are signing the informed consent form included in this copy of information leaflet. Covid-19 precautionary and protective measures to be observed at all contacts with you will be discussed with the gatekeeper, and the gatekeeper will be requested to adhere at all times to all Covid-19 precautions, by ensuring meeting venue comply and implement Covid-19 hygienic conditions and is regularly disinfected; strictly avoiding physical contact through maintaining social distance, always wearing mask and carry and use hand sanitizer, when approaching you as a potential participant to request and signing informed consent. Signing of the consent will be done in the presence of the gatekeeper, who will act as your witness and the declaration will be read out and recorded as per your permission. You are always requested to avoid physical contact with the gatekeeper by maintaining social distancing, wearing mask and use a table that has been cleaned and sanitized. After signing the informed consent, the gatekeeper will scan and email it to the researcher and further arrangements of collecting the original at a later stage after lockdown will be made.

Should the interview be conducted through zoom meeting, all the costs of providing data vouchers will be the researcher's responsibility and this will be arranged with the gatekeeper prior to the commencement of the zoom meeting. This is an anonymous interview, which means that your name will not be identified. With your permission, the interview will be digitally recorded and in the instances of online (zoom) platform with system-built recordings, the recorded data will be immediately extracted and saved on another system outside the zoom platform. All the information you provide in this research will be kept confidential. To protect your identity, identification numbers will be used instead of names. After data analysis the recorded information will be disposed of.

3. Risk and discomfort

There are no known risks, but you may experience some minor inconvenience, as this interview requires your time and effort. However, should you experience discomfort, either physical or emotionally, the

researcher will allow you to withdraw from the study, and will offer you some debriefing or refer you for psychological counselling.

4. Your rights as a participant
Your participation in the study is voluntary. You can refuse to participate or withdraw at any time during the study without giving any reason and without any penalty.

5. Ethical approval
The researcher will take responsibility to ensure that this proposed research adheres to the values and principles outlined in the UNISA Research Ethics Policy and the guidelines provided in the University of South Africa Covid-19 Position Statement on Research and Ethics (UNISA 2020). The research will first obtain ethical clearance and approval from the Department of Health Studies Research Ethics Committee at UNISA. Permission to undertake this study will be sought from the following government Departments: Education, Health and Social Development.

6. Compensation
Your participation is voluntary. No compensation will be given for your participation.

7. Additional information
For any questions about your participation in this study, you may contact the researcher, Zoe Pillay, at 061 438 5450 or at **pillayzoe@gmail.com**. or the supervisor Prof F H Mfidi on Tel.number: 012 4296731 or email: mfidifh@unisa.ac.za or Prof JM Mathibe-Neke, the Chair of the Department of Health Studies Research Ethics Committee on Tel number: 012 4296346 or E-mail: **HSREC@unisa.ac.za**

Consent to participate in this study for Senior Managers who implement policy (Education, Health and Social)

Your participation in this research study is subject to your reading and signing the informed consent below. A copy of the signed consent document will be given to you.

INFORMED CONSENT

I hereby confirm that the purpose, procedures, risks, discomforts, and benefits of the study have been communicated to me. I have read and understood the leaflet information. I am aware that all information given is confidential and anonymous. I am participating in this study willingly. I am aware that I can ask questions at any time. I understand that I do not need to give a reason to withdraw from the study and there will be no penalty involved.

Participant's name/number:_____

Participant's signature: _____ Date: _____

Witness name: _____ (Please print)

Witness signature: _____ Date: _____

Researcher's name: _____

Researcher's signature: _____ Date: _____

Witness name: _____ (Please print)

Witness signature: _____ Date: _____

ANNEXURE J: CONFIDENTIALITY AGREEMENT

I, _____

hereby agree to maintain the confidentiality of information disclosed during focus group as follows:

1. I will hold in confidence any and all information disclosed during the discussions.
2. I understand that any ideas, developments, inventions conceived, or suggestions contributed by others and myself during the discussion, shall be solely used for this research.
3. I shall at all times hold in trust, keep confidential and not disclose to any third party or make any use of the confidential information beyond the Focus Group.
4. I shall at all times hold in trust, keep confidential and not disclose to any third party or make any use of personally identifiable information of any participant involved in the Focus Group.
5. I acknowledge that I will not be compensated for my participation in this Focus Group and that all information and opinions I provide are solely my own and are in no way reflective of my employer or institution whatsoever.
6. I hereby give permission to the researcher for an audio recording to be made of this session.
7. I understand transcription of the taped recordings will be used by the researcher for research purposes only.
8. I understand that because of this study there could be violations of my privacy. To prevent violations of my own or others' privacy, I have been asked not to talk about any of my own or other private experiences that I would consider too personal or revealing.
9. I also understand that I have an obligation to respect the privacy of the other members of the group by not disclosing any personal information that they share during our discussion.
10. I understand that all information I give will be kept confidential to the extent permitted by law, and the names of all people in the study will be kept confidential by the researcher and the University of study.

By submitting this form, I will be entering a Non-Disclosure agreement with the researcher.

Participant Name: _____

Participant Signature :_____

Date: _____

ANNEXURE K: REQUEST FOR PERMISSION FROM DEPARTMENT OF EDUCATION, KZN

Enquiries: Zoe Pillay
Cell number: 0614385450

P O BOX 1636
Richardsbay
3900

14 November 2020

KZN Department of Education
Private Bag X9137
Pietermaritzburg
3200
Phone: 033 846 5000

Sir/Madam

Request for permission from Department of Education to conduct research study

I am a student at University of South Africa (UNISA) currently registered for PhD in Nursing Science. I hereby request to conduct a research study at a secondary School in the District of uMhlathuze, KZN.

My research supervisor is Doctor FH, MFIDI Department of Health Studies UNISA. The title of the study is: **A conceptual framework for an inter-sectoral approach to sexuality education in KZN secondary schools.**

The purpose of the study is to s develop a conceptual framework for an intersectoral approach to sexuality education in KZN secondary schools. The expected outcome is to develop a conceptual framework to be incorporated into sex educational programmes in secondary schools from which training institutions, health professionals, policy and decision-makers may use in the review of curricula, policies and operational procedures to improve adolescent sexual and reproductive health and wellbeing.

The research participants will be adolescent students and Life Orientation teachers and senior managers from the DBE, DoH and DoSD who oversee the implementation of sexuality education in secondary schools. All participants will sign an informed consent form / assent consent form. Data will be conducted using focus group discussions and in-depth interviews which will be conducted after school and work hours.

Attached is the research proposal and the ethical clearance certificate from UNISA.

A copy of the summary of the findings will be made available to the department on completion of the study. It would be highly appreciated if my request is considered.

Thank you.
Kind Regards
Zoe Pillay
Student number 46403434

ANNEXURE L: REQUEST FOR PERMISSION FROM DEPARTMENT OF HEALTH, KZN

Enquiries: Zoe Pillay
Cell no.:0614385450

P O BOX 1636
Richards Bay
3900

14 November 2020

KZN Department of Health
The Head of Department
Department of Health
Private Bag X9051
Pietermaritzburg
3200

Sir/Madam

Request for permission from Department of Health to conduct research study

I am a student at University of South Africa (UNISA) currently registered for PhD in Nursing Science. I hereby request to conduct a research study at the Ngwelezana District Hospital of King Cetshwayo, KZN.

My research supervisor is Prof FH, MFIDI Department of Health Studies UNISA. The title of the study is: **A conceptual framework for an inter-sectoral approach to sexuality education in KZN secondary schools.**

The purpose of the study is to s develop a conceptual framework for an intersectoral approach to sexuality education in KZN secondary schools. The expected outcome is to develop a conceptual framework to be incorporated into sex educational programmes in secondary schools from which training institutions, health professionals, policy and decision-makers may use in the review of curricula, policies, and operational procedures to improve adolescent sexual and reproductive health and wellbeing.
The research participants will be adolescent students and Life Orientation teachers and senior managers from the DBE, DoH and DoSD who oversee the implementation of sexuality education in secondary schools. All participants will sign an informed consent form / assent consent form. Data will be conducted using focus group discussions and in-depth interviews which will be conducted after school and work hours.

Attached is the research proposal and the ethical clearance certificate from UNISA.

A copy of the summary of the findings will be made available to your department on completion of the study. It would be highly appreciated if my request is considered.

Thank you.
Kind Regards
Zoe Pillay
Student number 46403434

ANNEXURE M: REQUEST FOR PERMISSION FROM DISTRICT HOSPITAL, KZN

Enquiries: Zoe Pillay
Cell number: 0614385450

P O BOX 1636
Richardsbay
3900

23 November 2020

To Ngwelezana District Hospital
Thandisiwe Road
Empangeni
Telephone number: 035 901 7000
Email: CeoSecretary.Ngwelezana@kznhealth.gov.za

Greetings to the CEO of Ngwelezana Hospital

Request for permission from Ngwelezana District Hospital to conduct a research study

I am a student at University of South Africa (UNISA) currently registered for PhD in Nursing Science. I hereby request to conduct a research study at the Ngwelezana District Hospital in the uMhlathuze Municipality, KZN.

My research supervisor is Doctor FH, MFIDI Department of Health Studies UNISA. The title of the study is: **A conceptual framework for intersectoral approach to sexuality education in KZN secondary schools.**

The purpose of this study is to develop a conceptual framework for an intersectoral approach to sexuality education in KZN secondary schools. The expected outcome is to develop a conceptual framework which could assist all stakeholders who are involved with adolescents' sexual and reproductive health, including senior managers from social development, health and education directorates. The framework would harness strengths from various sectors to develop comprehensive educational approaches that would empower adolescents on all matters pertaining to sexuality and sexual behaviours.

The research participants will be senior managers who are involved in implementing adolescent sexual education policies in the uMhlathuze Municipality. All participants will sign an informed consent form / assent consent form. Data will be collected using telephonic in-depth interviews with the senior managers at a convenient work hour.

Attached is the research proposal and the ethical clearance certificate from UNISA. A copy of the summary of the findings will be made available to the department on completion of the study. It would be highly appreciated if my request is considered.

Thank you,
Kind Regards
Zoe Pillay, Student number 46403434

ANNEXURE N: REQUEST FOR PERMISSION FROM THE SELECTED SCHOOL INSTITUTIONS

Zoe Pillay
P.O.Box 1636
Richards Bay
3900

14 November 2020

22 Via Davillia
Brackenham
Richardsbay
3900
The School Management
Dear Sir/Madam
REQUEST FOR PERMISSION FROM A SECONDARY SCHOOL, TO CONDUCT A RESEARCH STUDY IN THE UMHLATUZE DISTRICT, KZN
Study Title: A conceptual framework for an inter-sectoral approach to sexuality education in KZN secondary schools.

I, Zoe Pillay am currently doing my PhD in Nursing Science with the University of South Africa. As part of my studies, I need to conduct data collection which is part of my thesis. I therefore request permission to conduct focus group discussions at your secondary school concerning the above title. The purpose of the study is to s develop a conceptual framework for an intersectoral approach to sexuality education in KZN secondary schools. The expected outcome is to develop a conceptual framework to be incorporated into sex educational programmes in secondary schools from which training institutions, health professionals, policy and decision-makers may use in the review of curricula, policies, and operational procedures to improve adolescent sexual and reproductive health and wellbeing.
The research proposal has been approved by the UNISA ethics committee and the KZN Department of Education.

Upon completion of the study, I undertake to provide the department with a bound copy of the full research report. If you require any further information, please do not hesitate to contact me via email address: pillayzoe@gmail.com or 0614385450. Thank you for your time and consideration in this matter.

I have attached a copy of my research proposal, participants consent/assent forms, the focus group interview guide, approval from UNISA Ethics Committee and DBE. A copy of the summary of the findings will be made available to your institution on completion of the study.

Yours sincerely,
Zoe Pillay

UNISA Student

46403434

ANNEXURE O: PERMISSION GRANTED FROM THE SELECTED KZN SCHOOL

From: [redacted] org.za>

Sent: Wednesday, [redacted] 13:16
To: [redacted]
Subject: Zoe Pillay Letter

TO: MS Z. PILLAY

PO BOX 1636

RICHARDS BAY, 3900

Dear Madam

RE: PERMISSION TO CONDUCT RESEARCH AT [redacted] HIGH SCHOOL

I have pleasure in informing you that permission has been granted to you by [redacted] High School to conduct research titled "A conceptual framework for intersectoral approach to sexuality education in KZN secondary school."

Please note the following:

1. Please ensure that you adhere to all policies, procedure, protocols, and guidelines of the Department of Education with regards to research.
2. This research should commence from [redacted], without disturbing the academic plan of the school.
3. Please ensure that [redacted], Life Orientation Subject Head is informed before you commence your research.
4. The Facility will not provide any resources for this research.

We would like to take this opportunity to wish you all the best in your future endeavors.

Thank you,

[redacted]

Principal

[redacted]
Tel: [redacted]
Email: [redacted]
Website: [redacted]

HIGH SCHOOL

ANNEXURE P: PERMISSION GRANTED FROM THE SELECTED KZN SCHOOL

[redacted] HIGH SCHOOL

[redacted]

[redacted]

RE: PERMISSION TO CONDUCT RESEARCH

Dear Ms Pillay,

In response to your letter requesting permission to conduct research in our school.

This is to acknowledged that you have been granted the permission to conduct an interview with the learners and life orientation teachers as requested in your letter.

Date [redacted]

Time: 7am

Regards.

[redacted]

[redacted]

ANNEXURE Q: PERMISSION GRANTED FROM THE SELECTED KZN SCHOOL

[redacted] High School

Dear Zoe Pillay

You have been granted permission to conduct research at our High School [redacted]. All the best in your thesis

Yours Sincerely

[redacted]

(Deputy Principal)

[redacted] HIGH SCHOOL

ANNEXURE R: PERMISSION GRANTED FROM THE SELECTED KZN SCHOOL

[redacted] SECONDARY SCHOOL

PO BOX [redacted]
[redacted]
EMAIL : [redacted]@gmail.com
TEL: [redacted]
FAX : [redacted]

[redacted]

TO: PILLAY ZOE

FROM: THE PRINCIPAL

SUBJECT: PERMISSION TO CONDUCT RESEARCH

Dear Zoe

- We acknowledge receipt of your correspondence.
- We, as [redacted] Secondary School, appreciate the opportunity you are affording to us to participate in your academic development.
- We understand that our teachers and learners will not only be responding to the questions but will also be gaining a thing or two from the study.
- Kindly feel free to come and make proper arrangements with relevant teachers before we start with our Trial Examinations.
- We humbly apologise for any inconvenience caused.
- We wish you well in your study.

Your faithfully

[redacted]

Principal

DEPARTMENT OF EDUCATION
[redacted] SECONDARY SCHOOL
2021-08-16
TEL [redacted]
PO BOX [redacted]
KWAZULU - NATAL

ANNEXURE S: INFORMATION LEAFLET AND CONSENT FOR FIELD EXPERTS

What is the research about?

This is a research being conducted by Zoe Pillay as part of PhD in Nursing Science at the University of South Africa (UNISA). You are invited to participate in this study in your capacity as a Senior Manager, Sexuality and Reproductive Health Program Manager, Director, Deputy Director, Minister, and Chief Educational Specialist, Social workers. The purpose of this study is to develop a conceptual framework for an intersectoral approach to sexuality education in KZN secondary schools. The research has collected qualitative data from the Department of Basic Education, Department of Health, and Department of Social Development. The second phase included LO teachers and adolescents from secondary schools. The two data sets were integrated to arrive at new meanings.

What will I be asked to do if I agree to participate?

As a participant, you will be requested to complete the evaluation criteria tool. The purpose of completing the tool is to validate the conceptual framework to ensure that it is practical and valid. This process might take two rounds, to ensure that your feedback has been incorporated in the final framework. The conceptual framework was developed based on literature and findings from qualitative data collected from the senior managers in the DBE, DoH, DoSD, LO teachers and adolescents in KZN.

What are the risks of this research?

There are no anticipated risks. The researcher has made sure that the provided criteria, the conceptual framework is easy to understand. You have the right to refuse to answer any question that makes you feel uncomfortable. If you have concerns, please feel free to talk to me.

What are the benefits of this research?

This research will not have any monetary benefit to you as a participant. However, your views and comments will assist the researcher in developing a conceptual framework that would be invaluable in strengthening and improving sexuality education in secondary schools.

Do I have to be in this research, and may I stop participating at any time?

Your participation in this study is voluntary. There will be no penalty if you decide to withdraw from the study at any stage, after you have given consent to participate. All information provided will be, kept private, and your name will not be mentioned anywhere.

What if I have questions?

If you have any questions about the study itself, please contact me (Zoe Pillay) on Cellphone: 0614385450 or on Email: **46403434@mylife.unisa.ac.za** or **pillayzoe@gmail.com**.

This research has been approved by the Department of Health Studies' Ethics Committees, University of South Africa and permission has been granted by the KZN Department of Health. The NHRD reference number is KZ_202106_033. Should you wish to report any problems you have experienced concerning the study, please contact Prof Mfidi, the Research Supervisor on Email: **mfidifh@unisa.ac.za** or Prof KB Khan, the Chairperson of the College Research Ethics Committees Email: **Khankb@unisa.ac.za**.

Declaration by the participant

I ..... voluntarily consent to participate in the research mentioned above. The background, purpose, risks and benefits of the study have been explained to me. I also understand that I may withdraw from the study at

any time without consequences. I know that my participation in the study will be acknowledged, although my identity will be withheld.

……. ……..

Participants' signature Date

....

Witness Date

Declaration by investigator

I, **Zoe Pillay,** declare that:

- I explained the information in this document.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above.
- I did/did not use an interpreter.

ZPILLAY 23/10/2023

Signature of investigator Date

ANNEXURE T: FIELD EXPERTS PACKAGE

Dear Participants

You are invited to participate in the study on the evaluation of **A conceptual framework for an inter-sectoral approach to sexuality education in KZN secondary schools.**

The purpose of this study is to develop a conceptual framework for an intersectoral approach to sexuality education in KZN secondary schools.

As a Senior Manager, Sexuality and Reproductive Health Program Manager, Director, Deputy Director, Chief Educational Specialist, Social worker, you are requested to validate the conceptual framework.

If you decide to participate, please answer the questions in the space provided. Fill in the evaluation tool as honestly as possible.

For further information about this study, you can ask me at any time. My cellphone number is 0614385450 and e-mail is 46403434@mylife.unisa.ac.za. Any questions regarding the ethical aspects of the study can be directed to my supervisor at UNISA, Prof Mfidi, e-mail: mfidifh@unisa.ac.za

The researcher appreciates your time in completing this questionnaire as well as your contribution to the successful completion of the study. A copy of my completed research report can be made available to you upon request.

Researcher: Mrs Z Pillay

Supervisor: Prof FH Mfidi

Dear Participant

Guide to Answering the Questions

- Read the statement or question carefully to ensure understanding.

- Kindly answer all socio-demographic questions by inserting an X the column for response options.

Socio-demographic Information			
No	**Question**	**Option**	**Response**
1	What is your gender	Male	1
		Female	2
2	In which age category do you fall	30-39	1
		40-49	2
		50-59	3
		60-69	4
3	What is your highest level of education	Doctoral Degree	1
		Master's degree	2
		Bachelor's degree	3
		Diploma	4
		Higher Certificate	5
4	Please indicate your organisation/department	Department of Health (DoH)	1
		Department of Basic Education (DBE)	2
		Social Development Sector (DoSD)	3
		Non-Governmental Organization (NGO)	4
5	Please indicate your position in your organisation/department		
6	How long have you been employed in the position stated above		

A conceptual framework for an inter-sectoral approach to sexuality education in KZN secondary schools.

Key study findings from combined phases:

- There was awareness of policies that guide and support the implementation of sexuality education in schools.
- There was some form of intersectoral collaboration between DBE, DoSD, DOH, however, the strength of this collaboration could not be determined.
- Each department appeared to act on its mandate.
- Implementation of school visits were inconsistent, resulting in poor coverage.
- The national collaboration framework for all stakeholders could not be found from the data.
- DBE provided lesson plans and it appeared there was little attempt by LO teachers to present content in innovating ways.
- Adolescents sought additional information from peers, social media, and mainstream media.
- There were the usual challenges such as limited school supervisory visits, poor connectivity, inconsistent youth-friendly services, socio-cultural barriers, and financial and human resources barriers that frustrated their efforts in the implementation process.
- Involvement of the community, parents and adolescent in shared decision making could not be established**.**
- Recent statistics on teenage pregnancy and sexual transmitted diseases raises questions on the effectiveness of sexuality education in schools.

- LO teachers and adolescents were not satisfied with the level of support and guidance given by the DBE and DOH and seemed to want learner-centered, context-based content using innovative teaching approaches like audio visuals and increased use of technology in the classroom.

A Logic Model was used to guide this study.

INPUTS: are resources required to facilitate the implementation of the programme, such as enabling environment, shared purpose, Comprehensive Sexuality Education

Policy (CSE) & Procedures, resources, organisational autonomy, inter-sectoral infrastructure, and personal characteristics we assessed in both phases.

Assumptions of the model:

- **Shared purpose: clear understanding of goals, roles & responsibilities and understanding of rules of engagement.**

Collaborations that are successful must have well-defined goals, objectives, roles, and responsibilities. The DBE, DoH and DoSD are all responsible for a shared purpose and common goals.

- **Enabling environment: Leadership - detailed provision for CSE delivery, adequate resources, and a sense of trust.**

A setting that empowers staff, teamwork, evidence-based decision making, and provision of adequate resources to implement a comprehensive sexuality education in schools. The DBE, DoH and DoSD are all responsible for creating an enabling environment.

- **Mutuality among stakeholders: Decentralised joint district planning and shared decision making.**

Equal cooperation and shared decision-making are necessary for a program to be implemented successfully. If everyone has a say in the creation of the policy as well as its execution and evaluation, there may be a good chance of success. DBE and DoH is responsible.


CONCEPTUAL FRAMEWORK FOR INTERSECTORAL COLLABORATION IN THE IMPLEMENTATION OF CSE
INPUTS
PROCESSES
OUTPUTS
OUTCOMES
Shared purpose: clear understanding of goals, roles & responsibilities
Understanding of rules of engagement
Collaborative Team functioning. Clarity of deliverables
Emphasis on intergrated approach
Improved coordination
Better understanding of Integrated School Health Programme
DSD leads media campaigns and health days
Successful inter-sectoral coordination
Coordination and collaboration framework in place
Monitoring and evaluation framework in place
Enabling environment
Leadership - detailed provision for CSE delivery
Adequate resources
Sense of trust
Regular meeting for joint planning of schools activities
Establishment of common platform for addressing challenges
Greater access to youth friendly health services
Health facilities provide holistic care
Proper referral system in place
Sound CSE policy foundation
Good engagement with all stakeholders provision for out of school peer education
School visitation schedules jointly planned
Leaders from NGOs to facilitate intergenerational dialogues with parents, teachers, adolescents, SGB members
Mutuality among stakeholders
Decentralised joint district planning
Shared decision making
Capacity building coordinated by DOH, DSD & DBE
Establishment of platforms for data management
Age-appropriate content
Broad diverse content
Needs based approach
Innovative teaching practices Technology supported teaching
adequate coverage of schools receiving CSE
Optimal use of Youth friendly services.
Improved self care among adolescents
Reduction in teenage pregnancies and sexually transmitted diseases
Positive adolescent experiences of CSE
Sufficient resources and time allocated for effective inter-sectoral collaborations

ANNEXURE U: EVALUATION TOOL TO VALIDATE CONCEPTUAL FRAMEWORK

Study title: A CONCEPTUAL FRAMEWORK FOR INTERSECTORAL APPROACH TO SEXUALITY EDUCATION IN KZN SECONDARY SCHOOLS

A Likert scale is included starting with strongly disagree, disagree, agree, and strongly agree. You are requested to use the key to evaluate, score, and indicate if the conceptual framework meets the criteria. Kindly provide a written comments to improve the conceptual framework.

Keys to evaluation:

1. Strongly disagree
2. Disagree
3. Agree
4. Strongly agree

The table below is the evaluation tool

Criteria	1 Strongly Disagree	2 Disagree	3 Agree	4 Strongly Agree
Please mark with an X in the appropriate box				
Credibility The conceptual framework is credible and can strengthen the intersectoral collaboration in sexuality education in secondary schools.				
Relevance The framework is appropriate and valuable to support inter-sectoral collaborations for improved outcomes.				
Outcomes The outcomes in the framework are reasonable and objective.				
Reliability The conceptual framework can be used consistently at different levels of governance.				

Implementable

There is sufficient evidence that the conceptual framework is implementable.

Clarity

The language used in the conceptual framework is clear and understandable.

Quality of content

The content of the framework shows expected excellence.

Sustainability

In the current form, the conceptual framework is sustainable but will need to be reviewed every 5 years.

Flexibility

The conceptual framework allows flexibility in its application and thus can be adjusted to suit the needs of different stakeholders.

Comments:

_____
_____
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ANNEXURE V: CERTIFICATE OF EDITING

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MA, DLITT et Phil, Grad. Ce

A NODE FOR AFRICAN THOUGHT

08 February 2024

To whom it may concern

Dear Sir/Madam

Editor's Certificate for Ms Zoe Pillay (46403434)

This is to confirm that I edited Ms Zoe Pillay's doctoral thesis titled – '**A conceptual framework for intersectoral approach to sexuality education in KZN secondary schools**.'
In my editing of the project, I focussed on the linguistic elements of the text, and on other structural aspects like paragraphing and formatting. My specific focus was on features like sentence structure, grammar/syntax, and spelling. I also made suggestions where I saw fit, like, for example, on the most appropriate punctuation mark in cases where the candidate's chosen mark needed to be replaced with another, depending on the context of the sentence.

I found the candidates' writing to be generally fluent, and trust that the editing work that has been done will further enhance the overall quality of the thesis.

Yours faithfully,

Dr L Mafu (Senior Lecturer, HOD, Department of English)

ANNEXURE W: TURNITIN REPORT AND RECEIPT

A CONCEPTUAL FRAMEWORK FOR INTERSECTORAL APPROACH TO SEXUALITY EDUCATION IN KZN SECONDARY SCHOOLS

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A CONCEPTUAL FRAMEWORK FOR INTERSECTORAL APPROACH TO SEXUALITY EDUCATION IN KZN SECONDARY SCHOOLS

by

ZOE PILLAY

submitted in accordance with the requirements for the degree of

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in the subject

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at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: PROF FH MFIDI

1 FEBRUARY 2024