

"WE HAVE IT, WE SIT ON IT"

A FORMATIVE EVALUATION
OF A HIGH SCHOOL
SEXUALITY EDUCATION PROGRAMME

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"WE HAVE IT,
WE SIT ON IT"



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This work is presented in fulfilment of the
requirements for the degree of

MASTER OF PHILOSOPHY (Maternal and Child Health)

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University of Cape Town

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ABSTRACT

This dissertation reports on a formative evaluation of a high school sexuality education programme. The evaluation aimed to generate a greater understanding of pupils' attitudes to sexuality and insight into pupils' responses to a sexuality education programme.

A qualitative method using focus groups was used. The groups comprised pupils, with programme staff acting as facilitators and observers. The foremost findings were that pupils had considerable understanding of many of the issues which the programme aims to teach them about. Pupils requested that the programme address issues of their concern, including lifeskills development. They expressed dislike of lectures, and requested the use of small group discussions. They also expressed the need for individual counselling under circumstances where the pupils could develop a trusting relationship with the counsellor. Pupils expressed difficulty communicating with their parents about sexuality, and distrust for their teachers in the role of counsellors or educators in this field.

In conclusion, the evaluation yielded much information of potential use in development of the sexuality education programme, and recommendations are put forward. By basing a Family Planning Advisor at each school the pupils needs could be better addressed. Such an arrangement would allow the advisor to encourage parents and the wider community to participate in the programme. This type of broad approach appears to be a prerequisite for success in this field.

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INTRODUCTION

Mitchells Plain is a large housing development which was built in response to the housing crisis among so-called Coloureds under the terms of the Group Areas Act. It lies on the False Bay coast, 27 km south east of Cape Town city centre. Construction was started in 1975, and the "New Town" was officially opened in 1976. By 1981 a shopping complex had been built in the town centre, with a rail link to the Cape Town city centre, and the town was growing at a rate of about 800 houses per month. The current population is estimated at 248 000. (1).

The houses are predominantly under home-ownership, with an average number of persons per household of 5,9. Average monthly household income given by the 1985 census ranged from R700 to R1000. All houses are supplied with electricity and sewage services, the roads are tarred, and are lit at night. Health services consist of a psychiatric hospital, and an adolescent clinic administered by the Cape Provincial Administration, a Day Hospital, a school health service (delivered by nurses who visit the schools intermittently primarily for screening purposes) and a school clinic administered by the House of Representatives, four polyclinics administered by the local authority, private general practitioners, and a private hospital. Educational facilities include 47 primary schools and 14 secondary schools with approximately 1000 children per school. The only tertiary educational facility is a Post Office technical college. (1).

The area faces many of the social problems typical of lower socio-economic, rapidly developing urban areas. A problem of major concern to maternal and child health is the high rate of teenage pregnancy, with approximately 15% of deliveries at the local midwife obstetric unit being to mothers under the age of 20 years (2). In an attempt to address this problem the Family Planning Services in the Western Cape have been running a youth education programme in Mitchells Plain since 1987. The operational objectives of this programme are, as stated in the Training Manual for Community Liaison Officers in Youth Education: 1. Increased use of contraception before the first birth, and delaying of the first birth. 2. The achievement of a more favourable pattern of contraceptive usage for more effective protection. 3. The lowering of fertility norms and the legitimization of low fertility in communities (3).

Part of this youth education programme involves presenting a sexuality education programme to adolescents in the local schools. This sexuality education programme was designed by the Department of National Health and Population Development. It includes a broad range of topics such as reproductive anatomy and physiology, sexually transmitted diseases, emotional development of the adolescent, relationships, values, and decision making skills (an outline of the Adolescent Sexuality Education Programme is included in Appendix A, and is hereafter referred to as the programme). The programme is presented by advisors who have been specifically trained for the task by the Department of National Health and

Population Development. Presentation of what may still be regarded as controversial topics in school sexuality education, such as contraception, is limited. Teaching methods range from lecture type presentations, to group discussions and role play.

Ten of the fourteen high schools in Mitchells Plain had been exposed to the programme by mid 1990. This involved one, or at most two, lessons per year, presented by the advisor in a classroom type situation. The programme includes all standards in the high schools, and from standard four on in junior schools. During the first occasion on which the programme is presented to a class the advisor discusses sexual development. On subsequent occasions the class is allowed to select a topic from the range offered by the advisor. Because of the limited time available for presentation of the programme, each pupil may experience only a few of the variety of topics during his/her high school career.

There has been no formal evaluation of this programme to date. Thus, when the Family Planning Services was approached about the possibility of a research project which would form the basis of a dissertation, an evaluation of the programme was suggested, the objective being to generate information which would be of use in the development of the programme. This ties in well with strategies in Maternal and Child Health in the Western Cape.

The need for a formal programme of sexuality education in local schools has been recognised for some time. In 1983, in a Special

Section of "Contact", the Journal of the Educational Guidance and Counselling Association of the Western Cape, de Jong raised many questions relating to the introduction of sexuality education into schools (4). He called for careful research before the introduction of such programmes into school curricula. De Jong's article serves to introduce "a compilation of views, opinions and attitudes" on sexuality education in schools, and he makes a call for further letters and articles to stimulate debate on the subject. It was a few years later that the sexuality education programme was introduced in Mitchells Plain schools. However, it appears that there was still no published local research on which this programme could be based.

The crisis introduced by the AIDS epidemic has highlighted the need for effective and appropriate sexuality education programmes, beginning at school level. In an editorial in the South African Medical Journal on the evaluation of AIDS prevention programmes Padayachee describes "the full complement of evaluation research" required for the systematic planning of prevention programmes (5). Firstly, Formative Evaluation allows target group participation in programme development, and may involve pre-testing of materials and methods. Secondly, Process Evaluation is concerned with the quality and quantity of programme delivered, and the type of and number of target individuals who received the intended message. Thirdly, Outcome Evaluation measures what aspects of the programme have been effective, for example, in an educational programme this would be measured by change in knowledge. And fourthly, Impact Evaluation

focuses on long term results. To use the example of an educational programme again, this would be measured by change in behaviour. Impact evaluation is the most comprehensive of the four types of evaluation, as it measures what the programme has ultimately set out to achieve. However, impact evaluation is extremely difficult, since the changes that occur are often related to a number of factors other than the programme.

The debate as to the effectiveness of school sexuality education programmes is partly due to the difficulty of impact evaluation. A wide range of programmes has been evaluated, each programme varying in intensity (i.e. the exposure of pupils to the programme in a given period) and duration. The programmes are variously described as "sex education", "sexuality education", or "life skills education". The local programme presented by the advisors in Mitchells Plain incorporates "sex education" as a small component of a wider subject which includes life skills.

The published reports of evaluations of sexuality education programmes seldom provide detailed information on the content, or method of teaching. Although it appears that the vast majority of programmes which have been the subject of published evaluations are far more intense than the local programme, it is not clear how they compare in content or method of delivery.

In attempting to evaluate such programmes, many previous studies have assessed the effect on knowledge increase (6-18). The findings

show that sex education substantially increases knowledge of facts concerning sex and contraception. However, these studies fail to measure long term impact. More importantly, the value of this demonstrated increased knowledge is questionable as the relationship between changes in knowledge and attitudes, and changes in behaviour (i.e. sexual activity, contraceptive use) or other outcome (adolescent pregnancy) is unclear (6,19).

A recent review of evaluations ^{where was this?} of school based sexuality education considered impact in terms of adolescent sexual activity, contraceptive behaviour, and pregnancy rate (7). An important conclusion of this review was "that the expectations of altered adolescent sexual activity, contraceptive behaviour, and pregnancy are unlikely to be fulfilled" by school based sexuality education programmes. Further, the authors conclude that the effort to fight for sex education on these terms is not justified unless an effect is shown in further studies.

The objectives of the local Adolescent Sexuality Education Programme are stated in similar terms to the impact assessed by the above review. Considering the findings of this review, the low intensity of the programme, the short time for which it has been running, and the limited time and resources available for this study, it seems that an evaluation of this programme which attempted to measure impact in the terms stated above would be unlikely to show any effect.

Given the absence of published local formative research on sexuality education programmes, and the limitations of impact evaluation, it was decided to undertake a formative evaluation, in the belief that this would be of greater value in further development of the programme.

In the development of an educational programme it is important to understand the level of knowledge, attitudes, beliefs, and behaviour of the target audience to ensure that the programme is set at an appropriate level (20). In addition it is important to understand the response of the target audience to the programme. A programme which is seen by the target audience as fulfilling an acknowledged need is likely to be more effective than one where the need is not understood, or which is seen to be unnecessary. By gaining greater understanding of the pupils' perceptions of the programme, the programme may be developed to meet their needs more closely. Where the pupils fail to understand the need of elements of the programme which are considered essential by programme designers, the programme should be developed to allow the pupils insight into the necessity for these elements. Similarly, the acceptability to the target audience of the method of delivery of the programme will impact upon its effectiveness. Methods which the pupils find boring are likely to be less effective than those which they find stimulating and enjoyable, or which give them more opportunity to clarify and discuss issues important to them.

Thus, the objectives of this project were to gather information which would firstly lead to a better understanding of pupils' ideas on sexuality, and secondly could be used to assess pupils' opinions of the sexuality education programme.

The information required to achieve such an understanding needs to be of an in-depth, qualitative nature. Information relating to pupils' opinions of the programme should be spontaneous, and free of any possible limitations introduced by researchers' perceptions of what these opinions may be. Qualitative research methods allow for the collection of information of this type.

Although formal qualitative research methods have been used very little in health related research, they are used in an informal fashion in all of our everyday lives. It is through the use of informal qualitative methods of research that much of our knowledge and understanding is gained. This informal qualitative research is in the shape of observation (using all our senses), conversations, and group discussions. Each of these means of learning has its counterpart in formal qualitative research methods: participant observation, in-depth interviews, and focus group discussions.

Participant observation requires the researcher to immerse him/herself in the world of the subjects of the research, and to share their life experience. For the purposes of this project, real participant observation was theoretically impossible. Even if used in a quasi-participant way (a researcher participating in student

activities, and becoming familiar with the pupils, as far as possible), the method would have been ruled out on the grounds of the excessive time demands on the researcher.

In-depth interviews are very useful in gaining detailed information from individuals, but, in order to get a wide spectrum of opinion, a large number of interviews need to be done. Such interviews are valuable in eliciting opinions and emotions which an individual may have difficulty in expressing in a group setting, such as those relating to sexuality. Conducting and analyzing each of these interviews is very time consuming, and each interview represents information relating to a single individual.

The focus group technique yields information from a number of individuals, and a wide range of opinions may be gathered in a relatively short time. In addition, this method allows some insight into group attitudes and group dynamics, which are important considerations in adolescent sexuality. Focus group discussions have a number of other important advantages as outlined in the methods section under "Introduction to focus group methodology". It is for these various reasons that focus group discussion was selected as the most suitable means of data collection for this project.

LITERATURE REVIEW

The literature was reviewed with two goals in mind: to find papers on a) evaluation of school sexuality education programmes, and b) the use of focus groups in the evaluation or development of health related educational programmes or material.

With regard to evaluation of local sexuality education programmes, there are as yet no published reports. However, there is currently some research in this field being conducted in the Transvaal. The Planned Parenthood Association (PPA) gets feedback from participants in the courses which they run in schools, but this has not been compiled into any form of report (21). The Cape Education Department (CED) apparently conducted an extensive evaluation of their "Family Guidance Programme" which was run in over 100 schools (22). This programme is no longer running, but the information gained from the evaluation has been used in the development of a replacement programme. Unfortunately, the CED regards the report on the evaluation as an "internal document", and refuses to share the information derived from the evaluation with other interested parties.

The vast majority of papers on the subject of evaluation of sexuality education deal with outcome or impact, in terms of knowledge, attitude, and behaviour (6-19, 23-26). Although these do not have direct bearing on the type of evaluation undertaken in this project, they do provide important background information.

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Unfortunately, almost all of the literature on evaluation of sexuality education programmes is based on programmes in the United States and Britain, and its relevance to local conditions in Mitchells Plain is questionable. In addition, these studies provide little detail on the context in which these programmes are conducted, or on the content or delivery of the programmes. This severely limits comparisons of these studies to the local context.

Many of these studies document the effect of sex education in substantially increasing knowledge of facts concerning sex and contraception (6-18). However, most of them are limited by poor methodology (i.e. lack of randomised design, and of indication of sustained effect). Furthermore, the importance of demonstrating improved knowledge in the evaluation of a programme whose goals are stated in terms of behavioural outcome is questionable. This is especially so in light of the tenuous relationship between changes in knowledge and attitude (outcome), and changes in behaviour (impact, for example sexual activity, contraceptive use, teenage pregnancy) (6,19).

Those studies which do evaluate programmes in terms of impact (7,16,24,25) show, firstly, that there is little consistent effect of school sex education on the age of onset or frequency of adolescent sexual activity, either positive or negative. Secondly, school sex education has little effect on the use of effective birth control methods. And thirdly, school sex education programmes have no measurable impact on the incidence of teenage pregnancy.

This raises the question of why school sexuality education programmes lack a measurable effect. It is possible that too much is expected of the programmes, which have to compete with deeply rooted and complex influences within society. Other school-based education is not evaluated in terms of its effect outside the classroom walls, and it may be inappropriate that sexuality education is evaluated in these terms (7).

No reports of studies which approached evaluation of sexuality education in a way which allowed pupils to express an opinion of the programme in their own terms could be found (i.e. through open ended questions, discussion, or free attitude interviews). However, a few studies do consider students' or parents' opinions on particular aspects of sexuality education. These studies were based on questionnaire or inventory surveys, with responses restricted by closed ended questions. They dealt with perceptions of students and alumni as to whether a sexuality education programme had met its stated goals (8), students preference for various instructional techniques in sexuality education (27), teenagers' opinions of a reproductive health care service (28), and parental evaluation of sex education (23).

These studies demonstrated a positive response from students and alumni in increased knowledge and understanding of issues related to sexuality, and from parents in support for the programme. Preference for instructional technique varied, depending on the topic, and a desire for factual information, rather than that on

feelings, emotions, and relationships, was expressed. The information gained was considered to be of value in revision of these programmes.

The second part of this literature review deals with the use of focus groups in evaluation or development of health related educational programmes and material. There are few published articles in this field. Each is different from the others, and they are discussed briefly below.

Focus groups have been used in designing a smoking prevention programme aimed at adolescents, to ensure that the programme would reflect the needs and interests of the target population (29). The report of this study deals with the organisation and conduct of the focus groups, which were fairly structured, incorporating auctions (a technique used for initiating discussion, which is explained further in the methods section), role plays, and guided discussions. The information arising from the focus groups was substantiated by a quantitative evaluation, and then incorporated into the programme to ensure maximum effectiveness. The authors conclude that the focus group interviews are a cost-effective means of programme development, and that they afford a method of pretesting with the target group. Also, the process helps to confirm or question different approaches or techniques, thus ensuring an effective product.

There are two local studies which used focus groups in the formative evaluation of educational material. In one, the Medical Research Council in the Western Cape examined the response of the target group to an AIDS education pamphlet (30). Preliminary results indicate that the focus group method was useful in identifying problematic language, assumptions about condoms and ability to negotiate safer sex. In another study a group of workers in Johannesburg used focus groups in a formative evaluation of an AIDS education poster (31).

Although not a programme evaluation, a study using focus groups to gain insights into why sexually active teenagers do not use contraceptives effectively, is of interest (32). The study was intended to complement existing quantitative studies, and to suggest directions for future research. It proved useful in generating hypotheses as to why teenagers behave in certain ways, and in identifying possible obstacles to practising particular preventive health behaviours.

A project conducted in Togo utilised focus groups to gather qualitative data to be used in designing an evaluation of a health education programme (33). This programme was part of a broader project targeting maternal practices related to child health. Although the focus groups were not used as an evaluation tool as such, but rather to gather information to be used in an evaluation, this project is important in that it highlights a number of "fringe" benefits related to the use of focus groups. It is such

benefits to those involved in the project which make this study particularly relevant to the Mitchells Plain study where the advisors gained substantial knowledge and insight through their roles as facilitators.

In the Togo study mid level health workers were trained to conduct the focus groups. In conducting the groups the health workers were forced out of their perceived roles as experts and teachers, and the mothers out of being helpless villagers and learners. The focus groups thus "democratised" the data-gathering process. By stimulating the shift in roles the process enhanced the development of community competence, thereby promoting collaborative programme planning by health workers and the "target" population.

This review shows the absence of studies assessing pupils' opinions of sexuality education programmes, and touches on the wide ranging, though thinly spread, use of focus groups in health and sexuality education. The potential of focus groups in evaluation of a sexuality education programme is evident. The theory, and strengths and weaknesses, of the use of focus groups in such a project are discussed in more detail in the following section on focus group methodology.

METHODS

Introduction to Focus Group Methodology

Focus groups have been widely used as a qualitative research technique in private industry, where it is considered important to understand the psychology behind certain behaviours, and to identify ways in which behaviour may be influenced (34). It has been increasingly used to gain insight into the dynamic relationships between attitudes, motivations, and problems of current and projected human behaviour. Although the technique was described as early as 1926 (35), it is only fairly recently that it has been used in the social marketing field, for example in a family planning study conducted in Mexico (36) in 1981. Its use in health education and evaluation is slowly gaining acceptance, and this has been encouraged by Basch (20). The following discussion is largely based on Basch's work, and on an article by Folch-Lyon and Trost entitled "Conducting focus group sessions" (34).

A focus group session can be simply defined as a discussion involving a limited number of people (usually 6 to 12). The discussion is controlled, as much as is necessary, by a facilitator, who introduces the subject under investigation. The participants are chosen from a particular target group whose opinions are considered to be important. Usually sessions are conducted with more than one group to ensure adequate coverage.

The discussion is the basis from which information is obtained. It is conducted in the form of an open conversation in which participants may comment, ask questions of each other, or respond to comments. Interaction among participants is encouraged to stimulate in-depth discussion on relevant topics. To ensure all topics of interest are covered, the facilitator may guide the discussion. It is essential this is done in an unbiased manner. The control which the facilitator has over the discussion may vary widely. At one end of the range, a discussion schedule may be used, by which the facilitator introduces specific topics for discussion in an orderly fashion, and limits the discussion to this topic. At the other end, the facilitator allows the discussion to follow its own course, and may simply list topics if and when they arise.

The focus group technique is similar in some respects to the small group processes which have been widely used in health education. However, there are important differences. Small groups have been used by health educators to increase knowledge or skills, or promote planned change. In contrast, focus groups are used as a research tool to collect data, which may then be used to develop interventions. The data collected by focus groups is used to assess feelings and opinions of participants about a given problem.

An important strength of focus groups is the potential for gathering a wide range of in-depth information in a short space of time. Groups assembled according to stratification criteria provide insight into different strata of the population. The focus group

technique does not seek to statistically quantify norms, traits, or characteristics, but rather to expose underlying attitudes and opinions. The quality of the response is important. By the creation of a unstructured, informal, permissive atmosphere, dynamic group interaction is encouraged. This dynamic interaction assists the production of good qualitative data.

A key asset of focus groups is the potential to uncover important understandings serendipitously, as a result of a stimulating and secure setting in which to express ideas. The group situation may encourage participants to disclose behaviour and attitudes that they may not consciously reveal in an individual interview situation. This occurs because they feel more comfortable and secure in the company of people who share opinions, attitudes and behaviour, or simply because they get carried away by the discussion. As a result of intragroup stimulation, a focus group may yield more, and richer information than individual interviews with each of the participants. Such a stimulating and permissive atmosphere may lead to exaggeration, but this is limited by group pressure.

This group pressure may also be a limitation of the focus group method, by inhibiting individuals in the expression of emotions or opinions which they may have disclosed in an individual interview. Another limitation is the generalisability to larger groups, but this may be overcome by the use of quantitative follow-up studies.

A danger of the focus group method is the ease with which it may lend itself to assist a biased researcher in providing evidence to support preconceptions, as findings rely heavily on moderation and interpretation. Attempts to develop standardised methods of analysis have been made by some researchers in order to improve generalisability and validity (37). This is discussed further under analysis.

Facilitators and Observers

The use of focus groups may be limited by a shortage of skilled facilitators. The quality of facilitation is vital to the quality of the data arising from the discussion. I was fortunate to have the assistance of the Family Planning Services "advisors" and the liaison officer in Mitchells Plain. These women are employed and trained by Family Planning Services to conduct the Youth Programme, and they have experience in teaching and counselling school children. Most of them live in Mitchells Plain, and have children attending the schools in the area. These factors provided a good background for the development of facilitation skills for this project. Five of the advisors and the liaison officer agreed to assist with the project, and their help was invaluable.

The involvement of the advisors as facilitators became a deliberate strategy to provide them with a greater understanding and insight into pupils' attitudes. Thus the research project served as a

training exercise to improve the understanding and skills of the advisors in conducting their educational and counselling roles in the schools. In addition, this involvement gives them a greater understanding, and a sense of ownership of information arising from the research project. As a result, feedback of the information by means of proposed adjustments to the programme should be more enthusiastically received than if they had not been involved. However, the use of people known by the pupils to be associated with the programme may have introduced bias by influencing the pupils' contributions to the discussion. This limitation will be addressed further in the discussion.

Recognising the need for good facilitation skills to encourage the participation of all pupils I undertook an intensive course in free attitude and focus group interview techniques. I attempted to impart the knowledge and skills gained in this course to the advisors who were to facilitate the focus groups. This occurred over a period of several weeks in preparation for the group discussions, during which we practised and developed facilitation skills.

We had a series of six meetings in August and September of 1990 to discuss the project, develop facilitation skills, develop a discussion checklist, and to define the procedure for conducting the focus groups. Facilitation skills were practised through the use of role plays. These took place during these meetings, and amongst the facilitators in their own time. The role plays took the

form of simulated discussion groups, with one of the advisors facilitating, and the rest playing the pole of pupils.

Sample

Six focus groups were conducted, each consisting of approximately ten pupils. Two groups were drawn from each of three high schools, one group consisting of standard six, and the other of standard nine pupils. Sampling of schools was purposive and non-randomised.

Of the fourteen schools in Mitchells Plain, three were excluded from the study because they had not been exposed to the education programme. Another school was excluded because of exposure to a programme in which a number of pupils were trained as peer counsellors, and a significant proportion of pupils in this school were considered to be "experts" in the field under discussion. Three of the remaining ten schools were singled out for inclusion in the evaluation programme. These schools were considered by the local Family Planning Services staff to represent a cross section of the community of Mitchells Plain, in that they are from three different areas, and serve communities of different socio-economic class.

Standard nine pupils (age range 16 - 19 years) were included as they represent a group who appear to be particularly at risk for teenage pregnancy, and many of them were considered to have had

sexual experience. On the other hand standard six pupils (age range 12 - 15 years) were considered to be relatively inexperienced sexually, and their needs regarding sexuality education were expected to be significantly different from the older age group. These two groups thus provide a spectrum of needs in terms of sexuality education. One standard six group and one standard nine group was selected from each of the three schools. (Demographic data on focus group participants is given in Appendix B).

Considering the potentially sensitive nature of the topic under discussion we considered conducting groups of only one sex, as the presence of the opposite sex might inhibit the discussion. On the other hand, mixed groups might stimulate more discussion. We decided to try mixed groups, and to change if necessary. As it happened, the teacher who organised the first two groups included girls only. These groups proved quite successful, but we decided to continue with mixed groups. The presence of the opposite sex led to more vigorous discussion, however the boys tended to dominate. Although the girls did contribute to the mixed groups, it is perhaps fortuitous that the first two groups were girls only, as this allowed them to express themselves more freely.

Selection of individual pupils was also purposive and non-random. Teachers were requested to select those pupils who were considered likely to be more outspoken and contribute more actively to the discussion. However, pupils who were close associates were

excluded, with pupils coming from various classes within each standard. This was to prevent previously established alliances from influencing the discussion.

This selection procedure is justified in that the aim of the study was not to obtain a quantified description of pupils' opinions, and is not to be considered a truly representative cross sectional description of pupils' opinions. On the contrary, the study was exploratory, attempting to gain a qualitative insight to pupils' perceptions of sexuality and the sexuality education programme through the use of a method which allows as much spontaneity as possible. Given fixed time and resources, the qualitative nature of the information required restricted the sample size. Thus it was important to select pupils who would participate actively and openly in the discussion.

The groups were organised on the day they were to be conducted, and pupils were requested to participate on a voluntary basis. They were told only that they were to participate in a discussion group for research purposes, but not that it was to do with the sexuality education programme. This prevented any prior discussion amongst the pupils.

Conducting the Focus Groups

The standard six group and standard nine group from each school were held concurrently. The first groups were held immediately after school at the Family Planning Youth Services offices. Pupils were collected from the school and brought to the offices. It was apparent that they were anxious about getting home and perhaps resented being kept after school hours. Conducting the discussion in an environment which was unfamiliar to the pupils may have also been partly responsible for the relatively stilted discussion in these initial groups. The rest of the groups were therefore conducted at the schools, in as comfortable environment as possible, during school hours, with the permission of the school principal.

Each group consisted of the facilitator, one or two observers (also advisors from the programme who had participated in the planning of the project), and ten or eleven pupils. The facilitator introduced herself and the observers, and welcomed and thanked the pupils for agreeing to participate. The purpose of the group discussion and the presence of the observers was explained. Pupils were encouraged to interact freely, and the value of their personal opinions emphasised. Pupils were reassured regarding confidentiality of the discussion as it is to be reported. The presence of the tape recorder was explained, and this was placed in the centre of the group, in full view.

In order to break the ice, and to introduce the topic, an auction was conducted by one of the observers. Various items which represent ideas or values related to sexuality were put up for auction. Pupils were each given a set sum of artificial money with which they bid for the items which they regarded as important. Each participant thus associated him/herself with certain ideas or values, and these could then be used to draw individual participants into the discussion as necessary. This process was not used in any way to attempt to detect the relative importance of various issues to the pupils, but simply as a means of introducing topics relevant to the discussion. The auction items were developed in association with the advisors (a list of the items is contained in Appendix C).

Following the auction the facilitator initiated the discussion via the auction items, and allowed discussion to flow as freely as possible while keeping it within the bounds of the subject under investigation. Occasionally the facilitator encouraged pupils to expand on specific issues of importance, but generally this occurred naturally within the group. A discussion checklist was used to check off various topics as they arose, but the facilitator attempted to avoid directing the discussion.

The discussion checklist consisted of a list of topics which were identified, in consultation with the advisors, as being of relevance to the project, and of importance to the pupils (the checklist used is included in Appendix D). This was a surprisingly

involved process which took place during my initial meetings with the advisors. I felt it was important that they should suggest the topics as they were most familiar with the pupils. The advisors wanted me to suggest the topics, and they would judge if they were appropriate. This was resolved by pooling ideas, and through discussion coming to a consensus on which topics should be included. As it happened, the topics in the discussion checklist included all those raised by the pupils. Some of the topics included in the discussion checklist which we thought may be of importance, were not raised as issues by the pupils.

It was not the intention that each group should discuss all the topics. However, we felt sure that at least any three of the topics would be raised by every group (this was virtually guaranteed as the discussion was introduced via a consistent selection of auction items). This was important in that it would ensure some continuity and overlap between groups.

The observers noted non-verbal interactions and expressions of pupils, in an attempt to gauge emotions related to the conversation. After the group discussion debriefing sessions were held, in order to elicit feelings of the facilitator and observers regarding the discussion (for example, whether they had felt the participants had been expressing genuine opinions, or whether they were putting on airs in front of their classmates). These opinions were recorded, to be included in the analysis.

Analysis of the Data

There are few clear guidelines for the analysis of qualitative data. However, a process which began naturally was substantiated and extended by Miles and Huberman's experience (37).

Analysis of this data began in the collection phase. Observations made during the group discussions were inevitably interpretive to some extent, and are thus part of the process of analysis.

Facilitators and observers assisted in transcribing the full discussion from the tape recordings onto paper, including their own observation of non-verbal interaction. As much of the discussion was in Afrikaans (in its local slang form), the facilitators translated this to represent the pupils as accurately as possible. These complete transcriptions, along with the observers and facilitators comments were then processed through three stages of analysis.

In the first stage, a number of particular themes which appeared repeatedly in the discussions were selected. Excerpts from the discussion relevant to these themes have been "clustered" together. These edited versions of the discussion groups were then cleared of data not relevant to this project (largely anecdotal reports of incidents which did not have a bearing on this project), and are presented in Appendix E.

The second stage of the analysis involved summarising the discussion on each of these themes from all six focus groups. This was done bearing in mind the number of groups in which various themes arose, and grouping and comparing those themes arising from the standard six and the standard nine groups. These summaries are presented in the results section.

The final stage is represented by the conclusions and inferences drawn from these summaries, along with ideas generated from experience in conducting this project. These are presented in the conclusions.

Validity

The validity of the data collected was checked during the first stage of the analysis. The validity of the process of analysis was checked at each of the three stages:

Initially, the advisors involved in conducting the focus groups assessed the pupils' participation in the discussions. These women have a good understanding of the pupils, and were on the lookout for statements which were not genuine, but were rather made through bravado, or to impress their peers, or were made to try to meet with advisors approval. The presence of more than one advisor in each group reduced the subjectivity of this assessment. The advisors' assessments and comments were included in the

transcriptions of each focus group discussion.

The edited versions of these discussions were then fed back to the advisors for assessment as to whether they truly represented the discussion which had taken place.

In order to validate the second stage of the analysis, which involved summarising the edited versions of the discussions, the edited discussions were read by a panel of researchers with interests in this field. We then held a workshop to compare the summaries I had made of these edited discussions, with the impressions they had gained from their own study of the edited discussions. These summaries were also assessed by the advisors as to their validity, and a final summary was written taking cognisance of all these views.

The third stage of the analysis involved drawing conclusions from these summaries. I interviewed the advisors to glean their impressions of the main messages arising from the discussion groups, and from the project as a whole. This was done during the second stage of analysis, before they had seen my summaries or conclusions, to prevent them being influenced by my impressions. Also, the conclusions drawn by members of the panel from their reading of the edited discussions were compared with my own, and again the final conclusion was written taking cognisance of all these views. This system of validation of the data, and of the process of analysis is represented diagrammatically in figure 1.

This method of checks and cross-checks reduces one of the main sources of bias which may occur in qualitative data analysis: that introduced by the vertical processing of data by a single individual, as occurs in much qualitative research (37).

The design of this study, and this method of cross checks facilitated the use of many of the tactics described by Miles and Huberman to validate qualitative data analysis (37). Many of these occurred naturally during data collection and analysis, but it is important to be aware of the process. A few of these tactics are mentioned.

The effect of the researchers (the facilitator, the observers, and the circumstances of the focus group) on the data collected was assessed by the advisors, with the benefit of their "local" knowledge. These effects should also have been reduced by making the purpose of the research clear to the pupils.

Representativeness was assessed to some extent by checking consistency of data from different groups, and by looking for countervailing opinions. The fact that data had been collected from a number of groups also allowed contrasts and comparisons to be made, and findings to be replicated.

The system of checks by workers involved in the research, and by "outsiders", provided a source of rival explanations with which to compare my own. My own conclusions were discussed, and weighed up

against alternative conclusions, and the most acceptable adopted for inclusion in this report.

The results of this project are inevitably influenced by the method of data collection, and of my interpretation of this data. However, an evaluation of these influences has been built into the process of analysis, and my interpretations have been challenged and amended at various levels. Thus, I believe the results and conclusions to have considerable validity.

ANALYSIS

VALIDATION

Stage I: Transcription and editing incorporates facilitator's and observer's comments

Stage II: Summary of all group discussions

Stage III: Conclusions drawn from summaries and from project as a whole

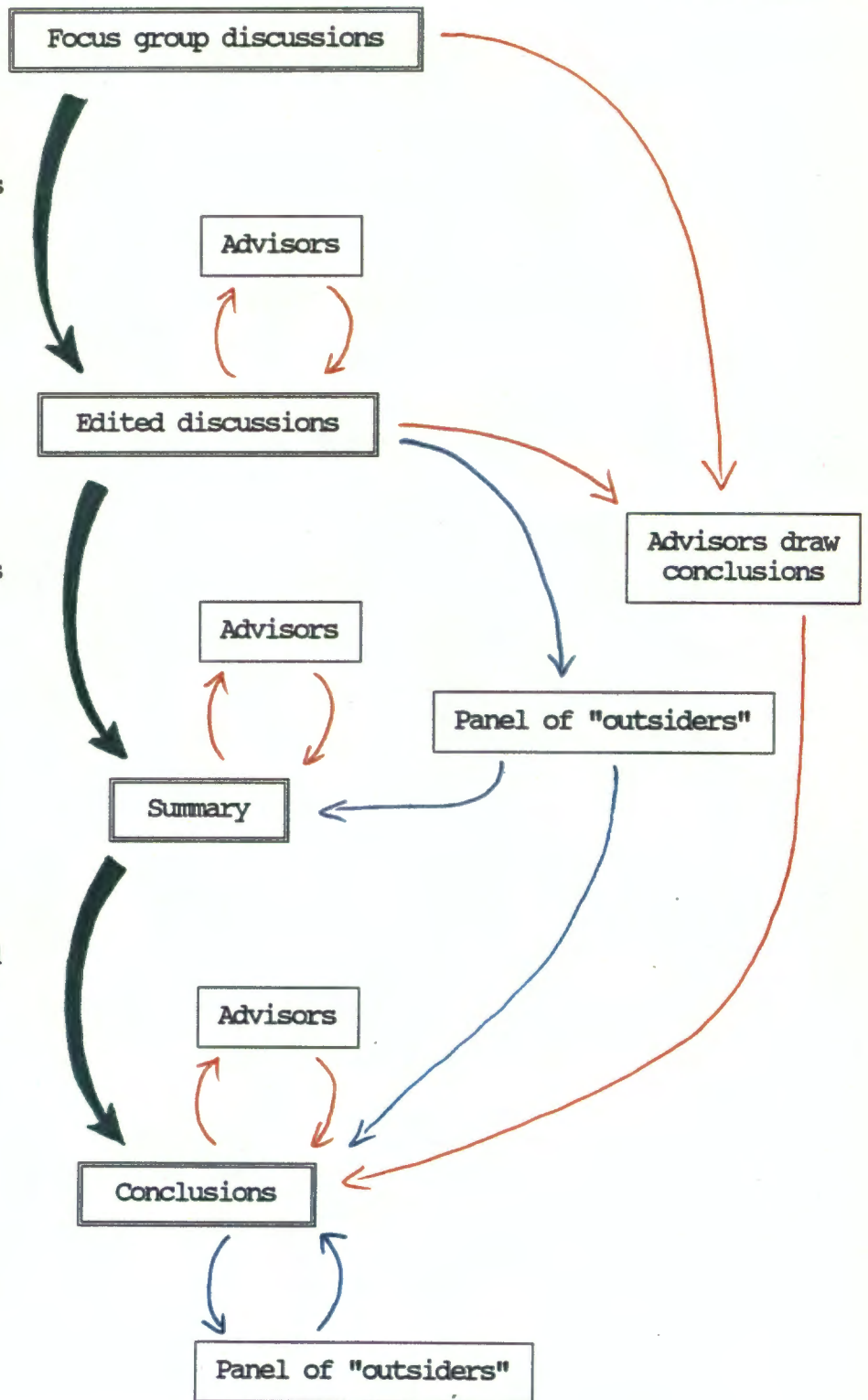


Figure I: Diagrammatic representation of analysis and validation process

RESULTS

The results are reported in the form of summaries of the discussion from all groups, within each of seven themes. These themes are: Family Size and Family Planning, Attitudes to Teenage Pregnancy, Peer Pressure, Sexual Behaviour and Attitudes, Attitudes to Contraception, The Parents' Role in Sexuality Education, and The Sexuality Education Programme. I have attempted to distil out the main messages arising out of all of the groups' discussion on each of these themes, but also to take note of varying opinions within, and between groups. Each summary contains a few selected quotes, as examples of discussion relating to that theme. The full dialogue from which these summaries are derived is contained in Appendix E, under the relevant theme within each focus group. I would encourage the interested reader to read the edited discussions in the appendix, in order to derive your own impressions from this rich material.

Family Size and Family Planning

This issue was discussed by two of the standard nine groups and all three of the standard six groups.

Limiting family size was regarded as important by almost all pupils. The need to plan a family to be within one's means was recognised. Smaller family size was associated with a better

quality of life. Parents were thought to be less likely to detect problems with their children if they had big families, or would detect them too late to prevent truancy, gangsterism and other behavioural problems. These problems were seen to be associated with large families, and the resulting overcrowding. However, one group raised the point that people could not be forced to restrict their family size.

In most of the groups there were one or two dissenters. In some cases this was based on the experience of loneliness in a single or two child family. One pupil stressed that her parents had coped well with a large family. The desire to ensure continuation of the family name was one of the boys' motivations for a large family.

Where these views were expressed they were firmly challenged by other pupils, on the grounds of concern for parents' ability to provide emotionally and materially for many children, and for the woman whose health would be threatened by numerous pregnancies, and lifestyle restricted by having to care for the children. Another concern was the danger of impotence induced by the immoderate sexual activity required to produce all these children!

Discussion about the ideal spacing of children revolved around the child's ability to get on with siblings. The range was from "close in age", to six or more years. No general agreement was reached.

The opinions expressed by the standard six pupils did not differ markedly from the standard nines. However, the standard six pupils did stress the importance of education in improving one's job opportunities on leaving school, and thus enabling one to provide better for one's family. It was seen as important for both parents to have a good education, and the ability to provide for the family. Pregnancy was recognised as a threat to education.

Some of these points are illustrated by the following pieces of dialogue:

Shaun: "I'm not interested in a woman who wants a career, but one who will stay at home and be a housewife and have babies."

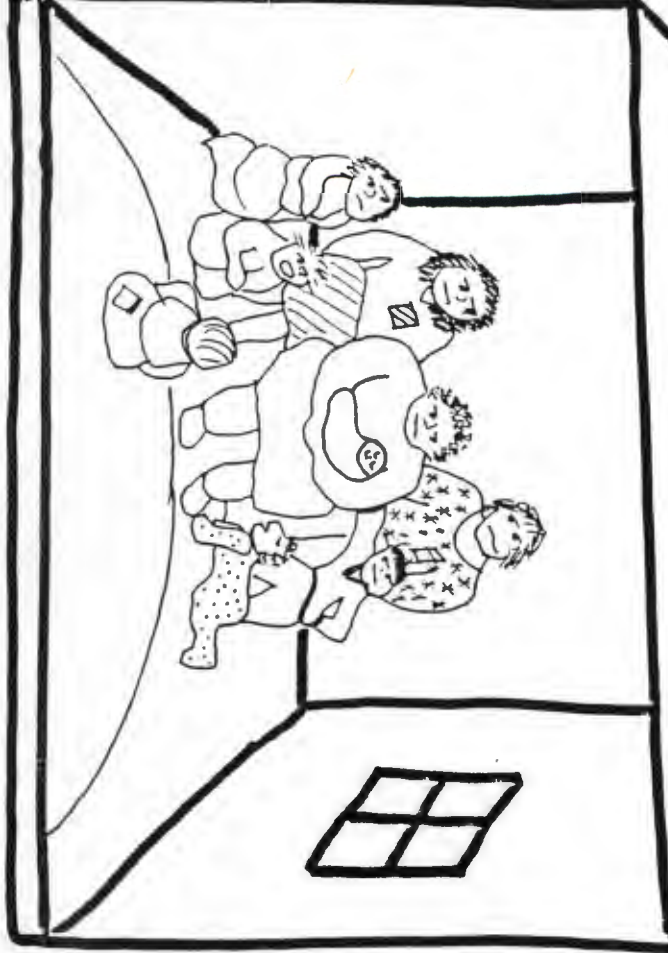
Warren: "A woman cannot have a baby every year."

Nuraan: "Don't you see anything wrong in a woman having a baby every year?"

Basil: "If you have so many children you won't give them all of the best. Then you don't love your children."

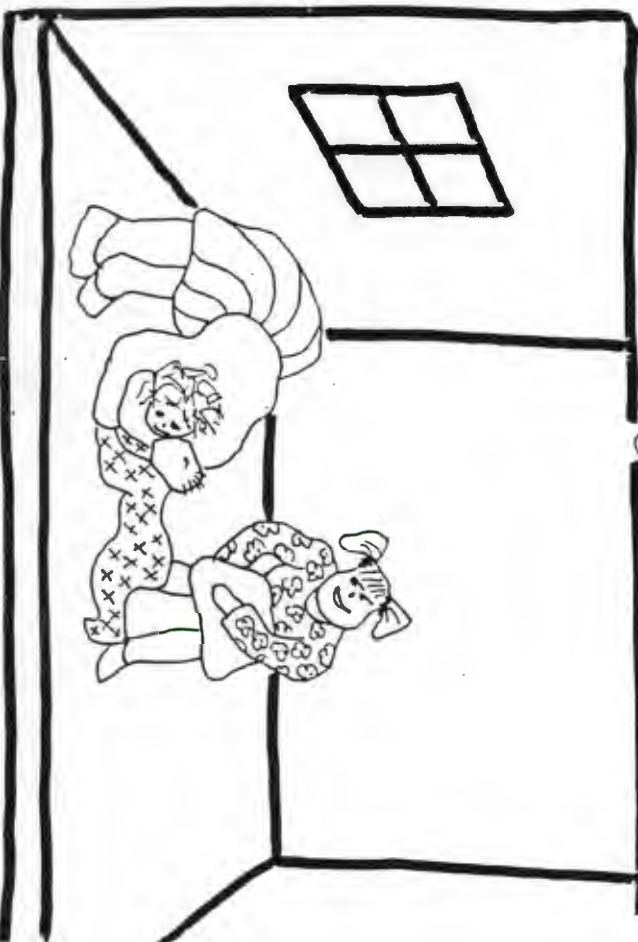
And in a separate discussion:

Carl: "With a small family you can give more love, a better education and higher education. If they want a profession you can help them if you have a small family."



"If you have so many children you won't give them all of the best. Then you don't love your children."

"I'm not interested in a woman who wants a career but one who will stay at home + be a housewife + have babies."



"With a small family you can give more love, a better education + higher education. If they want a profession you can help them if you have a small family."

"A woman cannot have a baby every year."
"Don't you see anything wrong in a woman having a baby every year?"

Attitudes to Teenage Pregnancy

There was remarkable consistency between all the groups, including between standard nines and standard sixes, in recognising many major problems associated with teenage pregnancy. The only possible difference between the two standards was that the standard six pupils appeared to be more outspoken on this issue. Themes which were repeatedly stressed included the inability of teenagers to care adequately for a baby, due to emotional immaturity, lack of responsibility, and lack of material and financial means. They were seen to be unable to cope with the frustrations of motherhood, and would need assistance with childcare, either from the baby's grandmother, or through adoption. The physical immaturity of a teenager in carrying a pregnancy was also an issue, and was associated, by the pupils, with a high risk of miscarriage.

Pregnancy was seen to interfere with the normal life course of a teenager, by disrupting schooling, employment and career opportunities, and social life.

Another popular topic of discussion involved the problems associated with unwanted pregnancy. These included social stigma, personal shame, abortion and infanticide, and marital problems following a marriage forced by pregnancy. Advice from pupils in one of the standard six groups to a colleague who queried what to do in the event of pregnancy, was, variously, to see a social worker, or to commit suicide (the explanation for this answer was that this

was what a lot of teenagers thought). Problems for a child born under these circumstances were seen to include the danger of physical and sexual abuse, allegedly perpetrated, in most discussion, by stepfathers.

The issue of fatherhood generated some discussion in that many girls felt the boy who fathered a child would run away from his responsibility, leaving the girl to cope as a single parent. This was challenged by the boys who felt that some boys would accept the responsibility.

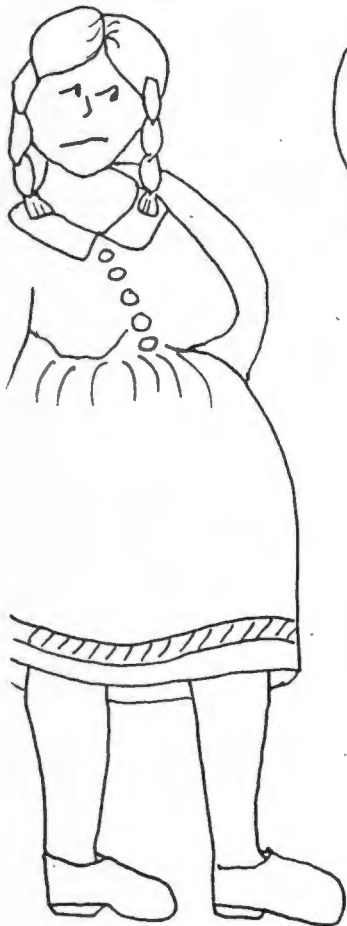
Reasons for teenagers falling pregnant were given as failing to accept advice from parents or friends, or that they saw it as a means of escape from a difficult home situation.

The following dialogue highlights some of these points:

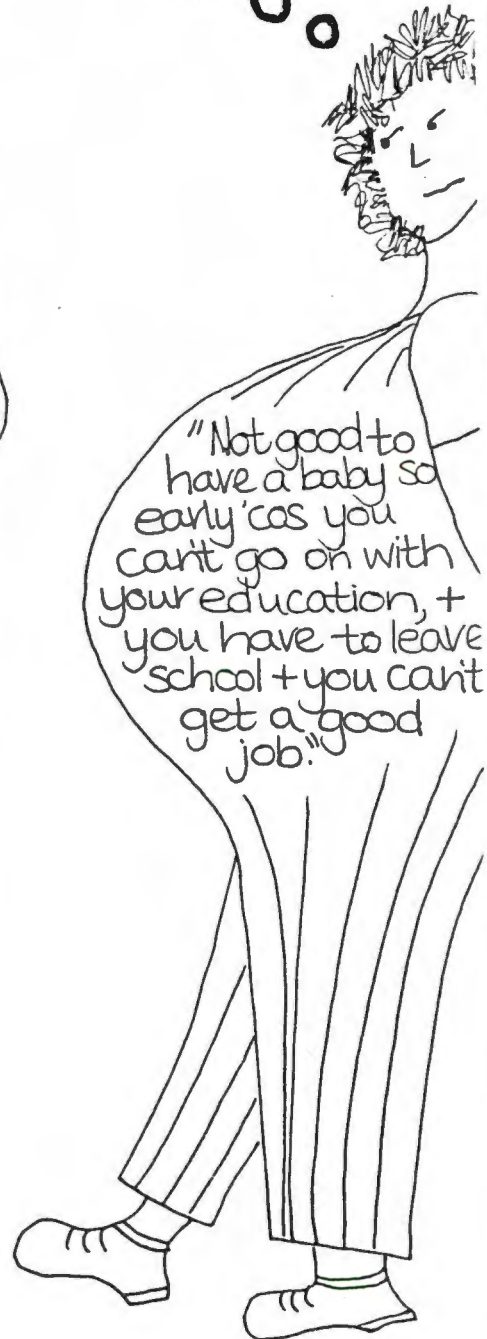
Rifkah: "Not good to have a baby so early cos you can't go on with your education, and you have to leave school and you can't get a good job"

Shanaaz: "It's pointless in you becoming pregnant and then you don't want that baby and you want someone else to look after the child."

We're still teenagers-----!



"It's pointless in you becoming pregnant + then you don't want that baby + you want someone else to look after the child."



"Not good to have a baby so early 'cos you can't go on with your education, + you have to leave school + you can't get a good job."

Peer Pressure

Peer pressure was discussed by all six groups, and was considered a major factor in influencing teenagers' sexual activity. Most of the pressure appears to be on girls, and this comes both from the boys in their attempts at seduction, and from other girls. Boys apparently manipulate their girlfriends by saying that if they really loved them they would agree to sex. Even if this manipulation is not explicit, some girls see sex as a means of perpetuating the relationship. Some of the boys spoke openly of their determined attempts at seduction.

Although pressure from boys seems heavy, the pressure on girls from their female friends seemed to be equally so. Inexperienced girls apparently felt left out and inferior when their peers spoke about their sexual experiences. Also, they were encouraged to become sexually active by those who were sexually active themselves.

A lesser issue seemed to be the pressure on boys, which apparently comes from girls and from other boys. Boys were said to be made to feel inferior by sexually experienced girls, and felt they had to prove themselves when girls flirted with them. As with the girls, there appeared to be pressure on some boys from their more experienced male peers.

The standard six and standard nine pupils appeared to have similar impressions of peer pressure as discussed. Most of the pupils

agreed that pupils should have strength in their convictions, and resist peer pressure, even though they saw this as difficult.

Some of these points are illustrated by the following dialogue:

Ann: "At school you hear girls talking about nice times and how they lost their virginity. Its a common thing. They brag about not being a virgin anymore. So you think to yourself, what's wrong with me? Why am I a virgin? This is peer pressure from girls."

Sharon: "Yes, sometimes a boy goes out with a girl and she's older than him, and more experienced and makes him feel like a "moffie" if he doesn't satisfy her."

Peter: "If I go out with a girl I will charm her into having sex. If she says no, I will still try to charm her over and over again, so it actually depends on her whether we will have sex or not. If she is strong in saying no then I will accept no."

Carl: "If a girl is in a group and she's the only virgin, and tells them, it will come as a surprise to them. Then the pressure on her to have sex comes from her friends, not only from boys."

Bernadette: "If a boy pressurises you, sooner or later you must give in, because you love him and you don't want to lose him."

Maureen: "Your friends put pressure on you, so you just go with them, so you belong with them."

Lynn: "Because they are persistent in asking you to do what they do, so eventually you give in."

Maureen: "If you refuse to join in then sometimes you lose a good friend. And if you feel you don't want to lose that friend then you will give in."



peer pressure

" IF I go out with a girl I will charm her into having sex. IF she says no, I will still try to charm her over + over again, so it actually depends on her whether we will have sex or not. IF she is strong in saying no then I will accept no."

" Yes, sometimes a boy goes out with a girl and she's older than him, + more experienced + makes him feel like a "moffie" if he doesn't satisfy her."

" At school you hear girls talking about nice times + how they lost their virginity. Its a common thing. They brag about not being a virgin any more. So you think to yourself, whats wrong with me? Why am I a virgin? This is peer pressure from girls."

" If a girl is in a group + she's the only virgin, + tells them, it will come as a surprise to them. Then the pressure on her to have sex comes from her friends, not from the boys."

" If a boy pressurises you, sooner or later you must give in because you love him + you dont want to lose him."

Sexual Behaviour and Attitudes

Inevitably, there was discussion relating to this theme in all six groups, and it made evident many conflicting opinions. However, a few points were clear. There was a developmental difference in attitudes to sexuality amongst standard six and standard nine pupils, and in stated sexual practice. There was also a marked difference between different standard six pupils, with one group being quite naive, and another appearing surprisingly advanced in their sexuality, to the point of overlap with their standard nine colleagues.

This overlap was particularly evident in the discussion of sexual drive, and controlling this drive, and of girl - boy interaction. Both boys and girls spoke of the desire to have sex, and the need to control this desire. It was associated with a need to experiment with sex, alcohol, and drugs at this age. They spoke of the difficulty of controlling sexual drive, particularly in the heat of the moment. Sex was said to be often unplanned, with teenagers getting carried away, and having sex on the first date. However, it was recognised that teenagers should consider the use of contraception before entering a sexual relationship.

The issue of remaining a virgin until marriage was discussed by all groups. The standard six pupils, boys and girls, were consistent in saying sexual activity should be delayed until marriage, and believed that sexual activity at an early age could lead to

prostitution, or early pregnancy. Some of the standard nine pupils initially took a similar stance. However, during later discussion it was apparent the pupils believed many teenagers to be sexually active, and felt effective contraception should be available to them.

Chastity seemed a point of pride to many, and there was controversy over how many teenagers were virgins, with the girls declaring they all were, and challenging the boys in their assertion that they could also be virgins. The boys argued that if so many of them had lost their virginity, as the girls stated, the girls could not be as chaste as they were making out.

This issue of virginity highlighted the variation in stated attitudes, and the frequent discrepancies between stated attitude and apparent sexual practice. Pupils believed that many of their colleagues tried to give the impression that they were sexually active, particularly the boys. However, they felt it was difficult to be sure whether other teenagers were sexually active or not.

The subject of teenagers' sexual activity caused controversy in the discussions. This occurred mostly between girls and boys, but also between pupils of the same sex. Some boys, particularly, had contrasting opinions.

The girls criticised the boys for being promiscuous, but then wanting to marry a virgin. This attitude was admitted by some of

the boys, who described their determined attempts to persuade girls to have sex. They said girls liked to have sex, and some made advances to them, in which case they would not pass up the opportunity. Even in the case of a girl being forced into having sex, some believed the girl would enjoy it, and would be too shy or ashamed to tell her parents. Forcing a girl into having sex was said (by one of the boys) to give the boy a sense of power. However, promiscuity was strongly opposed by some boys.

A few girls and boys in each group emphasised the importance of personal responsibility, and controlling one's sexual desires. They recognised that although a boy may feel some shame in making a girl pregnant, the pregnant girl was left with a greater burden. It was clear that virginity was something almost all pupils expected in a bride.

The standard nine pupils showed some knowledge of sexually transmitted diseases, mentioning AIDS, syphilis, lice, and "VD". The chance of contracting such diseases was associated with promiscuity. One of the standard six groups mentioned AIDS, but the standard six pupils' knowledge of sexually transmitted diseases appeared very limited.

Some of these points are illustrated by the following quotes and dialogue:

"Some girls lose their virginity when they are very young and then they don't worry and they go from boy to boy. Then she gets pregnant and she doesn't know who the father is. Its important to stay a virgin until you get married."

Peter: "When I get married it must be to a virgin."

Sharon: "All guys want to marry a virgin. Why can't a girl also marry a virgin?"

Marchelle: "I don't think you get guys today that are virgins."

Ann: "Most guys sleep with girls and still expect to marry virgins."

Paul: "I think it is unfair for guys who are not virgins to want to marry a virgin because they have been sleeping around. I'm not going to speak for most guys, but for myself, I'll try to stay a virgin until I get married and if she is not a virgin I'll take into consideration whether she has been sleeping around recklessly. If she has, I won't marry her because she's not responsible and not the girl I would love. But if she's divorced or her husband has died, I'll marry her because that's a responsible person."

Peter: "A man is a man. If he gets a chance he takes it. Even though I want to marry a virgin one day, now with the girls I take

out I try to have sex with them. I will try hard to persuade them. If you keep trying they will give in."

Sharon: "Guys sleep with half the population and still want a virgin. How do they expect to find virgins if this is their behaviour?"

Kyle: "If you gonna have sex, Miss, you don't think about education and stuff like that, all you think about is just sex. You don't think about what's gonna happen afterwards. And only when you're finished then you realize what you did, Miss, and that's when the shame comes. You can't really realize it, like, if you're watching movies and stuff like that, Miss, and a girl sits next to you, Miss, you can't control yourself."

Donovan: "Before he does it, he must think about it. You must still think about it before you do it". (laughter)

Kyle: "Are you just going to sit there while the girl can't control herself, and she asks for sex. What you gonna do is go jump on the girl."

Donovan: "No, I'll first think about my career and then I'll go."

"If you gonna have sex, miss, you don't think about education + stuff like that, all you think about is just sex. You don't think about whats gonna happen afterwards. And only when you've finished then you realise what you did, miss, + that's when the shame comes. You can't really realise it, like, if you watchin' movies + stuff like that, miss, + a girl sits next to you miss, you can't control yourself."

"Before he does it, he must think about it. You must still think about it before you do it."

And some girls want to marry virgins!

"Are you just going to sit there while the girl can't control herself, + she asks for sex. What you gonna do is go jump on the girl!"

No, I'll first think about my career + then I'll go.

Sexuality

Attitudes to Contraception

The issue of contraception was discussed by all groups. The pupils showed at least a superficial knowledge of contraceptive methods. A consistent message from the discussions was that it was important for teenagers to have a good knowledge of contraception.

The standard nine pupils' discussion on contraception tended to focus on issues relating to education. Some felt that contraception was being promoted as the only means of safe sex, and that although education at schools may be vital to the future of those pupils who are sexually active, it should be presented with a more moralistic slant. Some parents were thought to be reluctant to tell children about contraception for fear the children would interpret it as permission to have sex. One pupil voiced the belief that people take advantage of contraception, because, by reducing the chance of pregnancy, it encouraged them to be promiscuous. And further, that this increased the spread of sexually transmitted diseases.

A number of pupils expressed the fear that use of contraception, particularly if one did not know the facts, could damage one's health, and that the pill could become habit forming. It was recognised that condoms could prevent the spread of sexually transmitted disease, though not with complete effectiveness. Although all the pupils had some knowledge of contraception, one of the standard six groups appeared particularly naive in their attitudes, one girl expressing the belief that sex was purely for

reproduction, and so should take place only within marriage. Another, that if one wanted to have sex, one must bear the consequences (implication: no contraception). This was in contrast to other standard six pupils, who appeared quite familiar with the use of contraception.

Contraceptives were known to be available from family planning clinics and from chemists. Although many boys apparently flaunt condoms at school, there are some perceived barriers to obtaining, and therefore using contraception. These were cited as embarrassment, and pharmacists' refusal to supply to young teenagers. Girls were seen to be more secretive about their own use of contraceptives. One of the boys believed girls may be reluctant to use condoms because they were unpleasant. Another felt that using a condom indicated a lack of respect for the girl, but one of the girls disagreed, saying that it meant the boy cared, and that he didn't want her to fall pregnant. It was said that some pupils were supplied with contraception by their parents.

One pupil voiced the opinion that sex education should be a regular lesson at school, so that pupils were kept up to date with the facts. However, some pupils were believed to be uninterested in learning about contraception, because they used it, and thought they knew it all already. The pupils felt that even though they knew about contraceptives, teenagers did not always take advantage of them.

The following pieces of dialogue illustrate some of these points:

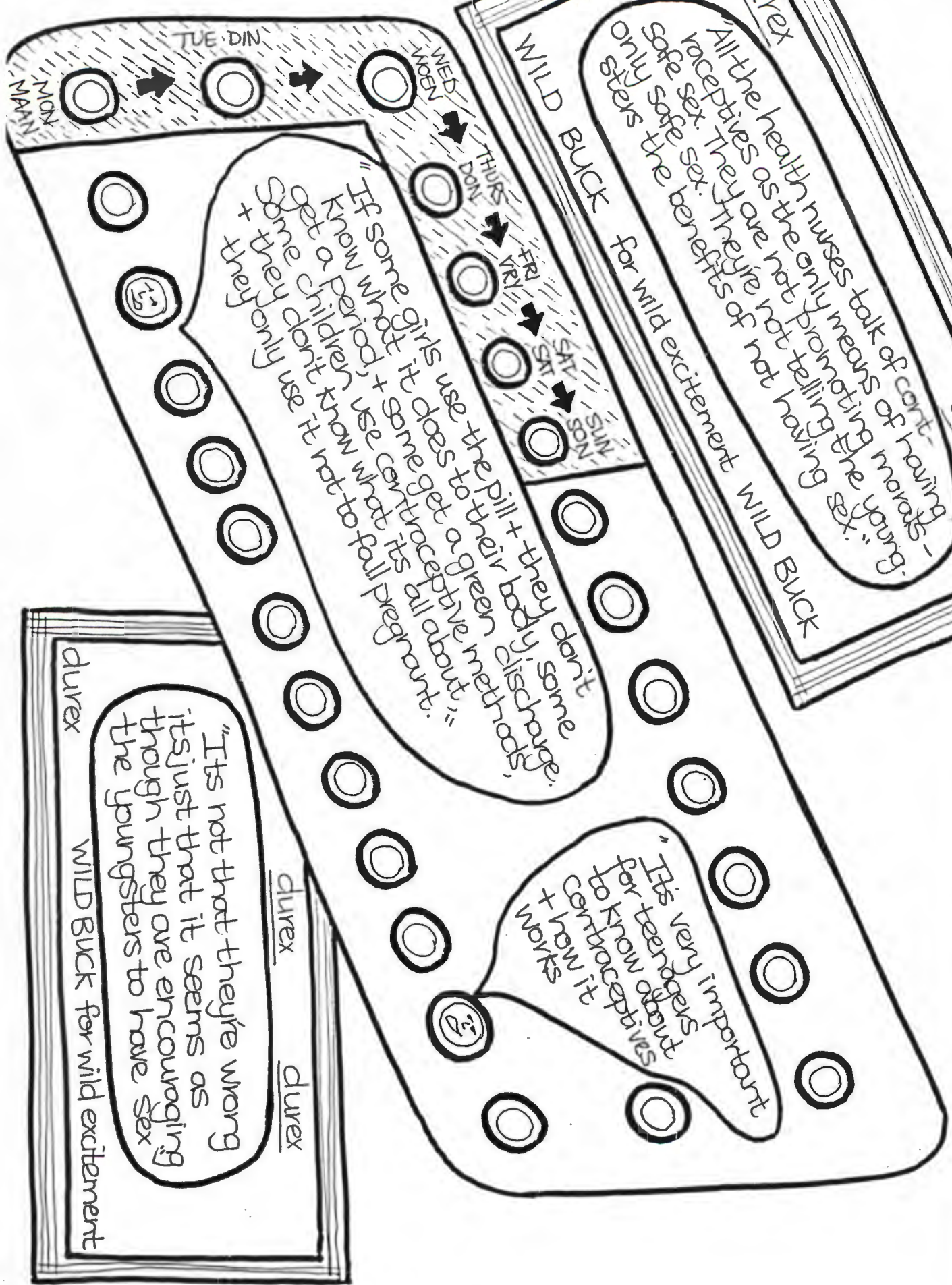
Ann: "All the health nurses talk of contraceptives as the only means of having safe sex. They are not promoting morals - only safe sex. They're not telling the youngsters the benefits of not having sex."

Sharon: "Its not that they're wrong its just that it seems as though they are encouraging the youngsters to have sex."

Ann: "In former years parents used to tell children that they come from the mountain, and in that sense this programme is good because we are not ignorant. But sex and contraceptives should be promoted more from a moral kind of situation. I'm not saying that there's anything wrong - the programme is interesting, to learn about the body and development of a baby, that is part of our education. We do have to know about things."

Magdaline: "If some girls use the pill and they don't know what it does to their body, some get a period, and some get a green discharge. Some children use contraceptive methods, and they don't know what it's all about, they only use it not to fall pregnant".

Delysia: "It's very important for teenagers to know about contraceptives and how it works."



durex

All the health nurses talk of having contraceptives as the only means of promoting safe sex. They're not telling the youngsters the benefits of not having sex.

WILD BUCK for wild excitement WILD BUCK

"If some girls use the pill + they don't know what it does to their body, some get a period, + some get a green discharge. + they don't know what its all about, + they only use it not to fall pregnant."

"It's very important for teenagers to know about contraceptives + how it works"

"It's not that they're wrong it's just that it seems as though they are encouraging the youngsters to have sex"

durex

WILD BUCK for wild excitement

durex

durex

The Parents' Role in Sexuality Education

This issue was raised in two of the standard nine groups, and all three of the standard six groups. The clear message from all these groups was that parents should have prime responsibility for providing sexuality education for their children, and that children should be able to approach their parents with questions on sexuality issues. However, in almost all cases the pupils believed their parents were not meeting this responsibility. Parents were seen to have the knowledge and experience to enable them to provide sexuality education.

Difficulty talking to parents about sexuality was a consistent theme emerging from these discussions. The pupils saw parents as having a poor attitude, in that they accused them of being "ougat" (too big for their boots), or said they were too young to be thinking about sex. Fear of arousing anger, or incurring punishment also prevented children approaching their parents. Other comments arising from the standard six groups were that parents appeared not to understand the children's needs, did not give complete information, and may not respect their children's confidentiality. They said children therefore sought information elsewhere, and if unable to get information they experimented for themselves. The standard nine pupils said they had to rely on other relatives, the school sexuality education programme, and friends, to supply information, and suggested the schools should fill the gap left by parents' inability to perform this role.

The standard nine pupils took a more explanatory, and problem solving approach, suggesting the difficulty they had in discussing sexuality with their parents was due to their own and their parents' shyness. And further, that this may be due to their parents not receiving sexuality education at school, as present pupils were. Some pupils voiced the resolve that they would discuss sexuality with their own children. Religion was also cited as a factor which may prevent parents discussing sexuality with their children.

It was requested that pupils should be taught how to speak to their parents, and that parents should be taught how to speak to their children. Also, that parents should receive sexuality education so that they would be in a position to fulfil their role as parents. Pupils suggested that parents should be providing information on sexuality to their children from as early as six years of age, and that restriction and over-protectiveness of children could lead to increased sexual activity, and pregnancy.

The following quotes and dialogue illustrate some of these points:

Natasha: "Teach us how to speak to our parents. Its not easy to speak to them."

Deidre: "The children are not the only ones who need sex education, because if you want to know some thing and you ask your parents they may accuse you of being "ougat" (too big for your boots), and

don't answer your question. But if they know how to answer and what to do, then you will feel better about yourself, and have more courage to speak to them, and to trust them."

Bernadette: "My mother and father don't really talk about sex and sometimes I experience things that I would like to speak to my mother about, but her attitude to this: when I tell her about someone else she says "I'll kill that boy", so because of this I won't dare to talk to her about my experience."

Francisco: "My mother and father also don't speak to me. I can talk to them about anything like religion and so, but these sensitive things they don't speak about. Even if we watch TV and there's an intimate scene, then they pretend not to notice."

Shaun: "Parents could react in this way because their parents didn't talk to them, and they didn't get sex education like we're getting, and that's why they're like that."

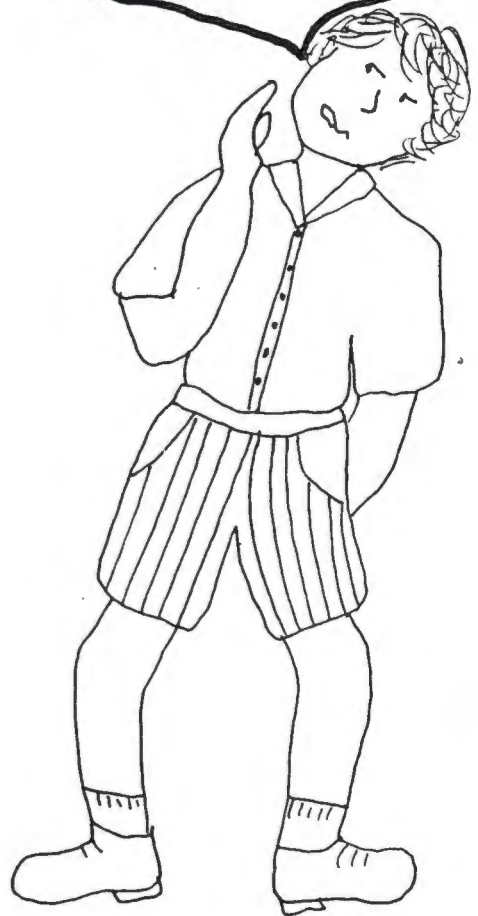
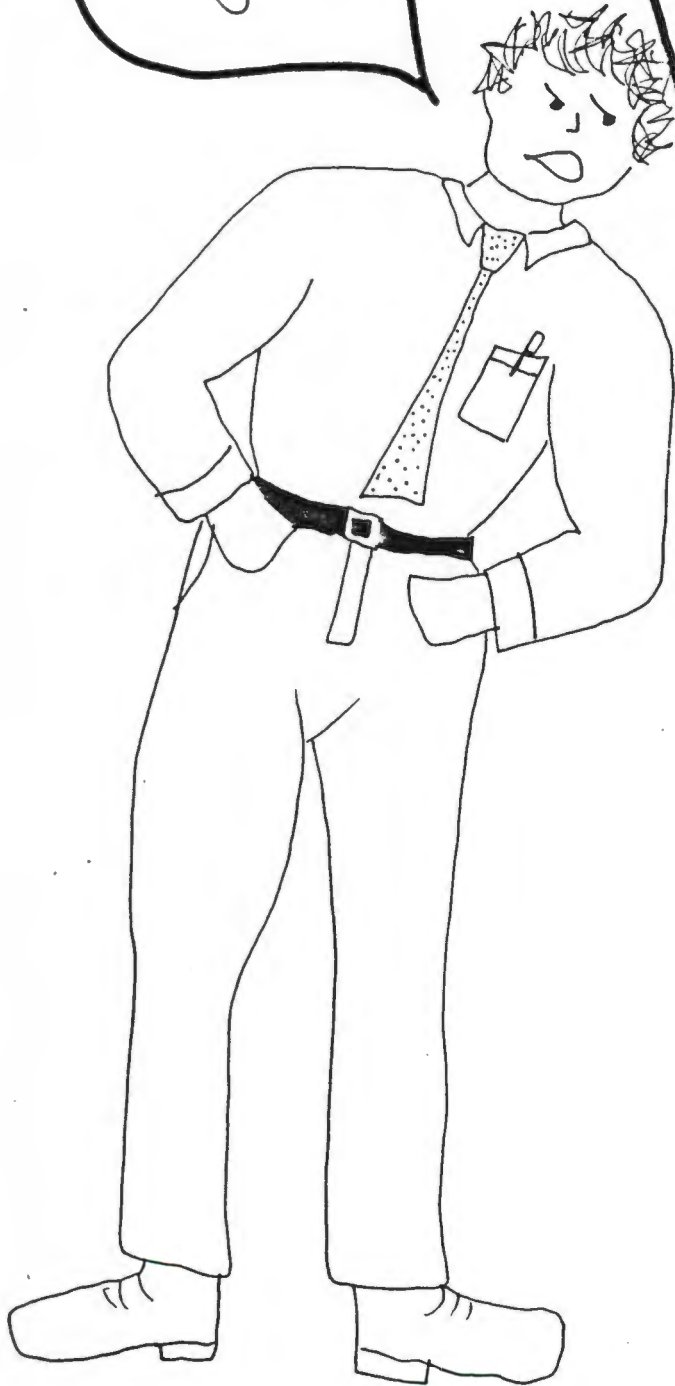
Bernadette: "I think its wrong that they're like this. I won't do this to my children one day. I won't tell my girl that she can't have a boyfriend and all that. I will inform my daughter about all these things, so that she knows about things that I don't get from my mother now."

And what about parents....?

Ougat!

"The children are not the only ones who need sex education, because if you want to know something + you ask your parents, they may accuse you of being "ougat".

+ don't answer your question. But if they know how to answer, + what to do, then you will feel better about yourself, + have more courage to speak to them, + to trust them



The Sexuality Education Programme

All of the groups discussed sexuality education in one way or another. Some of the standard six pupils had very little or no exposure to the sexuality education programme, and therefore could not comment on the programme as it stands. However, they were able to provide information on what they would like in a sexuality education programme.

Most of the standard nine pupils felt the content of the programme was appropriate, although it had become boring and repetitive for some. Other pupils argued that this repetition was important, because pupils had varying levels of knowledge, and that while some pupils tried to give the impression that they knew more than they did, it was important that all pupils understood the facts.

A few topics were seen by the standard nine pupils as being particularly important. These included the development of decision making skills, facts about contraception, and relating to parents. Other topics mentioned were virginity, abortion, and aphrodisiacs. The standard six pupils wanted more general topics such as health and hygiene, and how the body functions.

Most groups made it clear that they wanted to discuss issues which they regarded as important, rather than have topics imposed on them, and that they should have the opportunity to ask questions. They would like teaching to be done in the form of small discussion

groups, of boys and girls. However, the need to ask questions in a private and confidential setting was also expressed. They requested the use of more visual aids, and expressed their dislike of lectures. Almost all groups felt that sexuality education should take place during normal school hours, and that the time allocated to this subject was insufficient.

A range of opinions emerged from the discussions on who should teach the pupils about sexuality. One of the standard nine groups favoured peer counsellors, with assistance from the family planning advisors. They were against teachers filling this role, as they felt they did not respect pupils' confidentiality, and that exposing one's personal problems to a teacher would affect the relationship with that teacher in other classes. Some of the standard six pupils expressed similar feelings, as the pupils did not respect information provided by some teachers, who they felt had a poor approach, and questionable motivation. These pupils suggested the role could be filled by parents, the church, guidance teachers, doctors, or nurses. An important point was that whoever did fill this role should have the pupils' trust, and respect the confidentiality of their discussions.

Most pupils said they found the programme interesting. They regarded it as an important source of information, particularly because of the difficulty of getting information on sexuality from other sources. The Youth Health Centre, and Family Planning Clinics were also seen as important, but problematic sources of

information. The pupils were concerned about what others would think when they saw them attending such places, and emphasised the importance of having access to a private and confidential service where they would be assured of support.

Some of these points are illustrated by the following quotes:

Cassiem: "It is important because some people don't really know as much as they pretend to know, and it is important that they get the facts about contraceptives."

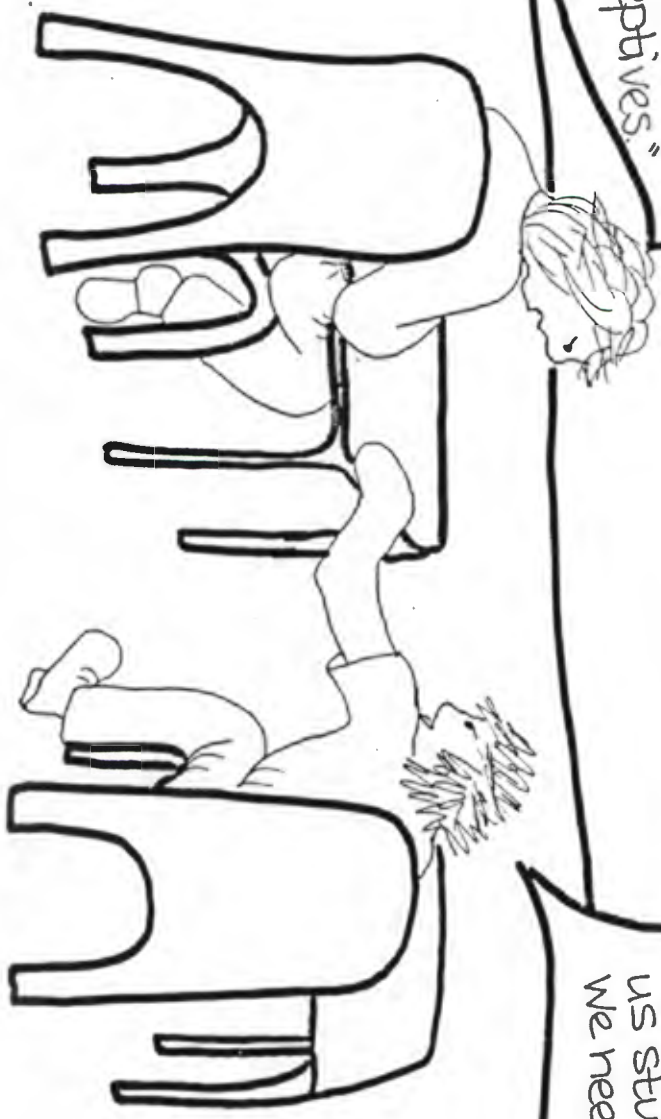
Magdaline: "It's important to have regular meetings to be able to discuss what we really want to know. We must have time to discuss what we really want to know instead of people coming in and teaching us stuff they think we need to know."

Sexuality Education -

$$P+P=P^2$$
$$1+1=2$$
$$1+1=1 \text{ or } 1+1=3$$

"It's important to have regular meetings to be able to discuss what we really want to know. We must have time to discuss what we really want to know instead of people coming in + teaching us stuff they think we need to know."

"It is important because some people don't really know as much as they pretend to know, + it is important that they get the facts about contraceptives."



DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

What are the implications of the information gathered by this project for the development of the sexuality education programme? The discussion which follows is based the researcher's impressions, as well as those gathered from interviewing the advisors, and the liaison officer. These women were intimately involved in this project, and have a good understanding of the sexuality education programme. The impressions of other researchers with an interest in adolescent sexuality, who have read the edited discussions as contained in the appendix, but who were not directly involved in the project, are also considered. Through the focus group discussions we have identified a number of weaknesses in the programme, and suggestions for improvement are put forward for further discussion. The limitations of this evaluation are also discussed.

Time limitations

A major problem of the programme is the severely limited access to pupils. With the programme limited to one or two lessons per year, any messages conveyed are unlikely to compete effectively with the constant stream of messages from peers, parents, and wider society. It is not possible from this study to determine the degree to which pupils knowledge, stated attitudes, and understanding of sexuality have been influenced by the programme. However, given the time limitations of the programme, it is expected that it's influence is minimal. This is substantiated by the failure of the programme to

make a significant impression on the standard six pupils.

Pupils' knowledge and understanding

It is evident from the discussion groups that the pupils involved had a good understanding of many of the issues about which the programme aims to educate them. The discussions show that many of the pupils recognise the benefits of limiting family size, the risks of sexual activity, and the many problems associated with teenage pregnancy. Many recognise the pressures exerted on themselves during their own sexual development, the pressures exerted by their peers, parents, and wider society, and the relevance of personal responsibility to sexuality. Their familiarity with these issues was summed up neatly in a quote by one of the pupils: "We have it, we sit on it". Although he was referring here to the pupils' sex organs, and possibly their sexual development, the phrase could be used to illustrate the awareness and intimate contact which pupils have of the pressures of adolescence, and of the difficult balance they have to maintain in the face of these pressures.

Teaching "old hat"?

It appears that much of the limited time available to the programme is spent on trying to educate pupils about issues with which they may already be familiar. This criticism was voiced openly by some pupils, who felt the programme was repetitive and boring. The reasons for this appear to be due both to the content and the method of presentation of the programme.

With regard to content, teaching of sexual anatomy was singled out as an example of a subject which had become boring through repetition. However, some pupils felt this repetition was important in helping them to understand issues. Their argument was that some pupils pretended to know more than they did in order to impress their peers. What is clear is that there are varying levels of understanding, and willingness to admit to a certain level of understanding amongst pupils of similar age. This indicates that every class should have a regular needs assessment. The programme should then attempt to address the particular needs of that group of individuals.

However, a needs assessment to assess content for presentation is, in itself, not sufficient. There was a clear message that the pupils wanted, and needed, the opportunity to discuss issues with which they were struggling. The pupils appeared to resent "outsiders" imposing standard educational material on them, without consulting them on their real needs regarding sexuality. This point introduces the fundamental difference between sexuality education and other subjects taught at school: whereas regular school subjects have a prescribed syllabus, with the examinations based on this syllabus, the required syllabus for sexuality education is set by each pupil's daily life experience, and the examinations take the form of pressures exerted by adolescent sexuality on that individual. There is no doubt some degree of common experience among pupils, but even then, individuals may perceive the experience in different ways. Thus, every individual has his or her own syllabus, of which he or she is uniquely aware. If an

educational programme is to assist the adolescent in dealing with sexuality, it must allow the individual the opportunity to discuss issues of his or her choice.

An example of such an issue arising from the discussion groups was the pupils' request for assistance in the development of decision making and coping skills. Although the pupils appeared to be aware of the pressures exerted by their sexual development, they appeared unsure of their ability to cope with these pressures.

Alternative teaching methods and skills development

Besides content, the criticism of the programme being repetitive and boring also appears to apply to the method of presentation. There is a need for more imaginative and stimulating teaching methods. For example, the suggestion by one of the pupils in the discussion groups that the pupils could do the teaching bears consideration. Pupils could do presentations, or lead discussions under the supervision of a teacher. This method may go some way to addressing the varying needs of pupils, in that pupils who felt they were familiar with an issue could try to impart their understanding to other pupils.

The pupils' need to raise issues of their concern, and their need for the development of life skills, may be addressed through the use of small group discussions. Such group discussions, as used in this project, proved popular with both pupils and advisors. This forum gives pupils the opportunity to raise issues which are

bothering them. The groups can also include role plays which are well suited to the development of decision making skills. The increased use of small group discussions and role plays would be a positive development for the sexuality education programme.

The pupils also expressed the need for individual counselling with someone with whom they could develop a trusting relationship. Pupils may be reluctant to raise certain issues in a group setting, and the additional opportunity for individual counselling is important. For many pupils there is nobody to fill this role. Pupils have difficulty communicating with their parents, teachers were seen to be unsuitable, and advisors are restricted in the development of trusting relationships by the short time they spend at each school.

The need for a trusting relationship

The issue of the need for pupils to trust the person who provides sexuality education came up in a number of areas. The motivation and sincerity of teachers in performing this role was questioned, and it was apparent that pupils lacked a trusting, respecting relationship with many of their teachers. Rogers believes this lack of trust is a symptom of the traditional approach to teaching (38). A trusting relationship would appear to be particularly important in the field of sexuality education, where the aim is to influence behaviour. Unless teachers are able to adopt a more person centred approach (39), and thus develop a mutually respectful and trusting relationship with pupils, they will remain unsuitable for the role

of facilitating sexuality education.

Pupils appear to have faith in the sincerity of the Family Planning advisors, and they are therefore likely to be more effective in this role than teachers. Increasing the availability of a particular advisor to pupils in each school will encourage the development of trusting relationships, and also provide the opportunity for individual counselling within the school.

Parent and community involvement

Ideally, parents should provide much of this counselling. Pupils made it clear that they believed parents should bear prime responsibility for educating their children on sexuality. However, it was equally clear that the pupils felt parents were not performing this duty. One of the recognised objectives of the programme is to educate parents in discussing sexuality with teenagers. There was a strong plea from the pupils for the programme to pay more attention to this objective, and to provide the pupils with skills to enable them to communicate more effectively with their parents on the issue of sexuality. The programme could move towards achieving these goals by increasing the advisors' involvement in local communities, and by encouraging other members of the community, particularly parents, to participate in the programme.

In attempting to meet the needs of parents in assisting them to provide sexuality education to their children, and in running

educational programmes outside the schools in the wider community, the programme appears to be striving for a more holistic approach. This is a promising move.

A recent study conducted in the USA indicates that a community-wide sex education programme, including parents, teachers, community leaders, ministers, and the media has had some influence on adolescent sexual behaviour. This programme has been shown to result in a 35% drop in teenage pregnancy rates (17). School-based sex education was only a small part of the overall effort, while programmes to help adults improve their skills as parents and role models played a central role.

Another strategy which is reported to show promise in dealing with the problem of teenage pregnancy is the development of school-based clinics, which offer a variety of services including individual counselling about sexuality issues and family planning services (26).

Possibilities for the programme in Mitchells Plain

Obviously such comprehensive programmes require far more funding than is available for the programme in Mitchells Plain. However, it may be possible to move closer to this type of model, and to meet many of the needs and demands of the pupils, within the confines of present resources. By basing each advisor at a particular school on a long term basis, it will be possible to meet many of the expressed needs of the pupils, and simultaneously adopt a more

holistic approach to sexuality education.

Having an advisor based at each school will provide the pupils with the opportunity to develop a trusting relationship with an individual skilled in sexuality education and counselling. The advisor will be in a position to provide class teaching, conduct group discussions, and provide individual counselling. She will have the opportunity for involvement at a local community level. This should include assisting parents with providing sexuality education for their children, and encouraging the participation of local community leaders, and organisations, in the programme.

Qualifications (and qualities) of advisors

A question has arisen over the qualifications of the advisors for providing sexuality education. These women have no formal tertiary education besides that provided by Family Planning Services. However, they are respected members of the local community, and they have the experience of motherhood. They have raised children who are facing, or have been through adolescence in this community. In addition, they appear to have gained a good understanding of adolescent sexuality, probably to a large extent through their experience in the programme. In my experience of working with them, I have found them to be aware of the sensitivity and complexity of the issue. I believe they are well qualified for their role in the programme, and furthermore, that this qualification is due largely to experience and qualities which cannot be gained through formal training.

Sexual activity and contraceptive advice

An important issue arising from the discussions was the teaching of contraception and safe sex. The impression that many pupils are sexually active (even at the standard six level) is confirmed by a recent study by Flisher et al (40). However, it was evident that pupils feared possible harmful effects of contraception, and discovery by parents of their use of contraception. Such fears may inhibit the use of contraception by sexually active adolescents, and thus contribute to the teenage pregnancy problem. The pupils stressed that they should be taught the facts about contraception, and the importance of this appears at last to be gaining acceptability.

However, some of the pupils criticised family planning sisters for failing to take a more moralistic stance in educating adolescents about safe sex. Many people who play the role of "teachers", or "advisors" in this field, are very wary of taking a moralistic position. They have the legitimate concern that they may compromise their relationship with the target audience, and so limit their influence. They thus run the risk of appearing overly permissive. Considering the pressure from peers on adolescents to become sexually active, it may be important for adolescents to be "given permission" not to be sexually active. A number of pupils emphasized the importance of personal responsibility in sexuality. The programme can play an important role in encouraging this approach, and in providing support and reassurance to pupils. However, any sign of a judgemental attitude may be damaging, and a

fine balance must be achieved.

The availability of resources, in terms of time, staff, and finances, will continue to restrict the programme. Time, particularly, is a serious limitation within the school programme, and educational authorities need to be convinced of the need to allocate more time to sexuality education. This may well be possible, given the potentially persuasive power of the AIDS epidemic. Hopefully, more staff and financial support will also be forthcoming. However, it is the researcher's belief that the key to an effective programme lies in community participation. This could begin at the basic level of encouraging parent participation, for which there is a clear need.

The achievement of real community participation is a great challenge. This project has made a rudimentary move towards achieving such participation, in that it aims to identify the perceived needs of individuals in the programme's target population, and how this population would like to go about addressing these needs. It is hoped that this rudimentary move will not be left to wither, but will be supported and nurtured by the programme, towards the development of true community participation. However, it is important that a shift to community participation is not seen to diminish the role of state controlled bodies, such as Family Planning Services.

Summary list of recommendations for development of the programme

- 1) Motivate for increased time for this programme in schools.
- 2) Encourage pupils to raise issues about which they are concerned, and address these issues specifically.
- 3) Make increased use of small group discussion and role play.
- 4) Make provision for the development of trusting relationships between pupils and programme staff.
- 5) Make provision for pupils to have more easy access to individual counselling with a trusted staff member.
- 6) Encourage parent and community participation in the programme.

These recommendations would be facilitated by basing each advisor at one or two schools on a long term basis.

Limitations of this evaluation

It is important that this report is not seen as an evaluation of the programme as a whole. It is a formative evaluation which considers the pupils' perceptions of sexuality and the sexuality education programme. These perceptions and opinions of pupils should not be seen as the gold standard by which the programme is judged, but rather as important information deserving of serious consideration by programme planners and staff in the further development and delivery of the programme.

In considering the pupils' perceptions of their needs in terms of sexuality education, it must be recognised that these perceived

needs may not necessarily correspond with their real needs. The reason for this is that some of their real needs may be subconscious, or there may be psychological barriers to discussing certain issues. For example, it is interesting that the pupils did not raise the subjects of masturbation or homosexuality. This does not mean that these subjects should not be included in the programme, but rather emphasises the point that the programme must be developed in consultation with experts in adolescent psychology to ensure that important subjects of potential conflict are dealt with appropriately by the programme.

Furthermore, the pupils' comments in the group discussions must be seen in the context of the psychological development of adolescence. Youth is the fifth stage of Erikson's life cycle of man, and is described by him as being marked by a conflict between identity and role confusion. He describes the adolescent mind as being one of a "moratorium", with the need for a span of time after childhood, but before deeds and works count towards a future identity (41). One of the phase specific tasks of adolescence is learning the socially accepted adult sexual roles and a necessary part of this process is the arousal of parental recognition and approval of sexual development. The perceived attitudes of parents and peers are particularly important influences in this process (42). Thus, the pupils' comments require cautious interpretation: Firstly because they may reflect exploratory thoughts, or one side of an internal conflict, rather than firmly held opinions. And secondly, because they may be made in an effort to gain peer

approval or recognition from the parental figures in the group (the facilitator and observers). The interpretation of the comments is subjective, and this has been recognised in the method of analysis. Through their local understanding of the pupils the advisors were able to assess the meaning behind pupils' comments. In addition, the edited discussions were read by a number of other researchers, and alternative interpretations were considered in writing the summaries. The edited discussions are included in the appendix for readers to make their own interpretations.

The fact that the focus groups were conducted by the same people who delivered the programme may have influenced pupils in their comments on the programme. However, an attempt to limit this bias was made in the introduction to the focus groups in which it was stressed that this was a research project rather than an assessment of themselves, and that they had nothing to fear from expressing their true opinions. The influence of this bias was also limited in the analysis phase by an awareness of its possible influence (that is to say that comments were assessed as to their motivation being possibly to please the programme staff). The benefits gained by the advisors in their roles in the project (as discussed in the methods section) outweighed the potential bias introduced by their participation.

The information arising from this evaluation has limited or, at best, unknown generalisability, due to the non-random sampling strategy, and the small number of pupils involved (the issue of

generalisability and representativeness is dealt with in more detail in the methods section). Furthermore, there is no quantification of knowledge, attitudes, or practice relating to sexuality, or the degree to which any of these factors has been influenced by the current programme.

Further Research

As a follow on to this evaluation, it may be useful to do a quantitative study to assess the generalisability of the findings presented in this report. A particularly interesting area for further qualitative research, which has been highlighted by this study, is the difficulty of pupils relating to their parents on the issue of sexuality. The issue of involvement of parents and the wider community in sexuality education also bears further investigation.

With regard to the programme itself, further formative evaluation for the content and method of presentation is necessary. This should take into account the views of teachers, developmental and educational psychologists, parents, and pupils (as described in this report).

Report back and implementation

This report formed the basis of presentations to Family Planning Services staff at the Western Cape Regional Branch at Karl Bremmer Hospital on the 26th of July 1991, and at the Western Cape Provincial Office at the Department of National Health and

Population Development on the 30th of August. A copy of the full report will be made available to Family Planning Services, and to other interested parties, such as the Planned Parenthood Association, Educational Departments, and school health personnel.

Conclusion

The aim of this project was to gain an insight into the attitudes and opinions of pupils with regard to sexuality, and the sexuality education programme. To this end it has been successful, at least in the eyes of the advisors and myself. One gains most from being intimately involved with a project such as this, but I hope that this report will allow others to share some of what has been an enjoyable learning experience. It has raised many questions regarding the relevance and effectiveness of the programme, and has given rise to new ideas for further development. However, I feel it has done more than this, in that it has emphasised the value of a different approach to teaching. Such an approach was advanced by Carl Rogers as the "person centred approach" (40). The teaching role is replaced by one of facilitation of learning, where participants learn through exploring the experience and ideas of group members. The project has assisted in the development of facilitation skills, and, hopefully, others will see as much value in this approach as I do.

I hope that the project will give new impetus and direction to the sexuality education programme in Mitchells Plain. I believe those involved learnt a great deal from the process, from the contact

with the pupils, and from each other.

We have it,
we sit on it



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APPENDIX A: OUTLINE OF THE ADOLESCENT SEXUALITY EDUCATION PROGRAMME

This outline was kindly compiled by Moira Michaels, the Community Liaison Officer of the Programme in Mitchells Plain, from the manual for community liaison officers. The manual is produced by the Department of National Health and Population Development in Pretoria. The training course for advisors is also designed by this department.

ORIGINS OF THE ADOLESCENT SEXUALITY PROGRAMME

Points to be addressed:

1. How the programme started.
2. Objectives of the Programme.
3. Guidelines with respect to carrying out the task.

BACKGROUND

The Family Planning (F.P.) programme started in South Africa in 1974 for the following reasons:

- To fulfil the need for a modern F.P. service.
- To improve the health of the population, especially that of mother and child.
- To give every couple the right to have a free choice concerning their fertility.

The President's Council at the time made recommendations with respect to what the F.P. programme should include. These recommendations focused on improved health for the mother and child

and a freely available contraceptive service to women (mostly). The F.P. programme includes a male education programme, with male advisors doing education programmes at factories.

The F.P. programme at this time did not cater for Adolescents (i.e. specifically teenagers under the age of 18 years).

A teenager who wanted to use contraceptives had to have parental consent (a special form was given to the teenager at the clinic and only after it was signed by a parent could the teenager be given a method). Even a teenager who had already had a baby had to go through this procedure. Sexuality education, information and contraceptives were therefore not available to the adolescent. However, the increase in birth rates showed an increasing number of births to teenage mothers.

THE BIRTH OF THE YOUTH EDUCATION/ADOLESCENT SEXUALITY EDUCATION PROGRAMME

Thus in 1985 the Adolescent Programme was launched, and in 1988 on a National scale 40 Community Liaison Officers, 63 Senior Advisors and 399 advisor posts were made available specifically for Adolescent Sexuality Education.

OBJECTIVES OF THE ADOLESCENT PROGRAMME

1. To reach adolescents before their first sexual experience.
2. To reach adolescent before their first or second pregnancy, in order to educate them with regard to sexuality.
3. To delay the first pregnancy until at least the twentieth year.
4. To educate parents to discuss sexuality with teenagers.

PURPOSE

To reach adolescents at an early age, while they are young enough to change their attitudes and behaviour, and to educate them with regard to making responsible decisions about having sex, and preventing teenage pregnancies.

MAIN FUNCTIONAL TASKS OF ADVISORS AND COMMUNITY LIAISON OFFICERS

1. To creating a climate of awareness of teenage pregnancies by:
 - presentation of programmes to pupils at schools and camps.
 - presentation of the programmes run for adolescents to teachers and school principals.
2. Teaching sexuality education to groups of adolescents in the community.
3. Teaching sexuality education to parents in the community.

GUIDELINES WITH REGARD TO CONTENT OF PROGRAMMES

Each advisor undergoes training, and receives a manual consisting of background information on the "The family structure, systems and processes within the family". This includes some background information on human development from infancy to adulthood.

The advisor must be able to give talks/direct discussion groups on the following topics:

1. The Female Reproductive System.
2. The Male Reproductive System.
3. Fertilisation, Conception, Pregnancy, Contraception.
4. Sexually Transmitted Diseases.
5. Dangers of Abortion for Adolescents (Backstreet Abortions).
6. Emotional Development of the Adolescent, especially with regard to "self image".
7. Relationships.
 - peers
 - parents
 - opposite sex
8. Values Clarification.
9. Problem Solving and the Decision Making Process.

TEXTBOOK

Facts about Sexuality: Carole Welman, Department National Health and Welfare, 1983.

This book was written as a textbook for teachers, and serves as a prescribed work for all staff involved in the Adolescent Programme.

METHODS OF TEACHING

As part of his/her basic training, the advisor learns to present programmes in the following ways:

- lectures.
- conducting discussion groups.
- using role plays.

The advisor is also trained in the use of audio-visual equipment in order to enhance presentations.

APPENDIX B: DEMOGRAPHY

DEMOGRAPHIC PROFILE OF PUPILS PARTICIPATING IN FOCUS GROUPS

A total of 65 pupils were included in the focus groups, 43 girls and 22 boys. Pupils reported age, sex, and number of siblings for each focus group is tabulated below.

Standard 9 groups

<u>Group</u>	<u>Age (years)</u>	<u>Sex</u>	<u>No. of siblings</u>
1	mean 17,2 range 16-19	10 girls	mean 3,9 range 1-8
3	mean 16,7 range 15-18	6 girls 6 boys	mean 3,2 range 2-6
5	mean 16,2 range 15-17	6 girls 5 boys	mean 2,3 range 1-4

All std 9	mean 16,7 range 15-19	22 girls 11 boys	mean 3,1 range 1-8

Standard 6 groups

<u>Group</u>	<u>Age (years)</u>	<u>Sex</u>	<u>No. of siblings</u>
2	mean 14,4 range 13-16	10 girls	mean 2,7 range 0-5
4	mean 13,0 range 12-14	6 girls 6 boys	mean 3,2 range 1-7
6	mean 13,7 range 13-15	5 girls 5 boys	mean 2,0 range 0-4

All std 6	mean 13,7 range 12-15	21 girls 11 boys	mean 2,6 range 0-7

OCCUPATION OF PARENTS

Fathers were reported to be in skilled or semi-skilled occupations, such as drivers, spray painters, sheetmetal workers, carpenters, machinists, merchandisers, bank clerks, computer operators, butchers, printers, electricians, hospital porters, prison warders, plasterers, mechanics, and an estate agent.

Mothers were reported to be "housewives" by 31 pupils. Reported regular employment of mothers included cashier, shop assistant,

machinist, receptionist, shop owner, ironer, nursing, factory and hotel work, and librarian.

Three pupils reported that both their mother and father were unemployed. Seven pupils reported that their father was either unemployed or absent, while their mother was employed

APPENDIX C: ITEMS USED IN THE AUCTION

- a) Having a small family.
- b) Having a large family: four or more children.
- c) Knowing about the body and how to stay healthy.
- d) Being able to have sex with no danger of pregnancy.
- e) Knowing about the sex organs and how contraceptives work.
- f) Remaining a virgin until marriage.
- g) Passing matric and going to university or tech.
- h) Having your first baby at sixteen or seventeen years.

The order in which items were auctioned was varied from group to group. The "auctioneer" spent some time in explaining each item prior to the auction.

APPENDIX D: DISCUSSION CHECKLIST

- a) Implications of teenage pregnancy: family relationships, social, educational, vocational, demands of the infant.
- b) Virginitly until marriage.
- c) Manipulation/pressure for sex.
- d) How to say no.
- e) Contraception: availability, use of, education about different methods.
- f) AIDS and other sexually transmitted diseases.
- g) The body and sexual functions.
- h) Promiscuity.
- i) Sexual abuse.
- j) Abortion.
- k) Political implications of Family Planning.
- l) Social class related attitudes to sex and contraception.

APPENDIX E: EDITED FOCUS GROUP DISCUSSIONS

This appendix contains the outcome of the first stage of the analysis as described in the methods section. The edited discussions are preceded by comments on the organisation and functioning of each group. The degree of editing between groups varies. This was governed by the quality of free flowing discussion in each group. The initial groups were relatively stilted for reasons explained in the introduction to these discussions, and due to the inexperience of the facilitators. As the facilitators skill increased the discussion flowed more easily. However, this pattern was complicated by the last standard six group where the facilitator had some difficulty in drawing the pupils into the discussion.

In order to ensure confidentiality, all names used in the quotes are false.

Edited discussion of focus group 1 - Standard 9 School A

This focus group was one of the initial two groups to be conducted, and we had a number of problems with it. The group was conducted after school, and the pupils took a while to get to the venue. They were thus anxious to get home, and that their parents would not know where they were. The school authorities had only told the pupils that morning about the focus groups, and so the pupils had

been unable to make the necessary arrangements with their parents. Furthermore, only girls had been selected girls for the group, which was contrary to our wishes. However, we decided to continue with the group.

The facilitator and observers felt that these pupils were anxious to please, and to say what we wanted to hear. They seemed reluctant to get involved in open discussion. They directed all discussion at the facilitator, with little interaction between pupils. It appeared that opinions, beliefs, or behaviour which they felt may be seen as negative were ascribed to other pupils. The discussion ran over time, and the pupils appeared to be getting bored by the time we came to discuss the programme directly. They were understandably anxious to get home.

Despite these reservations, we obtained some good material, in addition to learning useful lessons with regard to conducting future groups. The most important of these was to change the structure of the discussion outline in order to emphasise pupils' opinions of the programme. We also decided to restrict the discussion to an hour, and to try to hold the groups at the schools so that they would interfere as little as possible with the pupils' normal routine.

Although the first two concurrent groups were girls only, in contrast to the other groups which were both girls and boys, we decided to include them in the analysis. The main difference

between these and the mixed groups was that the discussion was less lively, as the girls were not challenged in their opinions. However, they do provide some interesting information.

Family size and family planning

Limiting family size was regarded as important by most pupils. The need to plan a family to be within one's means was expressed. Smaller family size was associated with a better quality of life. Parents were thought to be less likely to detect problems with their children if they had big families, or would detect them too late to prevent behavioural problems, truancy, and gangsterism. These problems were seen to be associated with large families, and the resulting overcrowding. However, people should not be forced to restrict their family size. These ideas are illustrated by the following quotes.

"Big families, small houses causes overcrowding, then children lose interest in school and become gangsters. Because they don't feel comfortable at home they go out on the street and join gangs. You can't tell people that they have to have small families, but it would be better if everyone only had a few children."

"If you have a big family you can't control them - you don't know what they're all doing. If you have a small family you can give them a better quality of life. First you should plan and see how you make out. You can always have more children later on."

"Better to have a small family - parents can't pay enough attention to all children in a big family, and won't pick up problems with their children until it's too late. "

One pupil defended her family saying that her parents had coped well with bringing up a large family. Another expressed her loneliness as a girl with only one sibling, a brother, and felt that she would like to have more than two children, so that they could keep each other company.

Family size was identified with the issue of the population explosion. Also, "if family size was smaller people would have better job opportunities."

Attitudes to teenage pregnancy

Discussion of the age at which one first fell pregnant identified those over twenty as being more responsible, better educated, more aware, and more mature. Pregnancy at a young age was seen to interfere with schooling, careers, and social life. It was seen as a cause for shame. Young mothers were regarded as too irresponsible to bring up a child, and unable to cope with the frustrations of caring for a baby. Other risks of teenage pregnancy which were identified were miscarriage and child abuse.

Sexual behaviour and attitudes

The issue of having sex with no danger of pregnancy was seen initially as only being important for married couples, and an

attitude of no sex before marriage was prevalent in the group. However, contradictions arose in the discussion, and the pupils abandoned this stance, and stressed the importance of the need for effective contraception amongst sexually active teenagers.

"Most of the teenagers have sex, and they don't want to get pregnant."

"Lots of teenagers are sexually active. Many try to make you think they are, especially the boys. Not so much girls. But one can't really tell."

The question of remaining a virgin until marriage raised the issue of promiscuity: "Some girls lose their virginity when they are very young and then they don't worry and they go from boy to boy. Then she gets pregnant and she doesn't know who the father is. Its important to stay a virgin until you get married."

This was also seen as an issue of pride in that a girl would not like others to say "Ag man, I was already there" about her boyfriend.

Most boys were seen to have the attitude of wanting as much fun as possible by sleeping around with any girl, "but then they want to marry a virgin. That's wrong. Its very wrong. That girl they slept with, somebody might want to marry her, and then they find she's not a virgin, and that might cause problems for that girl. They

don't think about the girl, they just want to have fun and that's wrong."

Sex before marriage was considered "bad". However, maintaining one's virginity was seen to be difficult, "because of temptation. Its part of human need, desire. But you must decide, you must be able to say no. But sometimes you can't help yourself, you can't keep it in. You plan how you are going to say no, but comes the time, you can't stop yourself. Sometimes you plan to stop, but you go too far, and can't stop."

Attitude to contraception

Knowledge and access to contraception was seen to be important, "but some people take advantage of it, they think this allows them to sleep around, without getting pregnant. But they don't think of the diseases they could get - if they got aids their life is finished. They shouldn't take advantage of it, because they can then pass it on to others."

Contraceptives were known to be widely available. "Teenagers know how to get them. Boys treat them as a joke. Not all girls are bold enough to go to the clinic to get contraception. They are worried about what others will think."

Peer pressure

Boys were seen to be manipulative in order to have sex. "They say they love you", or "you must prove your love". "They put a lot of pressure on you."

However, pressure from female friends is also a factor: "There is also pressure from friends who talk about having sex, and you feel left out if you can't talk about it yourself".

"It makes you feel small if you can't say you have done it too."

Parents' role in sexuality education

Pupils identified the need to know how to speak to their parents about sexuality issues. "Teach us how to speak to our parents. Its not easy to speak to them".

"You get shy. We need to know how to approach them".

The need for parents to be educated was clearly stated: "The children are not the only ones who need sex education, because if you want to know some thing and you ask your parents they may accuse you of being "ougat" (too big for your boots), and don't answer your question. But if they know how to answer and what to do, then you will feel better about yourself, and have more courage to speak to them, and to trust them."

"I can't speak to my mother about everything - she didn't even tell me about menstruation, I had to wait for my aunt to tell me about it. Our parents are the ones who should be educated too."

"Sometimes you can't talk to your mother about it. We should have more programmes during school, rather than out of school hours as

children have to get home to do other things." (This a clear reference to her current predicament).

The sexuality education programme

Students found the sexuality education programme very interesting. It was seen to be important because of difficulty getting information on the subject from other sources. Reasons for this were embarrassment, and difficulty talking to parents about these issues. Other sources of information on the subject were said to be books and discussions with friends.

"It is important because some people don't really know as much as they pretend to know, and it is important that they get the facts about contraceptives."

The pupils felt that the programme met almost all their needs in terms of content: "I think I know enough for my own purposes. I know the dangers, I know the consequences of everything. We have covered all these things in the programme."

Some pupils felt the programme had become boring because of repetition of subjects with which they were already familiar. Others felt this repetition was important in reinforcing the knowledge, and because some pupils may be less knowledgeable than others.

All the subjects included in the programme were seen to be relevant. Decision making was seen as an important skill which should be included. "That is very important because we have to make decisions all the time. For example, what am I going to do after school? Or even when you're pressurised into having sex, do I, or don't I? Those are important decisions."

With regard to method of teaching the pupils wanted more group discussions, rather than lectures. They also wanted more visual material, such as "films, for example of a woman having a baby. You hear about things but you don't really know what happens until you have actually seen it. It would be very nice for the boys especially, because if they see how the girls get hurt they won't just do it."

Pupils felt the programme should be included in normal school hours, and not as an extra after hours as they needed to get home to do chores, etc. They also felt that more time should be devoted to sexuality education.

Edited discussion of focus group 2 - Standard 6 School A

This group had the same organisational problems as group 1, with which it ran concurrently. The facilitator and observers were pleased with the discussion, and felt the pupils had participated openly. The auction was prolonged as the pupils did not understand

the items clearly. It took some time to get to the actual discussion.

Family size and family planning

In discussing family size:

Elizabeth: "If you have a job that pays a little money you can't afford to support a big family"

Lynn: "Some people have more than two children and then they can't cope with the children, so they send them to relatives. Also they can't support them and give them equal attention."

Delysia: "Some can't even cope with one child."

Fac: "Why do you say that?"

Delysia: "Because often if people have only one child they spoil the child and then they can't cope with the child."

Rukeya: "Some people can't cope with 2 or more children, but some people have 6 or 7, but then they have favourites."

Maureen: "I would like to have just 2 children, because I know I could cope with 2 and will give them everything they need in life."

Attitudes to teenage pregnancy

Delaying the first pregnancy until the age of 20 or more was seen as very important:

Rifkah: "Not good to have a baby so early cos you can't go on with your education, and you have to leave school and you can't get a good job"

Shanaaz: "It's pointless in you becoming pregnant and then you don't want that baby and you want someone else to look after the child."

Rukeya: "It's pointless having a baby at 15, 16, 17 years because you can't care for the child because they are children themselves. Then they give the child away, or go as far as killing the child."

Delysia: "Some of them are too weak to give normal birth."

Shanaaz: "Because they don't want the pregnancy they go for abortion."

Teenage pregnancy was seen to interfere with education:

Rukeya: "Education is very important today because life is very expensive."

Rifkah: "If you have an education you can get a job, but without an education it's very difficult to get a job."

Sandra: "But the type of work that I'm going to do I don't need matric, so sometimes it's not so important to have matric"

Sexual activity and pregnancy was seen as a possible means of escape:

Maureen: "Some teenagers are unhappy in the home, so they have sex so they can fall pregnant 'cos they think that's a way out."

Shanaaz: "Once you're married and you have children, then you want to enjoy your life, but your husband tells you to look after the children because he wants to enjoy himself."

Magdaline: "If you marry young, you sometimes don't marry because you love each other, but because the girl is pregnant and that can lead to problems later on."

Elizabeth: (addressing facilitator) "What do I do if I get pregnant when I'm 16 or 17 years old?"

Fac: "What does the group think?"

Rifkah: "She should go and talk to the social worker."

Rukeya: "No, she must commit suicide."

Fac: "Why suicide?"

Rukeya: "Because that's what a lot of teenagers think. Then she doesn't have to answer anybody."

Sexual behaviour and attitudes

Delysia: "It's no use you going to have sex with every Tom, Dick & Harry, better to wait 'til you're married and then have sex".

Rifkah: "It's no use you having matric or going to tech, and you're not a virgin. It's better to wait until you're married, and then start with a family."

Fac: "If you have sex at a young age, does that lead to having a lot of sex partners?"

Shanaaz: "It can happen, because if you're 14 years and you're having sex, then when you're 15 years you might have another boyfriend, and it can go on like that until you pick up a disease."

Fac: "What kind of disease?"

Rifkah: "Syphilis"

Shanaaz: "If you start sex at a young age you can become a prostitute, and you will have a "shotgun" marriage and that won't last long. When your husband goes out then you might see another

guy, and you wish you hadn't made that mistake."

Delysia: "If you have a steady relationship at a young age, and then you break up, he might get another girlfriend and then discuss you with that girl."

Attitudes to contraception

During the auction all the pupils showed interest in buying the item on "Knowing about the sex organs and how contraceptives worked."

Shanaaz: "Sometimes girls have sex and they fall pregnant and they don't know what really happened to them."

Magdaline: "If some girls use the pill and they don't know what it does to their body, some get a period, and some get a green discharge. Some children use contraceptive methods, and they don't know what it's all about, they only use it not to fall pregnant".

Delysia: "It's very important for teenagers to know about contraceptives and how it works."

Fac: "Do you think teenagers get pregnant because they don't know about family planning?"

Maureen: "Sometimes they know about it, but they still don't take advantage of it."

Rifkah: "You cannot be sure if you have sex that you will fall pregnant."

Peer pressure

In discussing teenage sexuality:

Rukeya: "The boys tell them to prove their love at the age of 15,16,17 years, and so they have sex because they're scared of losing the boy."

Maureen: "Your friends put pressure on you, so you just go with them, so you belong with them."

Lynn: "Because they are persistent in asking you to do what they do, so eventually you give in."

Maureen: "If you refuse to join in then sometimes you lose a good friend. And if you feel you don't want to lose that friend then you will give in."

Sandra: "Sometimes children were sexually abused when they were young, so then they confide in the boyfriend. Then he uses that to manipulate them to have sex, by being understanding and sympathetic and telling them it's okay."

Fac: "But what can the girls do to prevent pregnancy?"

Sandra: "She can stay a virgin, because she can refuse, she can say no."

Fac: "Is it easy to say no?"

Rukeya: "It's not so easy to say no, because you're afraid you're going to lose the boy, and then she gives in."

Lynn: "I'd rather be a lover than a virgin."

Sandra: "I will say no even if I will lose the boy."

Elizabeth: "Some girls have problems at home, and then they try to spite the parents by having sex."

Sandra: "If a boy really loves the girl, then it doesn't mean he has to have sex with her."

Maureen: "There's a lot of ways that you can show your love for each other without having sex."

Fac: "What do you mean?"

Maureen: "Maybe the girl can buy the boy a little present."

(laughter)

Parents' role in sexuality education

Parents were clearly identified as those responsible for teaching children about sexuality. However, it was also clear that these pupils were not satisfied with their parents ability to perform this role.

Shanaaz: "The programme is very important at the school because you can't communicate freely with your parents."

Sandra: "If you go to your parents to discuss these things they will tell you you're ougat (too big for your boots, or trying to be smart). Especially if you ask about pregnancy and things like that."

Fac: "What do you mean you can't speak freely with your parents? What do you want from them?"

Sandra: "If the child speaks freely to parents, the parents just say that's adults business. So then you discuss it with your friends."

Delysia: "Parents won't tell you everything, but only what they want to tell."

Fac: "From what age should they give this information."

Delysia: "From 9 years. I can talk to my father, but if I go to my mother, she will turn me away."

The sexuality education programme

In discussing understanding health and how the body works:

Chillestine: "It's important that you know about your body and how it works, so you know about different illnesses and how they affect you."

Magdaline: "You might have a green discharge and you don't know why."

Fac: "If students should be informed regularly about sexuality, what kinds of things will it prevent?"

Sandra: "It can prevent pregnancy. Sometimes children know about all these things, but they still do it."

Chillestine; "Sometimes children think they know everything but in fact they know nothing."

In discussing the programme itself:

Fac: "What about time allocated to the programme, and the classroom situation?"

Chillestine: "The time for the programme is too short. Also in the classroom you don't feel free to ask things that are really bugging you, because you don't want others in the class to know what's worrying you."

Sandra: "The pupils should be allowed to discuss these things amongst themselves in the classroom, without someone else coming in."

Fac: "Do you feel comfortable to discuss sexuality with the boys in the class?"

Chillestine: "I don't like discussing this in a classroom, because if you say something the whole school will know about it."

Fac: "Do you feel comfortable discussing menstruation, masturbation, etc in a mixed group?"

Maureen: "It's important that it's done in this way because the girls should know about the boy and the boy should know about the girl."

Fac: "What kind of information do you need to prevent teenage pregnancy?"

Magdaline: "It's important to have regular meetings to be able to discuss what we really want to know. We must have time to discuss

what we really want to know instead of people coming in and teaching us stuff they think we need to know."

Edited discussion of focus group 3 - Standard 9 School B

We had very good cooperation from this school in organising the groups. The pupils participated fully, and the observers and facilitator felt the discussion was open and unpretentious.

The discussion with this group did not cover family size and family planning, or the parents' role in sexuality education.

Attitudes to teenage pregnancy

The pupils saw teenage pregnancy as a problem because they believe teenagers are not mature and responsible enough to care for a child. Also they believed that they are unable to cope financially, physically, or emotionally.

Sharon: "Your future will be spoilt if you become pregnant now, because you won't get a job."

Ann: "You are a child bringing a child into the world, and you don't know how to care for the child, and your mother must help you."

Antonia: "You are too young to get married, even if the boyfriend wants to. She should know what's the result of being sexually active, and usually the boy runs away from his responsibility. The boys can't accept responsibility."

Peter: "You can't say all men run away from their mistakes. There are some who accept responsibility."

Antonia: "Most run away."

Marchelle: "What will you do if you get a girl pregnant?"

Peter: "I will try not to have sex before marriage. I don't believe in sex before marriage."

Sexual behaviour and attitudes

During the discussion on remaining a virgin until marriage:

Peter: "When I get married it must be to a virgin."

Sharon: "All guys want to marry a virgin. Why can't a girl also marry a virgin?"

Marchelle: "I don't think you get guys today that are virgins."

Ann: "Most guys sleep with girls and still expect to marry virgins."

Paul: "I think it is unfair for guys who are not virgins to want to marry a virgin because they have been sleeping around. I'm not going to speak for most guys, but for myself, I'll try to stay a virgin until I get married and if she is not a virgin I'll take into consideration whether she has been sleeping around recklessly. If she has, I won't marry her because she's not responsible and not the girl I would love. But if she's divorced or her husband has died, I'll marry her because that's a responsible person."

Peter: "A man is a man. If he gets a chance he takes it. Even though I want to marry a virgin one day, now with the girls I take out I try to have sex with them. I will try hard to persuade them. If you keep trying they will give in."

Sharon: "Guys sleep with half the population and still want a virgin. How do they expect to find virgins if this is their behaviour?"

Paul: "It is against my religion to have sex before marriage and the more I think about it the more I realise that this is correct - even though it is difficult."

In the discussion on contraception:

Peter: "But if there's a young couple that want to have sex then they should first organise that maybe the girl goes onto a contraceptive. they should not just jump into a sexual

relationship without talking about this."

Sharon: "But most times its not a planned thing."

Fac: "Why is it not a planned thing?"

James: "Because nowadays boys and girls just meet each other and then they have sex on the first date. They get carried away."

Peter: "A boy does not have to get carried away, he can control himself."

In discussing multiple partners:

Ann: "I don't think that it's good for a girl."

Sharon: "There's VD and AIDS."

Antonia: "If you sleep around you get diseases."

Ann: "You don't need to have sex. You can be friends and enjoy yourselves."

Fac: "Which diseases do you know about?"

James: "A girl that sleeps around gets a kind of lice in her vagina."

Antonia: "When a girl and boy has sex, one of them may have AIDS. If they get married and the woman gets pregnant, the baby will also get AIDS."

Sharon: "But I think you must have a blood test before you get married, isn't it?"

Peter: "You won't know if someone has it."

Sharon: "But you can have other tests."

Attitudes to contraception

Ann: "All the health nurses talk of contraceptives as the only means of having safe sex. They are not promoting morals - only safe sex. They're not telling the youngsters the benefits of not having sex."

Ann: "Its not that they're wrong its just that it seems as though they are encouraging the youngsters to have sex."

Fac: "What are you saying about this issue within the school programme? Should we discuss contraception?"

"Yes" from all.

Ann: "In former years parents used to tell children that they come from the mountain, and in that sense this programme is good because we are not ignorant. But sex and contraceptives should be promoted

more from a moral kind of situation. I'm not saying that there's anything wrong - the programme is interesting, to learn about the body and development of a baby, that is part of our education. We do have to know about things."

Antonia: "For those who want to know about contraception, this programme is important because it is saving her life, because otherwise she will just have to get a job in a factory if she falls pregnant. But if she uses contraceptives she can finish school and go to university."

Fac: "Do you think that contraceptives are freely available to your age group. Do you know where to go to get them?"

Paul: "Some of us can get hold of it, but you don't want to be seen getting it. But my point is that if you feel ashamed you shouldn't be doing it."

Ann: "On the point of whether it is freely available at school, boys often show each other these thing (condoms) and one wonders where they get it from. It's like an everyday thing and I don't know where they get it."

Fac: "Does anybody know where they get it?"

John: "Yes, somewhere in the Town Centre, and also at the chemist."

Fac: "Besides condoms at this place in the Town Centre, what else do you get. Are there pills?"

Girls: "At the chemist."

Ann: "I don't know where the girls get it because a girl won't tell anybody when she's on a contraceptive."

Peer pressure

Fac: "Is there pressure on you (boys and girls) to have sex before marriage?"

Ann: "At school you hear girls talking about nice times and how they lost their virginity. Its a common thing. They brag about not being a virgin anymore. So you think to yourself, what's wrong with me? Why am I a virgin? This is peer pressure from girls."

Fac: "What other pressure do you feel?"

James: "I had an experience in the woodwork room. The boys were having a discussion about their experiences and I had a feeling that there were some boys there who were still virgins and they were being pressurised."

Fac: "Do boys ever feel pressurised by girls?"

Sharon: "Yes, sometimes a boy goes out with a girl and she's older than him, and more experienced and makes him feel like a "moffie"

if he doesn't satisfy her."

Fac: "Boys is this true?"

Response from all boys: "Yes" (nodding).

Later, continuing the discussion on peer pressure:

Peter: "If I go out with a girl I will charm her into having sex. If she says no, I will still try to charm her over and over again, so it actually depends on her whether we will have sex or not. If she is strong in saying no then I will accept no."

Sharon: "But then she will just say yes, not because she really wants to but because she thinks that is what you want."

Fac: "Do you actually want her to say no?"

Peter: "I actually want her to say Yes, but I won't use physical force. But what about those girls who continually come to the boys, asking them for sex."

Fac: "Does this make you feel pressurized?"

Peter: "Yes"

Antonia: "In the situation where a boy pressurises a girl, she will think "he is my boyfriend and I love him" and then she will give

into him. Then if she has another boyfriend after him and she tells him she's not a virgin, he will think she is a whore, and if he wants to have sex with her she will say yes, because she will think that nobody else would want her now."

Jeremy: "Girls say we are slow if we don't try to have sex."

Paul: "Girls tease us. They ask and when we want to they say no."

Peter: "If a boy sleeps around people won't think badly of him as they would a girl."

The sexuality education programme

In discussing what should be included in a sexuality education programme:

Paul: "How do you break your virginity?"

Peter: "Its not necessary to have sex only to lose your virginity, you can ride a horse, you can ride a bicycle."

Paul: "What is breaking a virgin actually. Is it breaking a muscle or a membrane?"

Discussion in group - boys say it is a muscle.

Marchelle: "Also contraceptive methods."

John: "I went to the Town Centre (the youth health centre) and during consultation the woman was showing us a book of how your penis and a girls vagina will look if you have a sexual disease. What I think is that when you do sexual education at school, you need to show us such pictures, because if you just talk then we forget again the next day."

Paul: "Talking about condoms won't help. Pictures will help. Will be more effective."

Ann: "When you go to the Youth Centre and people see you, they think you are only going for contraceptives."

Peter: "You should tell us where you get condoms, pills and things like that."

Paul: "Go to the disco's and leave condoms there."

FAC: "Who should present the programme?"

Antonia: "The students themselves, with help of advisors every two weeks. The students who will present must have training from the advisors."

Peter: "The programme must take place during school hours because after school the students don't like to attend any programmes."

James: "Students don't want to talk about personal problems to a teacher because the next day the teacher will look at you with that in mind."

Peter: "If the teachers do the programme, the students won't ask many questions. If the students do the programme more questions will be asked."

Antonia: "Students want to talk to people their own age."

Peter: "The girls need to be made aware of what boys can do at disco's, like throwing substances into the girls drinks."

Antonia: "You need to explain the effect of these substances on a girl."

John: "The guidance teacher should speak more about things like drops, spanish fly and such things."

Edited discussion of focus group 4 - Standard 6 School C

This group provided interesting information as to what they regarded as important issues in sexuality, and were remarkably candid as to their sexual attitudes and behaviour. They were in their first term in standard six, and only a few of them had been exposed to the sexuality education programme while at primary school.

Unfortunately, the discussion was dominated by the boys in the group, with the girls making a relatively small contribution.

Family size and family planning

The most important goal identified by this group was to pass matric and go to university/technical college. All pupils expressed an interest in this, and related it to establishing a career and financial security so that they could support a family. This was of relevance to family planning as pregnancy was seen to interfere with education. These ideas are illustrated by the following quotes:

"It is important to have a career - if you don't have that and you have a family one day, they will roam around looking for food and that kind of thing", "If you have a career and your father dies you can then help support your mother", and "It is better if both parents have matric and a career, because if one parent should die the other parent can still support his/her children and still give them a good education".

In discussing problems associated with large families:

Kyle: "You cannot give everybody attention. Everything is expensive and most times you have to send your children to other people for bread etc."

Roxanne: "When parents find out they have too many children, and they feel they want to have a nice life they give some children up for adoption."

With regard to family size: "Small family has bigger plans. A big family is more expensive to support", "In this world the rate of living today is very expensive, so it is better to have a small family. You won't be able to feed and give the children what they need if you have three or more children", and "You can give your children a better education."

Attitudes to teenage pregnancy

Although many of the pupils in this group seemed to see sexual activity at this age as quite normal, there was recognition of their own responsibility. Pregnancy at this age was seen as shameful by both the boys and the girls.

Having a baby at the age of 17 years was seen as negative: "Because we have to go and work", "We must think of a career", "you wouldn't be able to support yourself and a baby without a career", and "you yourself is not an adult yet, so how can you still look after a baby?"

And regarding personal responsibility: "Some children don't decide before doing something like this, they are children themselves, then they still have the burden of a baby that they can't care for", "Children can use their own head and not let such things

happen to them."

Sexual behaviour and attitudes

A lot of discussion centred around the importance of remaining a virgin until marriage, with the boys having particularly strong views on the subject. During the auction one of the boys (boy 1) immediately spent the maximum amount of money on "Remaining a virgin until marriage". He was adamant on the importance of this issue. The discussion heated up when he was challenged by another boy (boy 2):

Kyle: "If you are still going to study for a career you will have to wait too long to have sex".

Nathan: "It is better to stay a virgin than to have sex with every girl that comes along. It is better to achieve something in life first so if you do decide to have sex, you are better prepared".

Kyle: "It is not necessary to feel as Boy 1 because what happens if you have the urge to have sex".

At this point the girls were encouraged to participate by the facilitator. "What do the girls say? Do you think it is important to stay a virgin?" The girls all said this was important.

Donovan: "Girls like to have sex". (laughter)

Elmari: "It is better to stay a virgin until you marry, because if you are young and fall pregnant you know nothing about parenthood, you yourself is still a child. At this age you also know nothing about sex because your parents did not inform you about these things because they themselves do not know".

Gasant: "Losing your virginity does not mean you will fall pregnant".

Donovan: "It is better to stay a virgin than walking around with shame that you have made a girl pregnant at an early age".

The discussion provided evidence that many of these pupils were already sexually active.

Kyle: "If you gonna have sex, Miss, you don't think about education and stuff like that, all you think about is just sex. You don't think about what's gonna happen afterwards. And only when you're finished then you realize what you did, Miss, and that's when the shame comes. You can't really realize it, like, if you're watching movies and stuff like that, Miss, and a girl sits next to you, Miss, you can't control yourself."

Donovan: "Before he does it, he must think about it. You must still think about it before you do it". (laughter)

Kyle: "Are you just going to sit there while the girl can't control herself, and she asks for sex. What you gonna do is go jump on the girl."

Donovan: "No, I'll first think about my career and then I'll go."

Gasant: "Come on man, be honest, you're not gonna think about that. You just gonna think about the girl's body and then you know...."

Donovan: "I'm not you".

Riedewaan: "Listen, listen, not all boys ask the girls. In most cases, yes, the boys ask, but not in all cases. In most cases boys and girls wants to have sex."

Kyle: "Sometimes the girls are like, as we say "willevirgins", and some of them make a pass, Miss, and you can't just say no because you feel you must try it out. Obviously you gonna say yes."

But when questioned regarding the consequences of casual sex, these pupils were ignorant of the risks of sexually transmitted diseases.

This was touched on during the discussion about knowledge of the body and how to stay healthy:

Donovan: "We can prevent illness like AIDS by not sleeping around and having sex with everybody."

Fac: "Can you get a lot of sicknesses from having sex?"

Kyle: "No."

Interestingly, the other pupils accepted this answer, and the discussion changed track.

It was evident that some pupils would experiment with sex, whether they were given information regarding sexuality or not:

"They don't know what to do then they do their own thing", and "The teachers are there to teach us, it is their duty to give us the necessary information. What if the teachers and parents don't tell you anything? You go out and have sex, and the girl falls pregnant. You then have to leave school to go and work because you are pregnant."

The attitudes on rape were also interesting:

Gasant: "If a girl tells a boy she doesn't want to have sex now because she has a career lined up, and this boy really wants her, he is going to use force and what is she going to do - she's got no power."

Fac: "What do you think if the boy forces the girl to have sex?"

Riedewaan: "If a girl is forced it is called rape. Although she is forced, afterwards she enjoys it and also feels to have sex. Afterwards she is too shy to tell her parents about it."

Roxanne: "Only some girls will say it is rape."

Riedewaan: "If the girl enjoyed it she won't tell her parents. A girl won't obviously just lie there. The boy will be pushing her down and if the parents should find out you'll have the father all over your neck."

Donovan: "They feel dirty and ashamed, that is why she won't tell her parents."

Kyle: "Boys feel brave and big."

Attitudes to contraception

The pupils had some awareness of contraception:

Riedewaan: "The girls can prevent the boys from having sex with them. You can prevent pregnancy by using a condom."

Nathan: "If you don't want to use a condom you can feel when the sperm is coming and take out your penis from the vagina and put it back in your pants and just go on."

Donovan: "Sometimes it is so nice you don't want to stop."

Fac: "What about the danger of pregnancy?"

Gasant: "It is too much money to support a child."

Kyle: "You only want to have sex and not have the responsibility of a child."

Fac: "So what do you think about contraception?"

Kyle: "It is the safest way."

Iteraam: "If you are under 18 or 16 the chemist won't give you condoms."

Peer pressure

Fac: "Why do you think teenagers have sex at a young age?"

Gasant: "Their friends do it and tell you to also do it. They tell you it is very enjoyable and makes your toes curl."

Roxanne: "Your friends tell you to have a sense of humour."

Bianca: "Girls put a lot of pressure on other girls - they tell you to try it out because it is nice and afterwards they don't want to have anything to do with you."

Riedewaan: "She talks about her friends - now why do her friends do it? -because it is nice."

Donovan: "One friend tells another friend to try it out and when the girl falls pregnant the boy runs away."

Roxanne: "If they don't do it they have no back bone."

Fac: "Why sense of humour."

Roxanne: "I wanted to say sense of responsibility. You can think a girl won't go after sex."

Riedewaan: "Girls say it is okay to have sex, but nobody tells you to use a condom and what can happen if you don't use a condom. Maybe you go to your friend's house and you are watching blue movies, then you see what it is all about. Then you also want to try and do it."

Kyle: "When you have made a girl pregnant you won't talk to her anymore and your friends won't worry with you anymore because you made a girl pregnant."

Parents' role in sex education

In discussing what information was needed by teenagers to prevent teenage pregnancy:

Nathan: "Children must discuss this with their parents so that they can tell the child and give them more information about when and how they must do it. I think the parents don't discuss this enough with their children".

Donovan: "Parents must not tell their children they are too young when the child asks about these things. It makes the child feel small and then they look for information elsewhere".

Kyle: "They don't know what to do, then they do their own thing."

And later, while discussing knowledge about how the body works, and contraception, parents were identified as those who should be providing this information. Reasons for singling parents out were given as:

"Because they have the necessary information", and "they went through the same experiences and their opinion will prepare you on how to handle these things and not to do the wrong things."

However when questioned whether it was easy talking to parents about these issues, there was general agreement that it was not:

"They think you are "ougat" (too big for your boots) and too young to think about sex, and also what do you want to know about sex?"

The sexuality education programme

The pupil's perceptions of their teachers as a source of information regarding sexuality and contraception were interesting:

Aretha: "When teachers give you this kind of information the students don't listen, because they feel the teachers just want to lecture and decide for them."

Kyle: "The teachers are there to teach us, it is their duty to give us the necessary information. What if the teachers and parents don't tell you anything. You go out and have sex, and the girl falls pregnant. You then have to leave school to go and work because you are pregnant".

Riedewaan: "It is the teachers' duty to teach the children about everything, not only schoolwork, because they are paid to teach the child."

Fac: "Who do you think must teach you about safe sex?"

Riedewaan: "Parents, schools, as long as they don't pick on you. They must tell you about the condom."

Nathan: "Anybody you feel comfortable with and trust."

Bianca: "The church."

Other possible sources mentioned were guidance teachers:

Bianca: "You can go to your guidance teacher and ask her about safe sex and preventions. Everything will be confidential and does not travel around the school. When you talk to your parents about it, and people come and visit, your parents tell them what you asked and they discuss you with them."

Nathan: "They will think you are "ougat". Some parents won't go spread it out because it is their business and not other people's."

Pupils also cited Family Planning clinics as a source of information:

Nathan: "It is also good to visit your family planning clinic. They will be able to give us more information, because parents don't have all the information."

Fac: "Do you know about Family Planning Clinics?"

Nathan: "Yes, in the Town Central."

Fac: "Do teenagers feel free to go to these Clinics?"

Donovan: "What will these people think about us young children going there? We think the people will send us away."

Kyle: "They must understand that if you have a problem, if you fall pregnant and don't want to tell anybody, you can go to the Clinics

where they will help you. It is important that there is a place where the youth can go to."

With regard to the age at which sexuality information should be provided, pupils' responses were:

Nathan: "From puberty years".

Roxanne: "From 12 to 13 years. It is best to give information from a young age so when you grow up you are aware of these things."

Fac: "Why?"

Riedewaan: "That is the time when you get reproductive systems and when you get pregnant. You also get sperm and you want to test it out, because you never had sperm. Also the parents go out and the girl is alone at home and the boy goes and visits, and then something might happen, and the girl falls pregnant."

Edited discussion of focus group 5 - Standard 9 School C

Unlike previous groups these pupils were all from a single class in standard nine. There was good participation from pupils, with genuine and open discussion, and good interaction between boys and girls.

Family size and family spacing, and the woman's role

In discussion on family size:

Shaun: (Justifying desire for a large family) "I like children. I am from a small family. If I just had girls in a small family then I will just have a bigger family to make sure there are boys to carry on my family name."

Nuraan: "What if you don't get a good job, you won't be able to support a big family. Your children will go hungry."

Shaun: "No problem, I will send them out to work when they are older, and post the rest of the money to other members of my family."

Nuraan: "What if they become pregnant?"

Shaun: "They can go ahead and have kids."

Carl: "If he has so many children he won't know them, love them, and care properly for them."

Shaun: "Obviously I won't be able to know them all, but I just want to have as much babies as possible, and when they're older they must fend for themselves." (The observers felt that he was not serious about this, but was defending his stance).

Nuraan: "This means you're literally throwing them out. I don't see a chance for living like that."

Carl: "What if your wife wants a career. She won't be satisfied with a life like that."

Shaun: "I'm not interested in a woman who wants a career, but one who will stay at home and be a housewife and have babies."

Warren: "A woman cannot have a baby every year."

Nuraan: "Don't you see anything wrong in a woman having a baby every year?"

Basil: "If you have so many children you won't give them all of the best. Then you don't love your children."

Shaun: "Yes, I will love all my children."

Discussion in group on how he would be able to support all his children.

Shaun: "There are plenty of jobs - I will be a hawker and there is always a demand for hawkers. I will be able to support my children - even if a hawker. I'll go with the flow."

Fac: "Aldrin said that it was not good for a woman to have a baby every year. Why is this?"

Warren: "In my family all children were 2 years apart, except for the last, when there was a space of 12 years. This is good because the woman's body can recover."

Basil: "The woman can't cope with a baby every year. If a man and woman are married for a long time and have a lot of children, the women won't be able to cope, but neither will the men. If a man and woman are married for a long time then because of all the sex they have a lot of children, so all this sex backfires on them. The man might not be able to have sex any more."

Fac: (Addressing Carl) "Why do you say having a small family is important?"

Carl: "With a small family you can give more love, a better education and higher education. If they want a profession you can help them if you have a small family."

Nuraan: "I agree with you."

Fac: "How many years do you think there should be between children?"

Carl: "I will do the same as my parents, because my sister and I are 4 years apart and because of this, I can see its not so hard on my parents."

Nuraan: "Did you have a good understanding with your sister with such a gap? Because of the gap you won't be able to be friends."

Francisco: "No. My older sister and me argue all the time, but I have respect for my oldest sister."

Nuraan: "But because you can't be a friend with your sibling, you go out and find friends elsewhere who may be involved in gangs and smoke dagga."

Carl: "As a parent I will provide opportunities for them and leave them to be responsible, and take the consequences of their actions."

Francisco: "I don't think that a big gap will cause this to happen, because I get on better with my oldest sister than with the one who is close in age."

Monique: "But my brother is five-and-a-half years older than me and we fight, because the gap is too big."

Carl: "I've got a sister eight years older, and we don't get on - she's rough."

Francisco: "If you are about the same age, and go through the same stages together, you don't have respect."

Attitudes to teenage pregnancy

Basil: "Recently we wrote a composition on "Hands of a mother", and we discovered that there are many responsibilities to being a parent. A parent has to be mature. That is the same for a father as well. You can't think its the same as being 16/17 when you can go and jorl."

Francisco: "If you father a child at that age you deprive yourself of many opportunities, and you can't enjoy your life, and you will never be able to give your child a proper life."

Sexual behaviour and attitudes

Shaun: "Its at the age of 16/17 years that you want to experiment with sex. At a disco there are drinks and drugs and you might feel attracted to a girl, and so you go and have sex with her. Or else you might go and do homework at a girl's house, and then something happens, and you have sex. If the girl doesn't use contraception then she might get pregnant."

Bernadette: "Everyone has sexual feelings at this age, but you must learn to control those feelings, the man doesn't have to bear the responsibility, 'cos its the girl that sits with the fat tummy."

Tracy: "You spoke about the disco - are you going to wait until a girl is drunk before you have sex with her?"

Shaun: "But she makes advances to me."

Bernadette: "No. You won't wait for a girl to approach. You will just go for it."

Shaun: "But there are girls who come up to you and say "can't we go outside?" I not saying its all girls, but there are some. If that happens, I'm not lazy."

Later, during discussion on contraception:

Francisco: "I don't believe there are many virgins left today, and you will have to look very far to find one."

Outcry from girls: "You'll be surprised there are already 6 sitting here."

Carl: "And us, we can also be virgins."

Nuraan: "I can't imagine a man being a virgin, and you can't trust a man, 'cos he tells you lots of things, and that's typical of all men."

Boys in background: "We can be virgins."

Carl: "That's the mistake that women make - one man does something wrong and then we all get the blame."

Basil: "You say you can't believe a man being a virgin, but what do they do not to be virgins?"

Nuraan: "I don't know, but I hear so many things about men."

Basil: "If men are not virgins, they must have lost it somewhere and then that person also lost it, and it was not with a man that they lost it!"

Carl: "But I don't think that it is just a big thing nowadays to be a virgin or not. People only worried in earlier times if a woman was a virgin or not on her wedding night, like the Moslems that took the sheets to the in laws. That time it was an issue, not now."

Fac: "Some of the girls here seem to think it is important nowadays?"

Bernadette: "I would like to give my husband something special on our wedding night, and he must know it's not a used woman."

Francisco: "As a man, I would appreciate it very much if my wife is an untouched woman - it is a highlight of that special night. Every man will appreciate this."

The pupils showed some knowledge of the risks of promiscuity, particularly concerning the spread of HIV.

Fac: (Addressing Carl) "You mentioned AIDS earlier. Where does it come into the picture?"

Carl: "If the girl has sex with a lot of guys, and if she gets married, she will have sex with her husband and then she will give him AIDS, because the virus is already in her for a long time."

Monique: "And this will also affect any children they may have, because they will also get AIDS."

Contraception

In discussing teenage pregnancy:

Nuraan: "I think that a girl who gets pregnant at 16/17 years is stupid, cos there are so many contraceptives."

Bernadette: "If you have such a need for sex, you must use a contraceptive. But its not every girl that goes to a disco that will just go and lay with you."

Warren: "Yes, but these things happen."

Shaun: "Its not so easy to say no in the heat of the moment."

Fac: "Seeing that you all say its such a responsibility to have a child, and there are so many contraceptives, why is the teenage pregnancy rate so high - especially here in Mitchells Plain?"

Bernadette: "Teenagers want to experience what sex is all about, and that's where the problem comes in."

Basil: "I don't agree with Bernadette that they want to have a child, they just want to have sex."

Bernadette: "That's just what I'm saying."

Shaun: "They don't want to use the pill and that stuff. But if they want to have sex then they must use that stuff."

Carl: "I don't understand what contraceptives are, but I think maybe it messes up the woman's body, and maybe at a later stage after using continuously she come to the point of getting married, and her husband won't be so happy."

Jawaihil: "Shaun spoke about girls not wanting to use contraceptives, so why don't boys use contraceptives?"

Shaun: "Sometimes, when boys want to use it, girls say it is "morsig" (messy)."

Warren: "That's where the mistake comes in, that the girls don't want to use it (condom) even if the boys want to use it."

Fac: "Now, if we talk about contraceptives in a programme, won't it make children ougat?"

Monique: "Many parents will say this, but it is not true."

Shaun: "I don't think that high school children can get ougat - they are ougat."

Francisco: "The teenager must be taught to make a decision - its not about ougat. If a teenager can learn to make a wise decision (knowing about the consequences) it must be taught."

Bernadette: "Its not ougat - Every teenager has feelings - so its the stage you going through - you're not ougat."

Carl: "Some teenagers want to finish their school, and some don't come - Now if you going to talk about contraceptives, then those will say: We won't worry about those things - we use it and that's that."

Tracy: "Many parents think that if they talk to you about these things, that you will interpret it as: You can go and have sex. That is why they are shy to talk about it."

Shaun: "But don't these things (contraceptives) mess your body?"

Basil: "I think with the subject we busy with, friends also play an important part. Its the friends that you are with, what they do, and what they show you... "

Carl: "I think that contraceptives can later become a habit. If you continuously use birth control pills, you can start using your

mother's birth control pills, because you're not supposed to have sex now, you are going to use the pill continuously, and can't stop."

Warren: "I think that sex education must be made a period at school. If there is sex education at school you are always up to date and know what's happening."

Bernadette: "I know a boy, and the difference between me and him is that I don't do that. His mother gives him the condom - just like that - and asks him when he's going to sleep (with somebody). Every month he gets his shipment."

Tracy: "They should have higher moral values."

Peer pressure

Continuing the above discussion:

Carl: "I think it can be right, and it can be wrong if you let your friends influence you. Because you as an individual must also make your own decisions."

Francisco: "Moral values are important because if your values are high, you will choose friends with high values."

Tracy: "What if your friends do something wrong?"

Francisco: "You don't deviate from your decision."

Fac: "Are you saying that one can always withstand peer pressure?"

Francisco: "Yes."

Rest: "Not always."

Fac: "So why are there so many girls who want to remain virgins, but who get pregnant?"

Shaun: "Depends on how strong you are, and your personality and what you do in the heat of the moment."

Francisco: "It is wrong if a girl has made a decision and she believes in it, and then she turns around and makes an exception, for example, something like virginity, she should not change her mind and make an exception."

Nuraan: "Many girls have a dream guy, and you get a picture in your mind about how your children must look. So you don't want a guy who doesn't look good, and then you meet this cute guy and you want your children to look like him, and then you have sex and fall pregnant."

Francisco: "Maybe the girl does not want to lose the boyfriend, therefore she has sex with him."

Amanda: "Most of the time they say they want to stay a virgin because they hear their friends say that they want to be, and they are shy to say that they do not want to stay a virgin, because they will get strange looks from them."

Carl: "If a girl is in a group and she's the only virgin, and tells them, it will come as a surprise to them. Then the pressure on her to have sex comes from her friends, not only from boys."

Bernadette: "If a boy pressurises you, sooner or later you must give in, because you love him and you don't want to lose him."

Shaun: "If you love a girl you won't mess her up."

Parents' role in sexuality education

In discussing the high rate of teenage pregnancy:

Nuraan: "Parents are also to blame, because they are too shy to speak to their children about sex, for example, in my home we talk openly about sex, so I don't believe that I will have a teenage pregnancy. But now you get others, especially the converted people, they think its a sin to talk to their children about sex."

Bernadette: "My mother and father don't really talk about sex and sometimes I experience things that I would like to speak to my mother about, but her attitude to this: when I tell her about someone else she says "I'll kill that boy", so because of this I won't dare to talk to her about my experience."

Francisco: "My mother and father also don't speak to me. I can talk to them about anything like religion and so, but these sensitive things they don't speak about. Even if we watch TV and there's an intimate scene, then they pretend not to notice."

Shaun: "Parents could react in this way because their parents didn't talk to them, and they didn't get sex education like we're getting, and that's why they're like that."

Bernadette: "I think its wrong that they're like this. I won't do this to my children one day. I won't tell my girl that she can't have a boyfriend and all that. I will inform my daughter about all these things, so that she knows about things that I don't get from my mother now."

Fac: "Who do you think should do sexuality education with you?"

Shaun: "From 6 or 7 years your mother should tell you about these things so that when you reach 13 and you see on TV what they do, and you can see a lot, and now you also want to do that."

Warren: "I would not have known about these things if it wasn't for sex education and what I heard from friends, because I don't get it at home."

Jawaihil: "Sex education mustn't be done at school - parents must do it. I would like to know if someone speaks to the parents to

show them how to speak to their children. My mother is another woman."

Bernadette: "Many people have already spoken to my mother telling her not to restrict me, and I get despondent and I don't think my mother should hold me like that."

Warren: "Bernadette says her mother restricts her, sometimes a mother is overprotective, now just to spite them the teenagers go and have sex."

Fac: "Is this true?"

Most agree, some not.

Nuraan: "I won't do it because I don't want to be pregnant at 16 or 17."

Francisco: "I think that its stupid to do this just to spite your parents because you sit with the consequences."

Warren: "Like my nephew had to get married early. There was a lot of conflict in the home between him and his mother, and he went to make a 16 year old pregnant, so his mother didn't want to hear what other people said, so he had to marry the girl."

Tracy: "Its not always the parents' fault. My uncle also made a girl pregnant so my grandma said its not necessary to get married. But he wanted to get married. The girl was 4 years older than him and there's a problem in their marriage."

Sexuality education

Fac: "I would like us to discuss what is important to you in a sex education programme."

Bernadette: "More emphasis should be placed on parents and us. That they should not restrict us as they do."

Monique: "It must be done in smaller groups so that everyone has a chance to speak. It will take much more time, but all will be able to speak."

Francisco: "We hear a lot about reproductive organs but more attention should be paid to decision-making."

Carl: "I want to know about birth control pills, condoms, the needle, and you must come to the schools like POC (Prophets of the City - A rap group which did a programme on drugs via rapping & dance) did. Not only with small groups, but you must talk to the whole school."

Basil: "I don't agree that you must do the whole school at a time, because there will be small groups of children who will say: Ag, these people are talking a lot of crap."

Shaun: "Everyone knows that the principal is set on discipline and if he stands in front as well children will pay attention."

Francisco: "Its no use having him there so that they can be quiet, and then they still don't listen. They are just quiet because they're scared of the principal."

In discussing what should be included in the programme, one of the pupils said it was important to know about abortion.

Fac: "Why is abortion important, when the group says virginity is important."

Shaun: "We can't talk for the rest of the class or school - We say virginity is important, but we don't know what they want."

Francisco: "It will still be important to know about the pros and cons of abortion."

Carl: "Abortion can affect your body, not so? Then she can't have a child after that."

Amanda: "But abortion is a sin."

Basil: "So it is a sin - but what if a girl gets raped, she did not ask for it."

Francisco: "I don't think that a girl can make a decision like abortion even after being raped. Because it isn't the baby's fault. She can also have the baby adopted if she can't afford to look after it."

Fac: "What do you not want in a sexuality education programme?"

Carl: "Career guidance."

Bernadette: "The presenter stuck in front of the class and say "Children today we will talk about sex". We don't want lectures."

Basil: "The presenter must stand and show us with pictures: "This is the penis, this is the vagina.....We know that, we've done it in Standard 8."

Francisco: "We have it, we sit on it."

Basil: "I don't think there is something I heard that I don't want, it is just the style of presentation. You may have left out a bit here and there, but nothing must be left out of the programme."

Jawaihil: "We must have discussion between ourselves in small groups."

Warren: "You can even divide the class into groups, and one person can be the spokesperson."

Edited discussion of focus group 6 - Standard 6 School C

This was the last of the standard six groups, and it turned out that, apart from one pupil, they had not been exposed to the sexuality education programme at the junior schools which they came from. They were genuine in their responses, but not very forthcoming. This group appeared naive compared to previous standard six groups. The facilitator had difficulty getting the group going. These pupils did not appear to be questioning their parents' values yet.

Family size and family planning

In discussion on wanting a big family:

Clinton: "It is better to have a big family. We are a family of 4 children. When I am an adult I want 2 sons and 2 daughters."

Marilize: "If the parents can't afford it, how can they have a big family."

Clinton: "If you have a lot of children you must have a good job."

Michelle: "Parents cannot always afford a big family."

With regard to limiting family size:

Elray: "The reason - When I am big I want a small family because when I am big life will be very expensive."

Michelle: "It is better to feed a small family. It will be easier to provide for the children and for when they are big."

Anthony: "If you are perhaps married, you are maybe working and you have more than 2 children, then you can give each child what they want and need. Maybe one wants shoes and the other clothes."

Elray: "Many parents have big families then they can't provide properly for them and the children take to the streets, like in Cape Town."

Clinton: "If you have children you must be able to provide for them."

Roy: "It is better to pass matric than standard 5, then it is better to get any job."

Michelle: "It is better to go to university than just matric, and then to get an ordinary job. Many children spend years at school and still don't achieve anything in life."

Clinton: "The teachers and parents must encourage children to stay at school."

Elray: "Sometimes children leave school because the teachers are rude with the children."

Marilize: "Girls leave school because they are pregnant."

Athena: "Children must learn to pay attention when they are in school, and must do what is expected of them. They must also do their work which is expected from them at home, and any other spare time they have they can do as they please."

Clinton: "I agree with Athena - It is up to the child and then the child can achieve better things in life."

Elray: "Sometimes people are struggling in the home and are unable to send their children to university, and then they have to leave school in standard 7 or 8 to go and work."

Attitudes to teenage pregnancy

The group were against pregnancy at the age of 16 or 17 years:

Clinton: "The girls body is not fully developed to have a baby."

Athena: "She won't have a proper life - many men won't want her because she had sex before her time."

Michelle: "She won't be able to provide for the baby at age sixteen. She will not get a proper job."

Fac: "Why do teenagers become pregnant?"

Clinton: "They don't want to accept advice from parents or friends - then they fall into that situation."

Later, in discussing the consequences of teenage pregnancy:

Clinton: "Life is in a mess and you don't look pretty anymore. Your body will change to that of an adult even though you are only 16."

Patricia: "If you are not a virgin when you get married, it is not nice. It is not all men that marry a girl that is pregnant. If the boy finds out you are pregnant they usually leave the girl, and if some other man marries the girl that means the child will have a step father, which is not nice."

Michelle: "Sometimes when the girl falls pregnant and the boy abandons her, or he argues that he never had sexual intercourse with the girl, therefore it is not his child. So when this girl sometime traps another man into marrying her, and later he finds out that it is not his child then he will abuse the child, and when the child is grown up he will tell the child to go to his father because 'I am not your father'."

Fac: "In which manner is the child abused?"

Michelle: "They hit the children too much and ill treat the children, then he says to the wife "It is not my child, now I have to support the child", then they feel unhappy to have the child."

Elray: "When the child is a girl the stepfather sometimes molest the girl."

Marilize: "This only happens sometimes. You do get men that really love their wives."

Sexual behaviour and attitudes

In discussing sex and the risks of pregnancy:

Clinton: "If a boy really loves a girl and wants to have sex with her he must be able to face the consequences and be able to provide for the child."

In discussing sex at an early age:

Elray: "Most girls that start having sex at this age becomes prostitutes."

Fac: "If you are a prostitute do have many sex partners?"

Elray: "Yes - you do it for money."

Clinton: "It is the parents fault - they can warn the children against this."

Attitudes to contraception

Fac: "Do you know what is contraceptives?"

Carla: "Injection and pills."

Fac: "Is it important that you should know about contraceptives?"

Clinton: "Yes - the methods can be a danger to a person's body."

Athena: "A person should know about the different methods for certain things that might happen to you."

Marilize: "Sometimes girls go for an abortion and pills and can still die."

Later, during the discussion on sex and pregnancy:

Clinton: "If the boy uses the condom when they have intercourse it means the boy does not respect and care for the girl."

Fac: "Why does the boy use a condom?"

Marilize: "He cares - he is afraid the girl will fall pregnant."

Athena: "If he uses a condom he does not want her to fall pregnant."

Clinton: "If the boy wants sex he must bear the consequences."

Carla: "He must be prepared to care for the baby."

Athena: "Why must a girl have sex without falling pregnant - it does not make sense. You must do such things when you are married and not when you are still young. I would not like to have sex without falling pregnant."

Later, in discussing teenage pregnancy:

Fac: "Is there anything else the condom prevents?"

Athena: "If I go out with a boy and I am unaware that he had AIDS, and we have sex and he lets his sperm into my body, I can also get AIDS. Sometimes they use the condom but it is not always one hundred percent safe. I can still get AIDS."

Marilize: "Sometimes if you use the condom you cannot fall pregnant."

Clinton: "It is not necessary to use a condom when you have sex, you must bear the consequences."

Peer pressure

Elray: "When a girl and boy goes out the boy asks the girl "Do you love me", then she perhaps say "Yes", then he tells her "Prove it"."

Athena: "It is true."

Clinton: "They have their own will - they can say no. They don't say no because they are stupid."

Marilize: "Sometimes they love the guy and don't want to lose the guy."

Clinton: "Love is not like that."

Fac: "How is love?"

Clinton: "Care and respect for each other and wait until marriage before doing such things."

Anthony: "Sometimes when the girls says no - they hit them until they give in."

Carla: "Sometimes when the girl says no the boy accepts it."

Fac: "If the girl says 'no' and the boy does not accept it?"

Marilize: "Sometimes rape take place."

Fac: "What is rape?"

Anthea: "The man forces the girl without her permission."

Parents' role in sexuality education

In discussing who should provide children with information on sexuality:

Marilize: "Parents."

Athena: "The parents must explain to the child that the child can have friends but not to stay out late or to sleep over by their friends."

Later in discussing sexual anatomy:

Fac: "Who must teach you about sex organs?"

Clinton: "Parents."

Fac: "Why the parents?"

Anthony: "Some parents went through it."

Fac: "Are you taught during the guidance periods about your sex organs?"

Group: "No."

Fac: "Have you received any programmes." (sexuality education programmes).

Group: "No."

Fac: "Now who must tell you about these things."

Athena: "I think I will be able to speak better with my guidance sir, because he will know more about what I am asking, because it will be more difficult for me to speak to my parents. Sometimes parents don't understand what you ask them or what you want from them."

Sexuality education programme

In discussing the need for health education:

Marilize: "It is important to know how your body functions and how to stay healthy."

Clinton: "When you become ill you'll know what to do."

Fac: "Who should provide this education?"

Elray: "Doctors - because they know more about the body and so on."

Anthea: "Family planning nurses."

Fac: "What kind of information do you want?"

Marilize: "How the body functions."

Clinton: "How to stay healthy."

Anthony: "The teacher must tell us about drugs. Sometimes your peers ask you to pull a puff and because you are young you do it."

Clinton: "Parents and teachers."

Fac: "Why teachers?"

Clinton: "If the teachers wants you to further your studies they will encourage you."

Fac: "The parents?"

Clinton: "If the parents love their children they will encourage them."

Marilize: "I won't have to sit with a shamed face before other people."

Clinton: "If the parents are strict, such things won't happen - like my mother."

Fac: "Do you think you should have a special programme for sex education?"

Athena: "A programme is not really necessary if you know what is happening in the world around you and how to handle it - the programme won't be necessary at all."

Fac: "What do the others say?"

Clinton: "I think the programme is necessary - it teaches you how to protect your body."

Carla: "I agree - the programme is necessary - it will teach you to say no."

Fac: "Must it be done during school hours?"

Carla: "During school hours."