ADOLESCENTS' PERCEPTIONS OF SEXUAL WELLBEING

A minor dissertation submitted in partial fulfilment of the requirements for the award of the degree of
MSOCSC SPECIALISING IN CLINICAL SOCIAL WORK

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2022

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ACKNOWLEDGEMENTS

I would like to give thanks to all of you who have supported me through this research process. I am forever grateful for your involvement, guidance, and support.

To the participants of this study: Thank you for your open and honest conversations. Thank you for being brave and sharing your thoughts, opinions, and perspectives on this important topic. Without you, this research would not have been possible! I have learnt a lot from you and my hope is that other adults will learn from you as well.

A thank you is not enough to express my gratitude for all the hard work and wisdom my research supervisor, Ronald Addinall, have provided throughout this journey. You are a true inspiration, both professionally and personally, and I am honoured to have worked together with you.

To my family and close friends, both in Sweden and in South Africa, thank you for all the love and support. It has been a few challenging years and I am forever grateful for having you in my life.

To my love, Tyron Smal, thank you for being on this journey with me. Thank you for taking care of me and standing by my side throughout this research process. Thank you for being my constant "bollplank"[1], for listening to all my ideas and believing in me.

[1] *Bollplank* is a Swedish word referring to someone you can discuss ideas with, someone who provides feedback and advice.

DEDICATION

This thesis is dedicated to all adolescents worldwide. This research is for you, for all that you are and all that you will be. I see you. I hear you. I care about you. You deserve to grow up in a world that does not shame or blame you. A world where you will be accepted for who you are. A world where you can live as your authentic and beautiful self. A world that allows you to achieve sexual- and overall wellbeing.

This thesis is also dedicated to the people who got me through my own adolescent years, who unfortunately did not get to see me developing into the adult I am today: my late father, Gunnar Olsson, my late grandfather, Miomir Vulic, and my late grandmother, Elsa Elvung – thank you for making me the person I am today.

ABSTRACT

This study explored adolescents' personal understanding of sexual wellbeing among young people aged 16-19 in Langa, Cape Town. The study further explored the participants' understanding of possible promoting and inhibiting factors to sexual wellbeing in their interpersonal and societal context. Twenty participants were selected using purposive sampling. In depth, face-to-face interviews were conducted using a semi-structured interview guide with open-ended questions. The data was analysed using qualitative research methods.

The study revealed the complex nature of sexual wellbeing and how adolescents understand sexual wellbeing in a multi-faceted sense from individual, interpersonal, and societal levels. The most prominent factors of sexual wellbeing on an individual level were identified as maturity, sexual self-concept, sexual orientation, gender identity, and sexual experience. On an interpersonal level the participants identified safer sex practices and consent as important factors of sexual wellbeing. From a societal level, different forms of sexuality knowledge and to be free from discrimination were emphasised. The findings further revealed factors that may promote or inhibit sexual wellbeing in the participants' interpersonal and societal context. The participants identified that communication about sex and sexuality in the family had the potential to promote or inhibit sexual wellbeing. Peer pressure, school sexuality education, and how facilitators at their after-school activity approach sex and sexuality discussions could influence the participants' perceptions of sexual wellbeing. The participants further found that their communities and different forms of media had the potential to influence sexual wellbeing in adolescence.

The participants did not perceive themselves as having sexual wellbeing at the moment but discussed several promoting strategies for sexual wellbeing. The participants argued for the importance of positive and supportive communication in their households, and the researcher recommended to further investigate strategies to support caregivers in this role. The participants recommend an improvement of school sexuality education and sexuality information provided at their after-school activities. The researcher supported this recommendation by suggesting comprehensive sexuality education in schools and after-school activities, together with further research into sex-positive approaches to prevention programmes and promoting sexual wellbeing in adolescence.

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1. CHAPTER 1: Problem Formulation

1.1 Introduction

In this first chapter current issues regarding adolescent sexuality are briefly explored to provide a problem statement and problem context, followed by an argument for the significance of research on adolescent sexual wellbeing. The research topic with the main research questions and objectives will give the reader an understanding of the scope of this study. Some of the main concepts for this study are clarified and an overview of ethical considerations is presented. Finally, reflexivity is discussed, and the main points of this introduction are presented in a conclusion.

1.2 Statement of the problem

Sexuality is a central aspect of being human, this is especially true during the time of adolescence when physical, psychological, and social challenges connected to sexuality emerges (Arbeit, 2014; Haroian, 2000; Wild & Swartz, 2012). Adolescent sexual risk behaviours correlates to ineffective decision-making, high emotionality, and impulsivity together with an insecure attachment to the adult world and limited parental monitoring (ibid.). Wild and Swartz (2012) explains how these factors, together with the development of physical changes to reproductive organs and other sexual characteristics makes adolescents more vulnerable to sexual risk behaviours.

Most research and prevention programmes have focused on negative outcomes of heterosexual intercourse, including Sexually Transmitted Infections (STIs), Human Immunodeficiency Virus (HIV), unintended pregnancy, and sexual coercion (Anderson, 2013; Daugherty, Julian, Lynch, Chen, Whipple, & Ginsburg, 2016; Fortenberry, 2013). Research on negative outcomes of adolescent sexuality is often used to justify policies and public healthcare services in order to restrain adolescent sexual behaviour (Fortenberry, 2013; Tolla, Essop, Fluks, Lynch, Makoae & Moolman, 2018). Even though a great deal of research has been focused on adolescent sexuality, only a small number of studies have emerged in recent years asking for a different approach.

Sexuality research is slowly leaving the negative risk focus to shift to a more sex-positive framework (Francis, 2010; Fortenberry, 2016; Halpern, 2010; McGeeney, 2015; Robinson, 2016; Tolla et al., 2018). Benefits of sexual wellbeing and its impact on overall psychosocial

wellbeing are becoming more recognized (Center for Health and Gender Equity [CHANGE], 2018; Cheng, Hamilton, Missari & Ma, 2014; Haroian, 2000; World Health Organization [WHO], 2020). Researchers are arguing to effectively create prevention programmes for sexual risk behaviours and negative outcomes of sexual activities, we need to have a clear picture of what normative adolescent sexual behaviour looks like and what sexual wellbeing in adolescence is (Bromberg & O'Donohue, 2013; Harden, 2014; Haroian, 2000; Tolman, 2016). No South African study has yet been published on this topic (Kheswa & van Eeden, 2018). The purpose of this study is to investigate how adolescents perceive sexual wellbeing and what factors influences their possibilities for achieving sexual wellbeing.

1.3 Rationale and significance of the study

About 20 percent of the population in South Africa are adolescents, and 50 percent of them are sexually active by the age of 16 (Eaton, Flisher & Aarø, 2003). Most adolescents do not use condoms consistently during sexual intercourse (Eaton, Flisher & Aarø, 2003; Pettifor, Rees, Kleinschmidt, Steffenson, Macphail, Hlongwa-Madikizela, Vermaak & Padian, 2005; Phillips & Malcom, 2006). Unintended pregnancy, risky sexual behaviours, STIs, transactional sex, gender-based violence, and the highest rates of HIV infections in the world are some of the issues adolescents are facing (Department of Health, 2011; Department of Health, 2017; Muchiri, Odimegwu, Banda, Ntoimo & Adedini, 2017; Smith, Marcus, Bennie, Nkala, Nchabeleng, Latka, Gray, Wallace, 2018; Thurston, Dietrich, Bogart, Otwombe, Sikkema, Nkala & Gray, 2014). Several policies and legislations have tried to combat these issues for decades, without any greater success (Department of Health, 2017). Risk-based approaches with abstinence only interventions are not effective for preventing sexual risks (Kågesten & van Reeuwijk, 2021). There has been minimal improvement in the overall health of adolescents during the last 50 years (James, Pisa, Imrie, Beery, Martin, Skosana & Delany-Moretlwe, 2018). These are critical reasons why a study about adolescent's perceptions of their sexual wellbeing is necessary.

This study has the potential to open a dialogue about adolescent sexual wellbeing and it can be a first step towards research on normative sexual behaviours among South African adolescents. This study also has the potential to contribute to the development of sex-positive programmes promoting adolescent sexual wellbeing and inform treatment practice for healthcare practitioners. Not only do we need to approach these problems with new and innovative

perspectives, but South Africa's adolescents must be heard, and their thoughts, ideas, and experiences must be utilized. Even though adults often are of the view that they know what is best for their children, the findings from the research on adolescent sexuality raises good reason for concern.

1.4 Research site

This research was conducted at the non-profit organisation Project Playground (PPG) in the township of Langa outside of Cape Town. PPG works to engage over 800 vulnerable young people in extra-curricular activities (PPG, 2018) and allowed the researcher to approach the research population for this study.

A majority of South African people are black people who live in socio-economic disadvantaged areas with a household income below or close to the poverty line (World Bank, 2018). When conducting research in African countries it is important to make use of afro-sensed perspectives and indigenisation. An afro-sensed perspective and indigenisation refers to data collected within an Africanism knowledge space, where local perspectives, voices, and knowledge are prioritised (Shokane & Masoga, 2021). It therefore was essential for the researcher to recruit participants who belong to the majority population of the country, and PPG assisted with this.

Twenty adolescents between the ages of 16-19, all enrolled with some form of after-school activity at PPG, participated in this research. Further exploration of the research methodology will be presented in Chapter 3.

1.5 Research topic

Adolescents' perceptions of sexual wellbeing.

1.6 Main research questions

1.6.1 What do the participants understand sexual wellbeing to mean?

1.6.2 How do the participants perceive family and household to influence their sexual wellbeing?

1.6.3 What influence do the participants perceive school, after-school activities, and peer groups to have on their sexual wellbeing?

1.6.4 What influence do the participants perceive the community, media, and other societal factors have on their sexual wellbeing?

1.7 Main research objectives

1.7.1 To explore the participants' personal understanding of sexual wellbeing and its meaning for them.

1.7.2 To examine the influence of the family and household experience on the participants' perception of their sexual wellbeing.

1.7.3 To investigate what affect the peer group, school, and involvement in after-school activities have on the participants' perceptions of their sexual wellbeing.

1.7.4 To determine the influence of the community, the media, and wider societal factors on the participants' perceptions of their sexual wellbeing.

1.8 Main assumptions

Research indicates that adolescents' participation in discussions, research, and policy making regarding their sexualities is of importance and have previously rendered positive results (Bromberg & O'Donohue, 2013; Fahs & McClelland, 2016; Faulkner & Nott, 2002; Westerby & Harris, 2002). The researcher argues that adolescents themselves are best equipped to answer questions about their own sexuality. The adolescents' subjective understanding of what comprises sexual wellbeing influences their experience of sexual wellbeing. The adolescents will reveal the factors which they perceive to promote and inhibit their sexual wellbeing within their experiences from family and household, their peers, at school, and engagement in after-school activities. The final assumption is that the adolescents will provide insight into how their experiences within their community, the media, and wider societal influences affects their perceptions of, and possibilities to attain, sexual wellbeing.

1.9 Clarification of terms

The following definitions provide clarity for terms used in this study:

Adolescence – Adolescence is a culturally constructed concept and can differ in age span across different countries and within different regions in the same country (WHO, 2018a). WHO (2018a) and the Department of Social Development (2015) defines adolescence from the age of 10 to 19. For the scope of this study the researcher has chosen to utilize the same definition.

Perception(s) – People's understanding of their reality is influenced by their individual qualities, social, and cultural context. The term 'perception' refers to the individual's unique understanding and interpretation of their reality (Aarts, Chalker & Weiner, 2014; Wantz & Firmin, 2011). In this study, the researcher was interested in how the participants understood sexual wellbeing from their own lived reality.

Sex-positivity – Sex-positivity is a theoretical concept considering sexuality as normative and an essential part of the human experience (Harden, 2014). Sex-positivity banishes the myth of normality (Glickman, 2000) and respects gender and sexuality, with an open-minded, non-judgemental, and respectful approach towards personal sexual autonomy (Ivanski & Kohut, 2017).

Sexuality – Sexuality is not an easy phenomenon to define, considering the different meanings sexuality has for different people. The Department of Social Development (2015) has adopted WHO's definition of sexuality as a central aspect of what it means to be human and that sexuality includes sex, gender identities and gender roles, sexual orientation, intimacy, eroticism, pleasure, and reproduction. This definition further argues that sexuality can be experienced and expressed in thoughts, fantasies and desires, beliefs, attitudes, values, and behaviours, practices, roles, and relationships. While sexuality can be expressed through all these elements, they could also be expressed through one or a few of them (WHO, 2020). For this study sexuality will be viewed as a socially constructed phenomenon that should not be bound by specific definitions. The researcher accepts the definition given by WHO as the best definition of sexuality for the time being but approaches the use of this definition with caution.

Sexual wellbeing – Several attempts have been made by different researchers and policy makers to define sexual wellbeing; these will be investigated in Chapter 2 of this study. The researcher's working definition for sexual wellbeing in this study is a compilation of different definitions currently available:

Sexual wellbeing is a state of physical, emotional, mental, and social wellbeing in relation to sexuality, regardless of the presence of sexual health or sexual illness. Sexual wellbeing includes sexual self-efficacy and sexual self-esteem with a positive and respectful human rights approach to sexuality that includes the possibilities of pleasurable and safe sexual experiences

with oneself and/or in consensual relationship(s) with others, that are free from coercion and discrimination (De Meyer, van Reeuwijk, Rost, Lau, Kågesten & Michielsen, 2021a; Harden, 2014; Tolman, 2016; WHO, 2020).

1.10 Ethical considerations

WHO (2018b) states that research on adolescent sexuality is crucial to combat potential negative health outcomes of adolescent sexual activity but recognizes the ethical challenges to do so. This study received ethics clearance approval from the University of Cape Town, Department of Social Development, ethics review committee on 29 September 2020. The guidelines for research ethics issued by the Faculty of Humanities at the University of Cape Town (2016) have been regarded in this study, and the following ethical principles have been taken into consideration:

Non-maleficence – Non-maleficence is a term derived from Latin and means 'to do no harm' (Strydom & Roestenburg, 2021). In the context of research this means that the research must bring no harm to its participants and any potential risks must have been explained to the participants beforehand (ibid.). Strydom and Roestenburg (2021) explains that the researcher might learn private details about the participants' lives that they wish not to share with others and there could also be a risk of negative memories being recalled. To make sure that no harm will come to the participants of this study their confidentiality has been upheld and limitations of confidentiality have been addressed with the respondents before commencing the interviews. The researcher was also prepared to address any possible concerns in accordance with the *Children's Act, No. 38 of 2005* (2005:chap9). However, no such concerns arouse in any of the interviews conducted. The researcher had arranged for debriefing and counselling with PPG's social work department if the participants would need such services after the interviews. None of the participants expressed such needs.

Beneficence – The research and its findings should be focused on improving the wellbeing of the participants and benefit the research population and the research community (Strydom & Roestenburg, 2021). The potential benefits with this study have been argued for above when discussing the rationale and significance of the study.

Voluntary participation – Strydom and Roestenburg (2021) explain that all participation must be voluntary. Information to participants should include the purpose of the study, expected duration of the interview, and all possible advantages and disadvantages (ibid.). Strydom and Roestenburg (2021) discuss the most important aspect of voluntary participation being that all participation, and all information derived from that participation, may only be used with the participants unforced agreement.

Informed consent – Strydom and Roestenburg (2021) argue that informed consent must be collected in writing. With the information about the study the participant must be informed that they can retract their consent at any time before, during, and after the interview (ibid.). WHO (2018a) describes the conflicting difficulties with informed consent regarding minors in sexuality studies. On the one hand the *Convention on the Rights of the Child* state that children must have the right to express their views freely, and at the same time, in most settings around the world, children are not legally allowed to give consent to participate in research (*Convention on the Rights of the Child*, 1989; WHO, 2018a). The Southern African Marketing Research Association (SAMRA) explains that current legislation does not provide adequate information to determine when parental consent is required in research (SAMRA, 2015). The *National Health Act, No. 61 of 2003* (2003:chap9) does state that research on a minor may only be conducted with the consent of the parent. SAMRA (2015) argues that since a child can legally consent to sexual activities from the age of 16, they should not need parental consent for participating in research regarding sexuality issues. WHO (2018a) also addresses the issue of interviewing adolescents on sexuality issues, stating that it sometimes might be feasible to waiver the parental consent due to the sensitivity of the subject studied, especially for minors aged 16 and older. The reason for this is that it could be difficult to find research participants if they need to disclose to their parents about their participation (ibid.). For this study, the researcher collected informed consent from the participants and from PPG's acting director (see Appendix B). The director acted in the status of 'in loco parentis'.

Transparency – Strydom and Roestenburg (2021) explains the importance of not misleading, misrepresenting facts, or withholding information to participants regarding their involvement in the study. If this would happen unintentionally the researcher should inform the participants immediately (ibid.).

Privacy, anonymity, and confidentiality – Privacy is the individual's right to decide what information they wish to share, and confidentiality is the way that the private information is being handled, where the researcher should be the only one aware of the participant's identity (Strydom & Roestenburg, 2021). Anonymity on the other hand refers to when no one, including the researcher, should be able to identify the individual participant (ibid.). Strydom (2011) explains that sexuality would be considered private information by most but also states that most of the research in social science would never be researched if the privacy of people had not been investigated. All information from interviews conducted for this study are held strictly confidential.

Debriefing of participants – Strydom and Roestenburg (2021) argues that debriefing after the interview is of importance to ensure the respondents get time to work through their experiences from participating in the study and to be able to get questions answered that may have been raised from the interview. The researcher set a side adequate time after each interview for this purpose.

Actions and competence of the researcher – Strydom and Roestenburg (2021) argues for the importance of ensuring the competence, honesty, and skills of the researcher in the context of undertaking a specific study. The researcher for this study is a qualified social worker with adequate education in research methodology and ethics, has a diploma in sexology, and 10 years of social work experience. Strydom and Roestenburg (2021) argues that social workers in general are trained to not impose their own personal views and values onto clients.

Dissemination and publication of findings – Strydom and Roestenburg (2021) explain that all research must be presented clearly in a written report. The researcher should introduce the findings as accurately and objectively as possible, with no bias language (ibid.). The results of this study have been submitted to the University of Cape Town and will be shared with all participants, including PPG.

Social and cultural sensitivity – Strydom and Roestenburg (2021) emphasises the importance of researchers informing themselves and to be sensitively aware of norms and cultures within the community where the study will take place. The researcher had previously conducted social

work in the communities where the study took place and has an understanding of the norms and values of these communities.

1.11 Reflexivity

To ensure quality, reflexivity have become important and refers to the level of self-criticism that the researcher should undertake throughout the research process by documenting the critical analysis of their own thinking and feelings towards their conceptual framework, research questions, methodology, values and biases, and an awareness of how their presence may influence the participants in their answers (Schurink, Schurink & Fouché, 2021a). Lumsden (2019) argues that reflexivity is valuable in social science research because it acknowledges the researcher's important part of the subject being studied and how the researcher influences the subject both consciously and unconsciously. The researcher acknowledges that a sex-positive approach together with the researcher's own views and beliefs about sexual wellbeing may influence the approach of this subject. The researcher of this study is committed to objectivity and have received supervision throughout the research process to ensure reflexivity and to not let their subjective position influence the execution of the study or analysis of the data. The researcher has consistently worked to uphold reflexivity throughout the whole research process.

1.12 Conclusion

This introduction chapter has given a brief overview of current issues regarding adolescent sexuality and how this study is of significance since no previous studies have been published in South Africa regarding adolescents' views on sexual wellbeing. With an understanding of ethical aspects regarding research on minors and sexuality issues, and the importance of reflexivity, the researcher aimed to investigate adolescents' perceptions on sexual wellbeing. Chapter 2 will discuss the literature review.

2. CHAPTER 2: Literature Review

2.1 Introduction

The theoretical frameworks for this study are presented in this chapter alongside present policies and legislation relevant to adolescent sexual wellbeing. Current research relevant to the research questions are presented. The chapter ends with a conclusion of the main points from this chapter.

2.2 Theoretical frameworks

To understand the meaning adolescents give to their perceptions of sexual wellbeing, this study makes use of an ecological systems theory and a sex-positive framework that are both born from a social constructivism perspective.

2.2.1 Social constructivism

Social constructivism is a way of viewing the world where there are no universal truths and therefore no true objectivity. Payne (2021) explains how people agree on views of social reality and how we construct norms for appropriate behaviour by sharing knowledge through social processes. Over time this social activity becomes habitual and the assumption about our social reality becomes accepted as truths. Payne (2021) continues by explaining how our behaviours create social conventions and how these become institutionalized when we turn them into rules of behaviour. These institutions become legitimized when we accept them as morally right and appropriate (ibid.).

Berger and Luckmann (1967) argue for how reality is socially constructed – how reality is created in the thoughts and actions of people and how it is maintained as real when shared with others. Berger and Luckmann (1967) explain the process of becoming a person and how that process takes place in an interrelationship with the social environment, known as socialization. Berger and Luckmann (1967) propose a world view where the child internalizes significant others' attitudes during their primary socialization and make these attitudes their own during the secondary socialization when the older child, adolescent, and adult internalizes different institutional sub-worlds (ibid.). Payne (2021) explains how a social constructivist view of the world brings hope of change when social arrangements are not set in stone.

A social constructivist view of sexuality is necessary when investigating adolescents' perceptions of their own sexual wellbeing. The view of adolescent sexuality has changed dramatically over time – from arranged marriages in early adolescence to viewing adolescents as sexually incompetent and innocent (Bullough, 2006). It would therefore make sense to understand adolescents' perceptions within their social context instead of a generalized view of sexuality with the perception that sexual wellbeing would mean the same for all adolescents in the world, when it most likely would have different meanings over time, cultural contexts, and social settings.

2.2.2 Ecological systems theory

A growing number of studies are emphasizing the importance of implementing an ecological systems perspective to adolescent sexuality studies (Khuzwayo & Taylor, 2018; Klepp, Flisher & Kaaya, 2008; Mkwananzi, 2017). Khuzwayo and Taylor (2018) argue that adolescent sexual behaviour is influenced by several social and environmental factors and how evaluation of current prevention programmes on sexual risk behaviours, with focus on individual factors, has shown limited success.

Bronfenbrenner (1977) argued for the importance to study aspects of the individual's environment, both the immediate environment and overall structures of society, to understand human development. Bronfenbrenner (1977) explained how all people are born into and raised within a microsystem. The microsystem contains the individual's immediate environment which often contains the individual's home, school and workplace, and the people populating these (ibid.). The mesosystem is a system of several microsystems and focuses on how these microsystems interrelate (ibid.). For an adolescent this could for example mean the interrelations between their family, peer group, and religious group. The exosystem is an extension of the mesosystem and does not contain the individual themselves but still influences the individual's immediate systems. This includes institutions of society that operates on a local level, e.g., neighbourhood, media, labour market and other social networks (ibid.). The macrosystem explains the overall structures of society that directly and indirectly affects the individual. Bronfenbrenner (1977) described the macrosystem as the "blueprints" for society, including legislation, regulations, rules, political system, and informal norms. The micro-, meso- and exosystems are the concrete manifestation of the macrosystem.

It is helpful to make use of an ecological systems theory perspective in this study to provide a broad understanding of adolescents' perceptions and how their different contexts may influence their perceptions of sexual wellbeing. Bronfenbrenner's ecological systems theory informed the researcher's development of the data collection instrument that is further discussed in Chapter 3.

2.2.3 Sex-positive framework

The term 'sex-positive' originates from the 'feminist sex wars' during the 1980s (Ivanski & Kohut, 2017). Since then, 'sex-positivity' has come to mean different things and even though it today is acknowledged as an important theoretical framework it still lacks a widely agreed upon definition (Fahs, 2014; Glickman, 2000; Ivanski & Kohut, 2017).

Glickman (2000) argues that sex-negativity is a deeply rooted cultural norm which understands sexual behaviours as inherently bad. Glickman (2000) consider sex-positivity as a liberation from the myth of normality. Ivanski and Kohut (2017) defines sex-positivity as an ideology that respects gender and sexuality, promotes being open-minded, non-judgemental, and respectful towards personal sexual autonomy, and emphasises consent. Fahs (2014) argues for sex-positivity in the form of freedom to expand sexual expression and sexual diversity and to be free from oppressive sexual mandates and requirements. Harden (2014) explains how a sex-positive research approach is the opposite of the more common sex-negative framework which advocates abstinence as the ideal sexual behaviour for adolescents. A sex-positive framework does not argue that sexual activities and sexual behaviours are always good, positive, and healthy or that abstinence is always bad. It is simply a way of considering sexuality as normative and an essential part of human development (ibid.).

Both international and national research are starting to recognize the need for a sex-positive framework when conducting research and creating policies regarding adolescent sexuality (Anderson, 2013; Bromberg & O'Donohue, 2013; Fortenberry, 2016; Halpern, 2010; Kågesten & van Reeuwijk, 2021; McGeeney, 2015; Robinson, 2016; Tolla et al., 2018). This study is informed by a sex-positive framework in how the research design has been formed, how the participants have been addressed, and how the findings have been analysed.

2.3 Policy and legislation related to adolescent sexual wellbeing

Adolescents' needs for Sexual and Reproductive Health and Rights (SRHR) was first recognized through the adaptation of the *Programme of Action* during the United Nations international conference on population and development in 1994 (Pillay & Flisher, 2008). It was recognized that adolescents' needs had been ignored and that adolescents need help, not just to limit risks with their sexual behaviours, but also to understand their sexuality better (ibid.). Since then, several policies, legislations, and frameworks have been developed to promote adolescent sexual wellbeing.

2.3.1 Children's Act, No. 38 of 2005

Since the study involves child participants one must first consider the *Children's Act, No. 38 of 2005* (2005:chap2), which states that children who have attained an appropriate age, maturity, and stage of development to be able to participate in matters concerning the child has the right to do so and the child's views must be considered. This study has been informed by the *Children's Act, No. 38 of 2005* by allowing adolescents' voices to be heard regarding their own sexual wellbeing.

2.3.2 Constitution of the Republic of South Africa, Act No. 108 of 1996

Children are protected in the *Constitution of the Republic of South Africa, Act No. 108 of 1996* (1996:chap2), which protects the rights to make decisions regarding reproduction and gives people control over their own bodies. The constitution also states that all people have the right to sexual education and counselling programmes and services regarding SRHR and that the state must offer safe environments for people to exercise their rights (ibid.). The constitution further protects people by stating that the state or any person may not discriminate against anyone on the ground of gender, sex, pregnancy, or sexual orientation (ibid.). Sexuality education, SRHR programmes and services, and discrimination are recurring themes when discussing adolescent sexual wellbeing.

2.3.3 National adolescent & youth health policy

To further protect the rights of adolescents and young people, the Department of Health (2017) have released the *National Adolescent & Youth Health Policy*, that aims to promote the health and wellbeing of young people. The policy was developed as a response to the major challenges for young people regarding high rates of HIV transmissions, unintended pregnancies, and STI's

among other things (ibid.). The policy states that interventions must consider individual factors, together with a focus on household, community, and societal factors that influence's young people's possibilities to attain health and wellbeing (ibid.). The Department of Health (2017) recognizes that SRHR services has traditionally focused on adult women, and young people's needs have not been met.

This study focuses solely on young people's perceptions of their needs regarding sexual wellbeing by exploring individual, familial, systemic, and social factors. This study is therefore in line with the recommendations from the *National Adolescent & Youth Health Policy.*

2.3.4 National integrated sexual and reproductive health and rights policy

The National Department of Health (2019) has recognised the importance of providing comprehensive SRHR services that emphasises a rights-based approach of equity and equality, and autonomy and agency for all persons. *The National Integrated Sexual and Reproductive Health and Rights Policy* was developed to target the burden of disease on the health and socioeconomic systems in South Africa through five objectives (ibid.). The first objective aims to ensure that all people are equipped to make informed choices and that their SRHR are protected, respected, and fulfilled. The second objective aims to increase access to comprehensive SRHR services and improve the quality of care for all ages. The third objective targets SRHR services for priority groups, e.g., gender non-conforming persons, people living with HIV, adolescent girls, sex workers, and LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual) persons, to ensure a respectful and non-judgemental approach. The fourth objective aims to deliver integrated SRHR services at the lowest feasible level. The fifth objective promotes multisectoral engagement and argues for shared accountability, coordination, and synergy (ibid.).

This study includes discussions on SRHR interventions in the adolescents' schools, after-school activities, and communities, and the study explores whether adolescents are equipped to make informed choices for their sexual wellbeing and how they perceive discrimination.

2.4 Sexual wellbeing

The concept and understanding of sexual wellbeing have been argued for the last decade. The sex-positive field of sexuality research is arguing for the need of including the term 'sexual

wellbeing', that can offer a broader conceptualization than the term 'sexual health' (Lorimer, DeAmicis, Dalrymple, Frankis, Jackson, Lorgelly, McMillan & Ross 2019). However, there is yet no consensus on the definition and understanding of sexual wellbeing (Harden, 2014; Kågesten & van Reeuwijk, 2021; Lorimer et al., 2019). Current definitions are predominantly informed by adult perspectives on adolescent sexual wellbeing. De Meyer et al. (2021a) conducted a literature review exploring young people's perspectives on sexual wellbeing and consent, where they only found one study where young people themselves defined sexual wellbeing (ibid.).

Harden (2014) defines sexual wellbeing as a multidimensional concept that includes sexual subjectivity, sexual self-esteem, and sexual self-efficacy, together with feelings of sexual pleasure and satisfaction, free from negative affect and pain. Cheng et al. (2014) explains sexual subjectivity as the perception of pleasure from the body and the experience of being sexual. Tolman (2016) describes sexual subjectivity as the opposite of a sexual object, to create a sense of self as a sexual being who has the right to sexual feelings and to act on these. The World Association for Sexual health (2019) presents the *Declaration on Sexual Pleasure* where it is declared that the experience of sexual pleasure is a diverse physical and/or psychological satisfaction that can be obtained through shared or solitary erotic experiences. The declaration further states that the possibility of having safe and pleasurable sexual experiences that are free from coercion, violence, and discrimination is pivotal to sexual wellbeing (ibid.). Most definitions of sexual wellbeing or sexual health includes the clause of freedom from violence and/or pain (De Meyer et al., 2021a; Harden, 2014; WHO, 2020). This definition excludes individuals who enjoy and seek out pain as pleasurable sexual activities in consensual sexual relationships (McGeeney, 2015).

Anderson (2013) explains in a literature review of contemporary sexuality research that sexual wellbeing may be understood as sexual satisfaction, sexual self-esteem, and pleasure, and how these factors can improve overall wellbeing through sexual-, mental-, and physical health. Harden (2014) explains that sex-positive research on adolescent sexuality is too neglected and small to make any certain interpretations, but that there are indications of positive outcomes of adolescent sexual activities such as overall wellbeing, higher self-esteem, lower stress, positive social self-concept, and improved sexual functioning in adulthood.

While there is no consensus on how sexual wellbeing should be defined, research is indicating that the concept of sexual wellbeing needs to be understood from an individual, inter-personal, and societal perspective (Anderson, 2013; De Meyer et al., 2021a; De Meyer, Jerves, Cevallos-Neira, Arpi-Becerra, Van den Bossche, Lecompte, Vega, Michielsen, 2021b; Harden, 2014; Kågesten & van Reeuwijk, 2021; Lorimer et al., 2019).

2.5 Factors influencing sexual wellbeing

In this section inhibiting and promoting factors for adolescent sexual wellbeing are presented. The limited research on factors promoting sexual wellbeing in adolescence is not enough to provide evidence but it does provide us with an insight to factors worth considering. On the other hand, there has been extensive research focusing on risk factors inhibiting sexual wellbeing in adolescence. Most research on risk factors have traditionally focused on individual factors. Current research is however arguing for understanding risk factors from a holistic view and contemporary sex-positive researchers are advocating for an ecological systems approach where individual, interpersonal, and societal aspects are considered (Anderson, 2013; Bearinger, Sieving, Ferguson & Sharma, 2007; Best & Fortenberry, 2013; De Meyer et al., 2021a; De Meyer et al, 2021b; Harden, 2014; Khuzwayo & Taylor, 2018; Kågesten & van Reeuwijk, 2021; Lorimer et al., 2019; Mkwananzi, 2019; Mmari & Sabherwal, 2013; Muchiri et al., 2017).

In this section inhibiting and promoting factors are presented in three subcategories: individual factors, interpersonal factors, and societal factors.

2.5.1 Individual factors

Most research on adolescent sexuality has traditionally focused on individual risk factors for negative outcomes such as HIV, STIs, and unintended pregnancies. Some of the risk factors previously identified are low self-esteem, poor decision-making skills, and sexual anxiety (Department of Social Development, 2014; Gevers, Jewkes & Mathews, 2013). Early sexual debut has often been considered a risk factor and so has alcohol and substance use and experience of sexual trauma (Department of Social Development, 2014; Mmari & Sabherwal, 2013; Mkwananzi, 2017; Zuma, Mzolo & Makonko, 2011). The scope of this minor dissertation does not allow for a thorough presentation of all risk factors. Relevant for this

study are individual factors identified as sexual self-concept, sexual experience, and safer sexual practices.

2.5.1.1 Sexual self-concept

Sexual self-esteem, self-efficacy, agency, assertiveness, and a positive body image has been identified as aspects of sexual self-concept, which is closely linked to sexual wellbeing (De Meyer et al., 2021a; Fortenberry, 2013; Harden, 2014; Lorimer et al., 2019). One of the main findings from De Meyer's et al. (2021a) literature review indicated the subjective feeling of being sexually, mentally, and emotionally mature and healthy as a factor relating to young people's sexual self-concept and possibilities for sexual wellbeing.

2.5.1.2 Sexual experience

Positive age and developmentally appropriate sexual behaviours are of importance for a positive trajectory of adult sexual health, pleasure, and wellbeing (Haroian, 2000). Anderson (2013) explains that the most common reasons for adolescents to take part in sexual activities is to achieve intimacy, social status, and sexual pleasure and that the more sexually experienced the adolescents were the more they valued intimacy and pleasure and experienced more sexual satisfaction. The ability to experience sexual desire, arousal, and pleasure are important components of sexual wellbeing (De Meyer et al., 2021a; WAS, 2019). A quantitative study from New York, indicated that sexually experienced adolescents who became sexually active at the age of 16, which was the median age in the study, reported higher overall wellbeing than those who were sexually inexperienced or had a late onset of sexual activity (Vrangalova & Savin-Williams, 2011). In contrast to other studies with a sex-negative perspective on adolescent sexuality, this study found no correlations between an early sexual onset or higher number of partners with lower overall wellbeing (ibid.). De Meyer et al. (2021b) conducted a study with adolescents in Belgium and Ecuador, where the findings also indicates that sexual experience contributes to sexual wellbeing. Harden (2014) breaks the myth of abstinence as the best way for adolescents to deal with their sexuality by arguing that very little research has been conducted on people who have abstained from sexual activity well into their twenties, and that the small number of studies that have been done indicates high levels of sexual anxiety, low sexual self-esteem, and low sexual self-efficacy for those who abstain.

2.5.1.3 Safer sex

Inconsistent or absence of condom use is a risk factor for unintended pregnancies, HIV, and STIs (Muchiri et al., 2017). Unintended pregnancies in adolescence are common with around 20 percent of all South African girls having had at least one pregnancy during adolescence, which often results in school drop-out (Jochim, Cluver & Meinck, 2021). An alarming 9,2 percent of adolescents aged 15 to 19 years in South Africa are infected with HIV (Thurston et al., 2014). Most of South African youth report inconsistent condom use (Pettifor et al., 2005; Phillips & Malcom, 2006). A study that focuses on condom use among young South African men found that 47,5 percent never use condoms where an additional 36,9 percent reported inconsistent use (Shai, Jewkes, Nduna & Dunkle, 2012). The young men who never used condoms or used condoms inconsistently also reported having more conservative gender norms, being more physically and sexually violent, and more likely to demonstrate other sexual risk behaviours than the young men who consistently used condoms (ibid.). Similar findings of associations between inconsistent condom use and intimate partner violence perpetration and sexual risk behaviours have been presented by Gevers, Jewkes and Mathews (2013).

2.5.2 Interpersonal factors

Family, peers, friends, and partners are part of the individual's microsystem and influence the adolescent's sexual socialization on an interpersonal level (Fortenberry, 2013; Kheswa & van Eeden, 2018; Mkwananzi, 2017).

2.5.2.1 Family dynamics

Fortenberry (2013) explains how adolescents' psychosexual development is influenced by the family's sexual culture, gender attitudes, parent's dating behaviours, and exposure to adult nudity.

Some of the risk factors on a familial level have been identified as being a dual orphan, paternal departure, lacking communication in family about sexuality, large household size, and siblings with teenage pregnancies (Abdullahi & Abdulquadri, 2018; Department of Social Development, 2014; Khuzwayo & Taylor, 2018; Mmari & Sabherwal, 2013; Thurston, Dietrich, Bogart, Otwombe, Sikkema, Nkala & Gray, 2014). Lower parental monitoring has been associated with an earlier sexual debut and less use of condoms (Best & Fortenberry, 2013).

Mkwananzi (2017) argues for the importance of positive relationships to family as determinants for sexual wellbeing. A literature review conducted in South Africa on psychosocial wellbeing and safe sexual behaviours in male youth determined that healthy parent-child relationships promote sexual wellbeing, including safe sexual practices, decision-making skills, and overall mental health (Kheswa & van Eeden, 2018). Abdool Karim, Meyer-Weitz and Harrison (2009) conducted a literature review on interventions with adolescents in HIV high-prevalence areas and identified strong social cohesion in the family unit as a protective factor.

One of the most important aspects in the adolescent's relationship with family seems to be positive communication around sex and sexuality (De Meyer et al., 2021a). Best and Fortenberry (2013) explains how parents present morals and values to their children and how they through open and responsive communication around sex and sexuality can delay the adolescent's first sexual intercourse, decrease the number of sexual partners, and increase condom use. At the same time, lack of, or fear-based, communication around sex and sexuality could inhibit sexual wellbeing in adolescence. Haroian (2000) explains how parents' unconscious attitudes on child rearing impacts the adolescent possibilities for sexual wellbeing. Discouraging of sexual interest, expression, curiosity, and sexual behaviour in children could inhibit sexual wellbeing (ibid.). Haroian (2000) further argues that repression of sexuality during childhood and adolescence would make sexual health improbable or impossible to achieve in adulthood. Maina, Ayanbekongshie Ushie and Kabiru (2020) conducted a qualitative study in Nairobi, Kenya, with 32 parents and 30 young adolescents on parent-child sexual and reproductive health communication. They found that the majority had no communication around sexual health and the ones that did mostly did so from a fear-based approach. Parents in the study had in general hostile attitudes towards romantic and sexual relationships for their adolescents and this resulted in the adolescents becoming discouraged from disclosing their relationship status (ibid.). Another study from sub-Saharan Africa came to similar conclusions, explaining how fear and risk behaviours often acts as the drivers for parents to initiate communication about sex and sexuality, and how parents' lack of self-efficacy, and cultural and religious norms creates an uncomfortable setting (Usonwu, Ahmad & Curtis-Tyler, 2021). Usonwu, Ahmad and Curtis-Taylor (2021) explain how cultural and religious beliefs acts as barriers for positive communication where many Christian parents perceive sexuality communication as against the Bible's teachings. Some adolescents in their study chose to abstain from sexual activity to please their families, others hide their sexual experiences (ibid.).

2.5.2.2 Peer group

Peer relationships help the adolescent develop a sense of self and personal identity (Landry, Turner, Vyas & Wood, 2017). Similarly, to how the family can have a protective impact on the adolescent through positive and supportive communication around sex and sexuality, so can positive communication with peers (Best and Fortenberry, 2013; De Meyer et al., 2021a). One example of this is how adolescents perceive their peers' condom use, and how this can have a positive influence when condom use is perceived as common (Best & Fortenberry, 2013). However, peers often set norms for sexual behaviours which can pressure the adolescent to initiate sexual behaviours before they feel ready to do so (Best & Fortenberry, 2013).

Peer pressure have been correlated with poor decision-making and risky sexual behaviours (Khuzwayo & Taylor, 2018). Feeling pressured to communicate about sexual experiences with friends and the perception that peers are sexually active seems to correlate with being involved with unwanted sexual activities (Eaton, Flisher, & Aarø, 2003; Mmari & Sabherwal, 2013). Eaton, Flisher and Aarø (2003) conducted a literature review on unsafe sexual behaviours among South African youths and found that peer pressure often takes different expressions for boys and girls. Boys often felt pressured by peers to prove their masculinity by having many sexual partners, and girls often found that they were being excluded from group discussions if they were inexperienced (ibid.). Another study from South Africa determined that peer pressure undermines healthy social norms and HIV prevention messages (Selikow, Ahmed, Flisher, Mathews & Mukoma, 2009). Selikow et al. (2009) explain how peer pressure is facilitated by adolescents' strong need to belong to social groups. Peer pressure seems to be more evident for adolescents who do not communicate with their parents about sex and sexuality (Best & Fortenberry, 2013; Selikow et al., 2009).

2.5.2.3 Consent

During the last decade, sexual consent has come to be considered a pivotal aspect of sexual wellbeing. De Meyer et al. (2021a) argues for consent being an important factor for sexual wellbeing in adolescence and explain how different factors in the adolescents' lives relate to sexual consent, such as age, sex assigned at birth, personality, situational context, knowledge of consent, and gender norms and sexual scripts. The meaning of consent can differ in social, cultural, and legal contexts, and local legislation often reflects cultural attitudes and aspects of rape and consent (De Meyer et al., 2021a; Popova, 2019). De Meyer et al. (2021a) defines

sexual consent as an agreement to participate in sexual activity, between individuals who have the capacity to give fully informed consent based on an understanding of potential risks and benefits. Popova (2019) offers a simplified definition of consent as bodily autonomy, where the individual decides what they do with their body. In a U.S. study with high school students, consent was understood as the indication of a verbal 'yes' prior to sexual activity (Righi, Bogen, Kuo & Orchowski, 2021). During sexual interaction, consent was understood as the absence of a verbal 'no' (ibid.)

2.5.3 Societal factors

School environment, community, and national and structural aspects are important determinants for sexual wellbeing (Mkwananzi, 2017). In South Africa, several barriers have been identified to the prevention of negative outcomes of adolescent sexuality, with poverty being the main societal challenge (Best & Fortenberry, 2013; Department of Health, 2011; The Department of Social Development, 2014; Meyer-Weitz & Harrison, 2009; Mkwananzi, 2017; Muchiri et al., 2017). Mkwananzi (2017) explains the importance of investigating how national and structural determinants like the economic and political system influences adolescents' sexuality along with community and school determinants where local norms and perceived social and economic opportunities interrelate with the possibilities for sexual wellbeing.

2.5.3.1 Comprehensive sexuality education

Comprehensive Sexuality Education (CSE) is considered the number one aspect that positively correlates with adolescent sexual wellbeing from a societal perspective (De Meyer et al., 2021a; Kheswa & van Eeden, 2018).

Sexuality education has been part of Life Orientation in South African schools since 1990 and has historically emphasised on safe sex practices from a danger, disease, and damage discourse (Jearey-Graham & Mcleod, 2017). This approach has a history of producing gendered, heteronormative, and moralistic sexuality teachings. Sex-negative approaches silences same sex relationships and adolescent girls' experiences of sexuality by focusing on virginity, abstinence, and condom use from a heteronormative, conservative, and authoritative approach (Mayeza & Vincent, 2019). Francis (2010), who has conducted extensive research on sexuality education in South Africa, argues that increasing adolescent's knowledge about risks and negative outcomes is not enough to prevent them. Adolescents want a positive sexuality

education where they do not get blamed or shamed about their sexual feelings and where the curriculum focuses on both risk factors and the enjoyable aspects of sexual activities (ibid.). This is further supported by the *Declaration on Sexual Pleasure* where it is argued that sexual pleasure should be integrated into sexuality education (WAS, 2019). Negotiation skills, how to communicate with partners about sex, alcohol consumption, and practical information like how to use a condom are some of the important topics for CSE indicated by young people (Francis, 2010). Most successful sexuality programmes include focus on responsibility, gender equality, care and love, communication, self-esteem, consent, pleasure, friendship, faithfulness, STIs, unwanted pregnancies, and sexual assault and rape (De Meyer et al., 2021a; Francis, 2010). A pilot sexuality intervention among grade 10 learners was conducted in South Africa, focusing on critical consciousness and dialogue pedagogy with a discursive psychological understanding of adolescent sexual wellbeing (Jearey-Grahem & Mcleod, 2017). The results indicated that adolescents need positive sexuality dialogues, more than traditional sexuality education. This empowerment approach was more likely to reduce STIs and unintended pregnancies (ibid.).

Even though there are compelling evidence for sex-positive CSE, the topic of adolescent sexuality provokes the civil society to rage. At the end of 2019, the Department of Basic Education (2019a) presented their updated CSE curriculum and groups within the South African society were in turmoil. Several newspaper articles demonstrate how religious groups alongside parents, teachers, and politicians criticized the new CSE curriculum by stating that it is too graphic for school children, that the material is grossly insensitive, and that the content violates traditional Christian values ("SA teachers are freaking…", 2019; Head, 2019; Mcewen, 2019). Some went as far as to call the new curriculum "soft porn" and teachers were advised to boycott the new material ("SA teachers are freaking…", 2019; Mcewen, 2019).

Children have often been viewed as sexually innocent where sexuality has been considered irrelevant for them to learn about but at the same time something they must be protected against (Robinson, 2016). CSE does not increase adolescent sexual activity, and abstinence only programmes are more likely to result in adolescents engaging in unsafe sexual activity (Ashcraft, 2008).

2.5.3.2 After-school activities

Research has indicated that adolescents who are enrolled in after-school activities where they can create bonds with positive adults, could influence their sexual wellbeing (Gavin et al., 2010). Abdool Karim, Meyer-Weitz and Harrison (2009) discuss how work, school, and community organizations can act as protective factors by occupying the adolescent's time and providing them with something meaningful to do (ibid.).

2.5.3.3 Discrimination

In many places around the world, harmful traditions and norms hinder adolescent sexual and reproductive health and rights by forbidding discussions and education about sexuality, upholding unequal gender norms and norms that condone violence against girls and women (WHO, 2018b). The social construction of gender is part of harmful patriarchal social structures that ascribes different attributes, expectations, and norms regarding feminine and masculine characteristics (Mills Drury & Bukowski, 2013). Gender inequity is a barrier for preventing negative outcomes of adolescent sexuality (Bearinger et al., 2007; Department of Health, 2011; Haroin, 2000; Mkwananzi, 2017). Gender-based violence is a direct result of harmful gender stereotypes, roles, and gender inequity, and has a major negative influence on adolescent sexual wellbeing (Khuzwayo & Taylor, 2018; Lorimer et al., 2019; Mkwananzi, 2017).

Belonging to a sexual minority also increases the risk of stigma and discrimination which negatively influences sexual wellbeing. Sexual minority is any sexual orientation or gender identity that falls outside of the heteronormative cis-gender definition (Diamond, 2013). This minority status does not indicate that most people identify as heterosexual and cis-gender, but rather that LGBTQIA+ individuals usually are underrepresented in sexuality research and literature and that they generally cannot enjoy the same rights as heterosexual cis-gender individuals, and they should therefore be considered as minorities in this context (Långström, 2016; Müller, 2016). Adolescents who experience same-sex attraction, who express gender-nonconforming characteristics, and transgender youth are more at risk for abuse (Diamond, 2013). Thurston et al. (2014) have examined the risks for LGBTQIA+ adolescents in South Africa and found that they demonstrate higher rates of sexual risk behaviours, substance use, abuse and victimization, risk taking behaviours, and poor mental health due to societal stigma surrounding sexual and gender minority youths.

2.5.3.4 Media

Different forms of media can influence adolescents' sexual wellbeing. In a U.S. study with high school learners, it was indicated that adolescents view movies, tv-shows, and other internet media as a form of sexuality education - an opportunity to learn things about sex and sexuality that is not being taught in school or spoken about in the household (Steele, 2011). The findings further indicated that adolescents mirror unsafe sexual behaviours by not using a condom and engaging in sexual activities with multiple partners (ibid.).

In a literature review of associations between social media and sexual attitudes and behaviour among adolescents it was found that the viewer's sexual decision-making skills could be impacted and increased risky sexual behaviours (Coyne, Ward, Kroff, Davis, Holmgren, Jensen, Erickson & Essig, 2019). Similarly, in a survey study with Dutch adolescents it was found that the use of different social media platforms was linked to increased casual sexual relationships and decreased use of condoms (Vandenbosch & van Oosten, 2018). In a survey study from the U.S., it was also found that sexual risk behaviours increased with higher social media presence (Landry et al., 2017). The study further indicated that higher levels of parental monitoring could lower these risks (ibid.).

According to Abdullahi and Abdulquadri (2018), exposure to internet pornography is related to multiple sex partners, substance use, increased sexual permissive attitudes and behaviours, and sexual aggression. African adolescents are especially vulnerable to negative influences from pornography due to a lack of sexuality education in schools and at home (ibid.). Consumption of sexually explicit media by male adolescents seems to correlate with lower rates of condom use, higher numbers of sexual partners, and alcohol and substance use during partnered sexual activities (Best & Fortenberry, 2013). Watching pornography also seems to correlate with higher risks of perpetrating sexual harassment and less developed understanding of gender roles (ibid.).

2.5.3.5 Societal interventions

Research and discussions about adolescent sexuality are still politically and socially restricted in many parts of the world (Bromberg & O'Donohue, 2013; Bullough, 2006; Halpern, 2010; Robinson, 2016). Most current research on adolescent sexuality have focused on different forms of sexual risk behaviours and negative outcomes of said behaviours (ibid.). Some researchers

argue that this focus has been more easily funded and morally accepted by the public than a sex-positive framework (Bromberg & O'Donohue, 2013; Halpern, 2010). Governments and societies are mostly working from a sex-negative approach with risk-danger messages and abstinence only programs, which has been proven not effective at preventing sexual risks (Kågesten & van Reeuwijk, 2021).

What adolescents need and what seems to have the greatest success when developing prevention programmes is to do so from a sex-positive framework. Brickman and Fitts Willoughby (2017) conducted a study examining the reactions of young adults to sex-positive and sex-negative text messages on sexuality information. Ninety-six students evaluated 24 text messages and the results indicated that sex-positive messages were rated as more believable and persuasive (ibid.). Similar findings have been presented by Anderson (2013), who revealed promising conclusions for sex-positive prevention programmes when promoting contraceptives. Anderson (2013) argues for the importance of emphasizing pleasurable aspects of contraceptives when promoting safer sex, and that it can increase the use and effectiveness of contraceptives. These results are important when considering that access to affordable contraceptives seems to be a major positive factor in preventing negative outcomes of sexual behaviours and increasing sexual wellbeing among adolescents (De Meyer et al., 2021b).

The Department of Health (2011) recognises the poor management of the district health system as one barrier for preventing negative outcomes of adolescent sexual risk behaviours. Limited knowledge and choices for contraceptives is a risk factor for unintended pregnancies, HIV, and STIs (Khuzwayo & Taylor, 2018; Nkani & Bhana, 2016). Since 2012 the South African government has worked to implement youth friendly health care services with no positive outcomes yet (Geary, Gómez-Olivé, Kahn, Tollman & Norris, 2014; James et al., 2018; Smith et al., 2018). In a study by Smith et al. (2018), 120 young people complained about their right's not being upheld and agreed that SRHR services must make major improvements to meet their needs.

Gavin, Catalano, David-Ferdon, Gloppen and Markham (2010) reviewed research focusing on Positive Youth Development (PYD) programmes and found that PYD together with CSE had high success rates in promoting sexual health among adolescents. The key elements to success in these programmes were relationships to parents or other positive adults, competence in

social-, cognitive-, emotional-, behavioural-, and moral aspects, belief in the future, self-efficacy, a clear and positive identity, prosocial norms, spirituality, and self-determination (ibid.). Wild and Swartz (2012) have through literature reviews found that life-skills programmes that involve the adolescent and the family, school, community, and policymakers, has the best results in lowering sexual risk behaviours.

De Meyer at al. (2021b) argues for a sex-positive framework for not only CSE and prevention programmes but also when constructing legislation on consent and abortions. Sex-negative societal norms result in children and adolescents internalising negative cultural values where they become sexually inactive and unaware during their childhood resulting in them feeling out of place with sexual expectations in adulthood (Haroina, 2000). This is most evidently demonstrated in adolescence where most post pubescence adolescents' experiences feelings of shame, guilt, anxiety, and being abnormal, stupid, and dirty when masturbating (ibid.). A societal openness to sexuality and sexual and gender diversity is important societal aspects for creating sexual wellbeing among adolescents (De Meyer at al., 2021b).

2.6 Recommendations for promoting sexual wellbeing in adolescence

Recent research on adolescent sexual wellbeing is arguing for sex-positive approaches for developing policies and practices. De Meyer et al. (2021a) present nine areas of concerns for policy and practice: Focus programming on young people's sexual wellbeing and consent at all ages. Address social and gender norms. Improve young people's age and gender responsive access to contraceptives. Deliver CSE. Ensure programmes are age-responsive and take into consideration young people's evolving capacities. Involve peers and families in programming. Address the needs of marginalised and most-at-risk youth. Ensure that legal and policy frameworks on age of sexual consent do not conflate protection from harm with young people's access to SRHR information, education, and services. Conduct research on, and develop measures of, sexual wellbeing and consent (ibid.). Kågesten and van Reeuwijk (2021) argues for a similar approach, emphasising how multiple, interlinked socio-ecological factors shape adolescent sexual wellbeing. Prevention programmes should be empowerment-based and focus on the reciprocal and complex nature of sexuality development from a life-course perspective, with a human-rights and gender transformative approach (ibid.).

Current frameworks and recommendations relevant for this study are presented below.

2.6.1 National adolescent sexual and reproductive health and rights framework

The *National Adolescent Sexual and Reproductive Health and Rights Framework* was developed due to evidence indicating that current promotions of young people's SRHR was inadequate (Department of Social Development, 2015). The framework advocates for SRHR to be considered a basic human right for everyone, including adolescents, due to being a vital part of people's overall wellbeing (ibid.). The Department of Social Development (2015) argues for a multi-stakeholder and multi-sectoral approach with key partners in schools, healthcare facilities, traditional leaders, community-based organizations, families, and government. The intended outcomes of the recommendations are to enforce a core value system among adolescents with no gender stereotyping or discrimination and to establish a sense of mutual respect and increased self-esteem. By raising assertive adolescents who can exercise self-agency and has negotiation skills for informed decisions, the Department of Social Development (2015) are hoping that adolescents will be protected from negative outcomes of adolescent sexual behaviours. No evaluation of the framework has to this date been conducted.

2.6.2 WHO recommendations on adolescent sexual and reproductive health and rights

WHO (2018b) stresses in the policy *WHO recommendations on adolescent sexual and reproductive health and rights,* the importance of involving adolescents, community members, service providers and managers when developing, implementing, and evaluating SRHR programmes and services for adolescents. WHO (2018b) argues for CSE as a way for adolescents to develop knowledge and positive values for gender equality, diversity, and human rights. CSE can further result in attitudes and skills that can contribute to safe, healthy, and positive sexual relationships (ibid.).

2.7 Conclusion

This chapter provided a presentation of theoretical concepts and relevant legislation and policies informing this study. The review of current literature revealed the importance of viewing adolescent sexual wellbeing in the environmental context of the young person and emphasizes the inclusion of both positive and negative aspects of adolescent sexuality. Yet, there has been too little research conducted on adolescent sexual wellbeing, and no studies conducted in South Africa on how adolescents themselves perceive sexual wellbeing. Local and international literature are recognizing a need for a sex-positive and holistic framework when conducting

research and creating policies regarding adolescent sexuality. The third chapter presents the methodology of this research.

3. CHAPTER 3: Methodology

3.1 Introduction

This chapter presents arguments for the chosen research design and population, and what sampling techniques and procedures have been utilized. Issues regarding data collection and data analysis are presented before ending the chapter with the limitations of this study and a conclusion.

3.2 Research design

A small number of studies have documented sexual wellbeing in adolescence, even fewer studies have explored adolescents' perceptions of their own sexual wellbeing, with no studies on the topic published in South Africa (Bromberg & O'Donohue, 2013). Due to the neglect of this research area, an exploratory qualitative research design was most suitable for this study. Exploratory research is typically used when studying new interests on a subject we know relatively little about and qualitative research is more flexible when trying to produce deeper understandings of the meaning of human experience (Nieuwenhuis, 2016a; Reiter, 2017; Rubin & Babbie, 2016).

Schurink, Schurink and Fouché (2021a) explain that the researcher's ontology reflects the researcher's beliefs of how reality should be understood and how the research questions could be answered in a trustworthy manner. Nieuwenhuis (2016b) explains that the ontology of the research helps explain how the researcher understands truth and how this understanding validates the research approach. One of the most common ontologies in qualitative research is 'idealism' which argues for reality to be understood through human beings' socially constructed meaning of a phenomenon (ibid.). Interpretivism is an ontological position that falls under idealism and has grown out of constructivism (ibid.). Interpretivism argues that human life cannot be understood from an external reality, instead it must be understood through people's subjective understanding of a phenomenon and how this understanding is shaped by the lived experiences and social constructs born from shared meanings within their social context – the individual's ideological position (ibid.). By exploring how meanings are constructed we can develop an understanding of the phenomenon from a specific social context, time, and place (ibid.).

The researcher's ontology will inform the epistemology of the research, the manner in which we can discover truth and how the researcher goes about acquiring knowledge (Sefotho, 2021). The researcher for this study has taken on a constructivist epistemology, meaning that the researcher does not believe in a single truth but rather that reality is socially constructed and therefore changeable (ibid.).

Reiter (2017) argues that there is no such thing as a neutral or objective way of approaching research, the researcher always interprets their findings from their own previous understandings of the world. Therefore, the explorative researcher needs to create their research assumptions and questions based on previously formulated theory (ibid.). A structured and transparent explorative research approach can provide new understanding of a phenomena previously only explained in part or in different ways. This kind of honest exploratory research can help raise awareness by revealing previously unknown causal mechanisms (ibid.). For this study different theories have informed the formulation of research questions and reflexivity has been used by the researcher throughout the research process.

3.3 Population and sampling

Population refers to the group of people that the researcher is interested in investigating, and the study population is the group of people the researcher will use in the attempt to generalise results for the total population (Rubin & Babbie, 2016). In this type of qualitative research with the sample size of a minor dissertation, the intention is however not to be able to generalise the findings, rather to get insight into how some people of the population perceive the research questions.

This study made use of non-probability sampling, meaning that because the population size and members of the population are unknown, the probability of selecting a specific participant is also unknown (Strydom, 2021). Purposive sampling is a type of non-probability sampling and gives the researcher the opportunity to choose participants that embodies the characteristics with typical attributes of the population (ibid.). With purposive sampling the researcher has chosen to recruit participants enrolled with an after-school activity at the non-governmental organization Project Playground (PPG) that operates in Langa. Langa is the oldest black South African community in Cape Town, which has been historically socio-economic challenged, and where most of the population identify with the Xhosa culture (Goodrum, Armistead, Tully,

Cook & Skinner, 2017). The researcher has previously collaborated with PPG and had already established a professional relationship with the management. PPG can therefore be considered what Strydom (2021) refers to as a gatekeeper. Rubin and Babbie (2016) explains that qualitative research often must rely on available subjects, sometimes called convenience sampling, when the topic of the study makes it difficult to recruit participants.

For this study 20 adolescents between the ages of 16 to 19 years old were recruited as participants through PPG. One of the facilitators at PPG had been briefed about the study and helped recruit potential participants by informing them about the study and reading through the information letter (see Appendix A) with the potential participants. Adolescents who volunteered to participate was scheduled for an interview by the facilitator. The adolescents were then further informed about the study by the researcher before asking for the adolescent's consent. Strydom (2021) explains that sampling size depends on what the researcher aims to investigate, what would be useful for the study and what available resources exist. The sample size for this study is based on the requirements for a minor dissertation following a qualitative research design, in the department of Social Development at the University of Cape Town, under whose auspices the study has been supervised.

3.4 Data collection

The data for this study have been collected through face-to-face, semi-structured interviews, utilizing an interview guide constructed from the research questions.

3.4.1 Pilot study

Conducting pilot studies is an important part of the qualitative research process. The pilot study will inform the researcher if relevant data can be collected from the selected research population, and it provides the researcher an opportunity to test the research instrument (Strydom, 2021). Yin (2011) explains how the pilot study is an opportunity for the researcher to test and refine the research design, data collection instrument, fieldwork procedures, and data analysis plans. For this study the researcher conducted two pilot interviews with adolescents recruited from PPG. As a result of these pilot studies a few changes were made to the instrument as some of the questions and the language was difficult for the participants to understand. A description of sexual wellbeing in simple language was constructed to better help the

participants understand the topic. The pilot interviews were not used as changes were made to the instrument after the interviews.

Kim (2011) explains how the pilot study also can help the researcher identify barriers for recruiting potential participants. During the pilot studies, the researcher identified an anxiety from the participants regarding confidentiality and whether their parents would know about their participation. Therefore, added time was spent explaining the process of confidentiality and anonymity in the research.

3.4.2 Data collection approach

Face-to-face semi-structured interviews were chosen as the data collection approach for this study (see Appendix C). Geyer (2021) argues for individual interviews when exploring a sensitive topic such as sexuality. Semi-structured interviews are used to collect detailed descriptions of the participants beliefs or perceptions about a phenomenon (ibid.). Rubin and Babbie (2016) explains that semi-structured interviews allows for flexibility and informal conversations, but at the same time has adapted sequencing and wording from more structured techniques. Galletta (2013) explains how one of the key benefits of using semi-structured interviews is that it will provide space for the lived experience of the participant and at the same time allow the researcher to address theoretical hypothesis. Semi-structured interviews have been argued for, especially when the topic to be addressed is of a sensitive nature, or when the topic is fairly unknown to the participant or they are not used to discussing the topic (Kallio, Pietilä, Johnson & Kangasniemi, 2016). Due to the topic for this study previously being understudied, and being of a sensitive nature, the researcher wanted to provide the participants with the possibility to speak freely about the topic with the help of organized questions to guide them, which also provided the opportunity for the researcher to follow up on new questions that arouse from the interviews.

3.4.3 Data collection instrument

Semi-structured interviews traditionally make use of an interview guide containing predetermined but open-ended questions (Geyer, 2021). Rubin and Babbie (2016) explain that the interview guide should be planned and structured but also allow for flexibility to follow up on important and unforeseen responses (ibid.). Kallio et al. (2016) explain that the development process of a trustworthy semi-structured interview guide includes five inter-related phases

including identifying and understanding the prerequisites for using a semi-structured interview instead of other forms of data collection, making use of previous knowledge and theory to inform the interview guide, construct a preliminary interview guide, pilot test it, and refine the guide. For this study the researcher made use of Geyer's (2021) suggestions on how to approach an interview guide with introductory remarks on purpose, duration, and informed consent, and from there shift focus to the body of the interview with warm-up questions on biographic and demographic context, central questions connected to the research questions, cool-down questions around the future, and questions to confirm the understanding and interpretation of answers. The researcher also spent time with closing remarks, where it is advisable to ask the participants if they have any questions and allow time for debriefing (ibid.). During these closing remarks some of the participants asked the researcher about specific concerns they had for their sexual wellbeing, these discussions were not recorded or included in the research.

3.4.4 Data collection tool

A voice recording app and note taking was used for all interviews conducted. Geyer (2021) argues that the use of a voice recording device during interviews is preferable when the participants consent to it to make sure no information is forgotten or lost. Geyer (2021) explains that the researcher should not trust their memory and therefore field notes should be taken together with the recording. After the interview it is advisable to write down impressions immediately and the interview should be transcribed and analysed while they are still fresh in mind (Geyer, 2021; Tessier, 2013).

3.5 Data analysis

Schurink, Schurink and Fouché (2021b) describes the process of data analysis through four steps. The researcher should start by naming and categorizing phenomena by breaking down, examining, comparing, and conceptualising, in a process called open coding (ibid.). The researcher then makes connections between the different categories in what is called axial coding to investigate potential connections between categories and subcategories (ibid.). During the third step, the researcher uses selective coding by choosing a core category and methodically compares it to other categories to validate the connection between the categories and identifying categories that needs further development (ibid.). When themes have been developed and the coding process is on its way, the researcher should investigate how things that are not presented in the data could be of value for the study (ibid.). These could be events

that the researcher anticipated but never occurred or events that the respondents are unaware of or want to hide.

Rubin and Babbie (2016) suggest that the researcher make use of memoing during all stages of the data process in order to capture code meanings, theoretical ideas, preliminary conclusions, and later start discovering patterns for the data analysis. To discover patterns, Rubin and Babbie (2016) suggest that the researcher investigates the frequencies of different phenomena or topics and the magnitudes of them, and how they may relate to each other.

For this study the research has made use of the four steps of data analysis together with memoing and investigating frequencies of phenomena. This has been done by utilising Tesch's (1990) eight steps for coding process in qualitative research:

1. In order to get a sense of the whole, the researcher read through all transcripts and noted down any ideas or questions that came to mind.
2. The researcher chose one transcript on random and started investigating what the data was presenting while making notes on themes, ideas, patterns, questions, and thoughts.
3. After repeating this process with three more transcripts, the researcher created a list of topics, ordered them into columns for major, unique, and leftover topics. Similar topics were clustered together. This process was done by using the software programme NVivo.
4. Next, the topics were abbreviated into codes and the researcher continued reading through the transcripts and noting down the codes using NVivo.
5. The topics were turned into categories with descriptive wording.
6. A final decision was made on the abbreviations for each category, and they were organised alphabetically.
7. The data for each category was grouped together and the researcher performed a preliminary analysis.
8. Existing data was recoded when necessary.

3.6 Data verification

Data verification refers to the process of checking, making sure, confirming and being certain,

to confirm the rigor of the study - reliability, and validity (Morse, Barrett, Mayan, Olson & Spiers, 2002). Rigor, reliability, and validity are concepts used mainly in quantitative research and considered by many as inappropriate terms for qualitative research. Instead 'trustworthiness' have grown to be the main aspect of data verification in qualitative research (ibid.). Many researchers are referring to Lincoln and Guba's (1985) four ways of establishing data verification and trustworthiness in qualitative research (Morse et al., 2002; Nieuwenhuis, 2016c; Schurink, Schurink & Fouché, 2021b):

Credibility is one of the most important factors for establishing trustworthiness through demonstrating that the respondents and their perceptions have been accurately identified and described (Lincoln & Guba, 1985). Credibility can be established by utilising a well-established research method, presenting a research design that clearly correlates with the research questions, and theoretical underpinning (Nieuwenhuis, 2016c). The prolonged engagement that the researcher usually has with respondents in qualitative research and making use of supervision can also help establish credibility (Schurink, Schurink & Fouché, 2021b).

Credibility can be established through a process called triangulation. Triangulation can be produced in many ways, for this study the researcher has used the following triangulation methods: made use of different theories to understand the data, member checks where the respondents are asked if the researcher has interpreted their answers correctly, and by providing thick descriptions of the data (Pandey & Patnaik, 2014).

Transferability occurs when the findings of a study can be transferred from a particular context to another (Lincoln & Guba, 1985). Transferability is demonstrated through detailed descriptions of the participants to provide insight into how typical they are for their specific context, and a clear description of the context for where data has been collected (Nieuwenhuis, 2016c). To achieve transferability, the researcher must thoroughly describe how the study ties into theory so the reader can decide if the findings could be applied to another context (Nieuwenhuis, 2016c). Schurink, Schurink and Fouché (2021b) explains transferability to practice reflexivity, build discipline, rigour, and reliability in the data collection process.

The theoretical frameworks for this study have been presented in chapter 2, and the research site and population have been described in this chapter. The demographics of the participants have been described in chapter 4.

Dependability refers to if the research process is logical and has been well documented (Lincoln & Guba, 1985). Nieuwenhuis (2016c) argues for documenting the research process so others could understand decisions made and how the analysis and interpretations unfolded. Lincoln and Guba (1985) suggested an 'inquiry audit' where another researcher examines the research process and the study as one way of enhancing dependability. The research process and each chapter of this study have been supervised by a supervisor appointment by the University of Cape Town.

Confirmability refers to if the study can be confirmed by another and the degree of neutrality, where the findings are as accurately presented as possible with minimal interference from the researcher's bias (Lincoln & Guba, 1985). The audit trail can help provide confirmability by systematically documenting the researcher's critical analysis of the researcher's interaction with the respondents to display how the data was discovered (Pandey & Patnaik, 2014). Morse et al. (2002) argues that confirmability is not relevant within postmodern philosophies because they perceive reality as dynamic and changing. Self-reflection through reflexivity is an important aspect of confirmability even if a true objectivity or neutrality is not possible (Pandey & Patnaik, 2014). For this study continuous reflexivity have been practiced in supervision, and direct quotations from the participants have been presented in chapter 4 to provide confirmability.

3.7 Limitations of the study

Geyer (2021) explains that even though there are many benefits to qualitative interviews, there are also some limitations. Limitations pertaining to this study has been identified as follows.

3.7.1 Research design

One of the main critiques against qualitative research is that the findings are not generalizable and is lacking statistical analysing (Pandey & Patnaik, 2014). Anderson (2010) explains how qualitative research sometimes is criticized for being dependant on the researcher's skills, how questions, analysis, and interpretations could be influenced by the researcher's bias, and that

rigor is more difficult to demonstrate. Reiter (2017) argues that there is no such thing as an objective truth and that the researcher should be more focused on describing their context for where the data is relevant than trying to generalize findings for a consistently changeable world. This study aimed to explore an in-depth understanding to how the participants understand and explain sexual wellbeing, not to generalise any statistical findings. The researcher has been provided supervision throughout the whole research process, reassuring reflexivity.

Geyer (2021) highlights the difficulties with costly travels and time-consuming transcribing and suggests online interviewing as an option. The researcher recognised that sexuality may be a sensitive topic and decided against online interviewing in order to better create rapport with the participants and be able to detect non-verbal cues during the interviews. The researcher made use of a non-judgemental approach, clearly discussed the concept of confidentiality, and informed each participant about the researcher's background in working with sexuality issues to assure the participants that the researcher was comfortable and open to the topic.

3.7.2 Population and sampling

Several limitations to the research population have been identified. Due to the difficulties of accessing adolescents willing to participate in a study on sexual wellbeing, and for their parents to consent to this, the researcher turned to an organisation she has worked with previously. This eradicated the issue of parental consent since the director could act as 'in loco parentis'. A limitation to this is that all participants are enrolled in some form of after-school activity which in previous research has indicated to be a positive factor for sexual wellbeing and may not be representative to the overall population of adolescents in South Africa. As Rubin and Babbie (2016) explain, sometimes we need to make use of so-called gatekeepers to get access to a population that would otherwise be difficult to access.

Another important limitation of this study is language. The participants' and the researcher's home language are not English. The participants' home language is isiXhosa, and the researcher's home language is Swedish. Shokane and Masoga (2021) argues for the importance of language from an Afro-sensed perspective in the sense that local languages provide an understanding of African ways of knowing and to avoid misunderstandings and misinterpretations. The researcher actively chose to not make use of an interpreter due to the sensitive nature of the topic. The participants were informed prior to the interviews that the interviews would be held in English, giving them a choice whether to participate on these

premises. The researcher had to think carefully over what wordings to use when asking questions and take the time to further explain specific terms and concepts.

3.7.3 Data collection

Semi-structured interviews are time consuming with preparations, setting up, conducting the interviews, transcribing, and analysing the interviews (Adams, 2015). A limitation to semi-structured face-to-face interviews is that the participants might be unwilling to share some private information and it is difficult to know if they are answering the questions truthfully. This could be especially difficult in sexuality studies, considering how sexuality in many contexts are considered a taboo subject with shame tied to it. On the other hand, trustworthiness will always be the issue when investigating human subjects (Geyer, 2021). Two adolescents decided to withdraw their consent at the beginning of the interviews due to feeling uncomfortable with the topic. Subsequently, two other participants were recruited. All participants were asked at the end of the interviews if they had answered truthfully and if they had been comfortable with the questions. Due to the questions being directed towards the participants perceptions, and not personal experiences, this may have decreased the risk of untruthful answers and unwilling participation.

A possible limitation of using voice recording is that participants may feel uncomfortable with being recorded and therefore withdraw (Tessier, 2012). The reason for voice recording was explained to the participants and no objections or withdrawals occurred.

3.7.4 Data analysis

Data analysis is dependent on the researcher's ability to code and interpret themes and analyse these (Schurink, Schurink and Fouché, 2021b). The researcher for this study is a novice researcher with limited experience of data analysis. Identifying themes could be subjective to the researcher's prior understanding and biases.

3.7.5 Researcher bias

Schurink, Schurink and Fouché (2021a) explains how the researcher as an instrument approaches the research process through their ontology and epistemology, within their own set of ideas based on their personal history, gender, biography, race, social class, culture, and ethnicity. The researcher needs to constantly be aware of their biases and values when

conceptualizing the research questions and deciding on a research method (ibid.). Reflexivity is a key tool in challenging these biases. Reiter (2017) explains that we need to accept and acknowledge our bias and limitations, how these influence the research questions and initial hypothesis, and how a strong self-reflexivity must be at the core of the research process. As previously mentioned, the researcher has consistently received supervision to aid in self-reflection and reflexivity.

3.8 Conclusion

This chapter has provided a presentation of the research methodology for this study, including research design and population and sampling procedures. The data collection has been discussed together with data analysis and data verification. The limitations of this study have been presented. Next chapter presents the findings from this study.

4. CHAPTER 4: Findings

4.1 Introduction

The findings of this study are discussed in this chapter by first presenting the profile of the participants, followed by a table of the framework of analysis. The findings are discussed according to the research objectives in reference to the literature presented in chapter two. A conclusion completes the chapter.

4.2 Profile of the participants

In this section the demographics and characteristics of the population sample is briefly presented.

Table 1: Age of participants

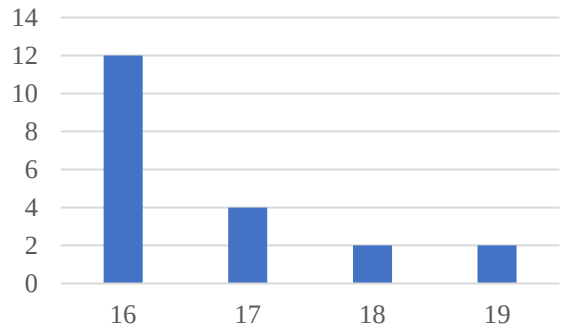
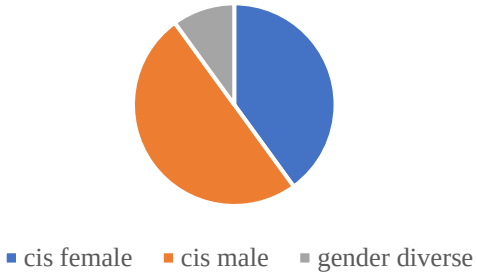


Table 2: Gender identity of participants

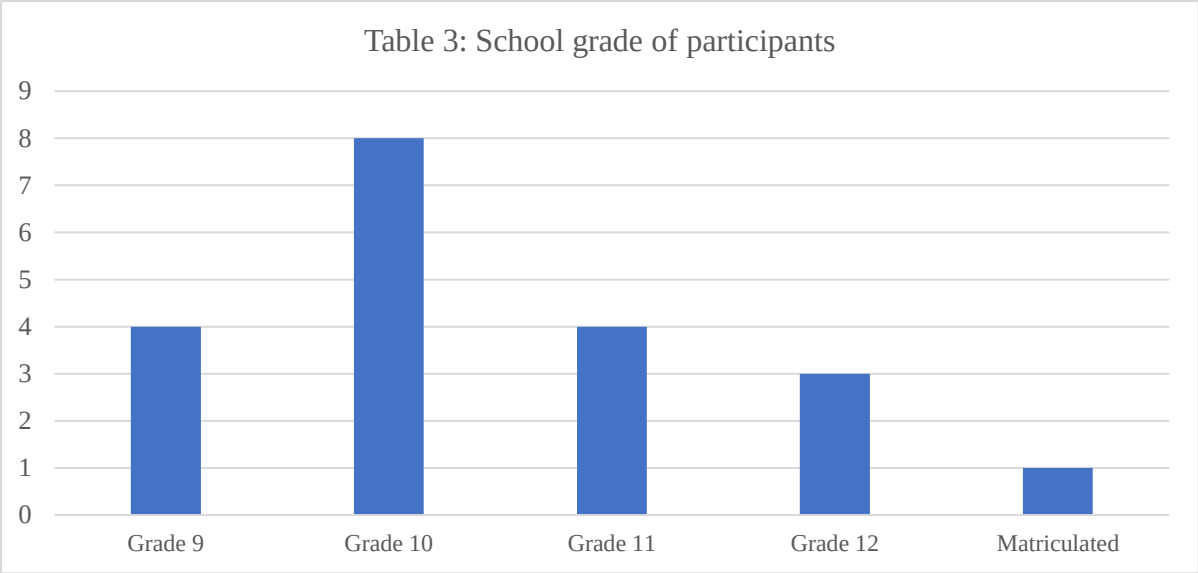


As demonstrated in table 1, the participants were in their middle to late adolescence with a predominant number being 16 years of age.

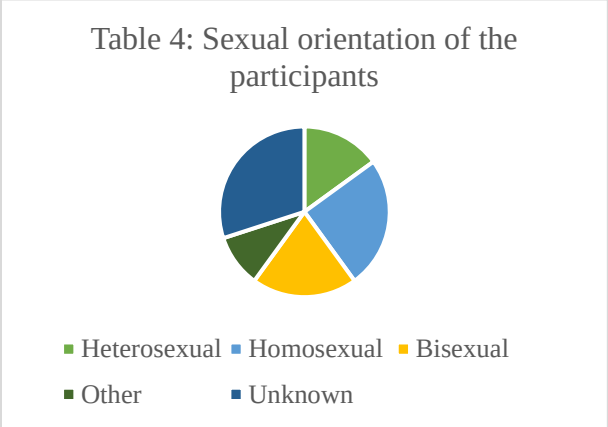
The participants' gender identity is situated with a fairly even distribution between cisgender female and cisgender male participants (8 cis female and 10 cis male). Two participants were represented by gender diverse adolescents. Table 2 demonstrates the gender identity of the participants.

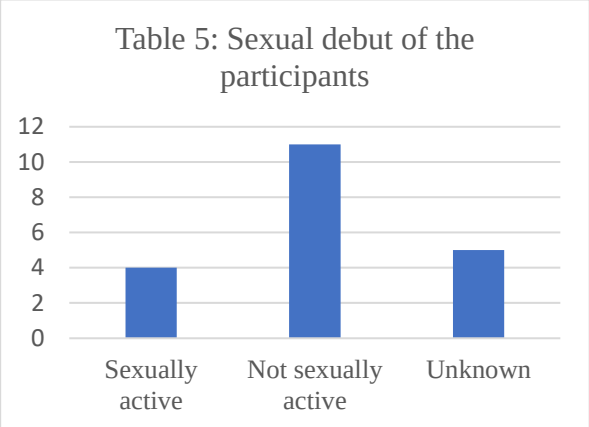
All participants identified as black South Africans. All participants identified belonging to the Xhosa culture and spoke isiXhosa as their home language.

Seventeen of the participants identified as Christians and explained that religion was important to them. Two of the participants identified as atheists, and one participant explained their religion as the belief in ancestors.



As seen in table 3, most of the participants were senior high schoolers, with a predominant number of participants being in grade 10. All participants were registered with one or more after-school activity at PPG.





The researcher did not ask the participants to disclose their sexual orientation. However, most of the participants volunteered this information. The participants demonstrated a diversity of sexual orientations with more than half (11) of the participants identifying as other than heterosexual. This is presented in table 4.

The researcher did not ask the participants to disclose whether they had their sexual debut with a partner yet. Table 5 demonstrates how most of the participants volunteered this information. Most of the participants (11) had not had their partnered sexual debut yet.

The demographics and characteristics of the population sample informs us that the findings of this study predominantly reflect the perceptions of middle to late adolescent cisgender females and cisgender males registered as senior highschoolers with at least one after-school activity at PPG. The findings are exclusively reflected through the perceptions of black Xhosa adolescents from Langa township in Cape Town. The findings reflect the perceptions of predominantly Christian youth, whom have not had their partnered sexual debut at the time of the interviews yet demonstrates a diversity of sexual orientations.

4.3 Framework of analysis

Table 6: Framework of analysis

Theme	Category	Subcategory
Theme 1: Understanding the participants' perceptions of sexual wellbeing. Sub-theme 1: Individual level Sub-theme 2: Interpersonal level Sub-theme 3: Societal level	 Maturity Sexual self-concept Sexual orientation & gender identity Sexual experience Safer sex Consent Knowledge Freedom from discrimination	
Theme 2: Factors influencing sexual wellbeing from a family and household experience	Communication	Sexuality information Culture and religion
Theme 3: Factors influencing sexual wellbeing in the peer group, school, and after school activities	Peer pressure School sexuality education After school activity	Sense of belonging Risk and danger perspective Risk prevention A need for sex-positive education
Theme 4: Factors influencing sexual wellbeing in the community, the media, and the wider society	Community Media Wider society	Stigma and discrimination Interventions Social media Pornography

4.4 Discussion of findings

The findings are presented below according to the themes that emerged from the main research objectives.

4.4.1 Theme 1: Understanding the participants' perceptions of sexual wellbeing

None of the participants had heard of the term 'sexual wellbeing' prior to this study. The concept needed to be explained to each participant and once understood, the interview could proceed. In this section, the participant's perceptions and understanding of how to be

comfortable, healthy, and happy regarding aspects of sex and sexuality are discussed. When analysing the findings and identifying the categories it became evident that they were grouped according to three sub-themes: individual level, interpersonal level, and societal level.

The categories identified from an individual level pertinent to sexual wellbeing were adolescents' sense of themselves, which included maturity, sexual self-efficacy, and sexual self-esteem. Other categories in the individual level sub-theme were identified as one's innate sexual orientation and gender identity, and sexual experience. Categories identified on an interpersonal level positively correlating with sexual wellbeing was found to be safer sex practices and consent. On a societal level, different forms of knowledge of sex and sexuality was consistently mentioned by the participants as a major contributing factor for sexual wellbeing. Another important societal aspect for sexual wellbeing was to be free from discrimination.

The findings that explore how adolescents perceive sexual wellbeing confirm the importance of using an ecological systems theory lens when researching adolescents' perceptions of sexual wellbeing. Aspects of sexual wellbeing has been identified from the participants' immediate environment which includes family, peers, and school on the micro level, and from the overall structures of society in the form of the macro system's informal norms that are viewed in their exosystem of neighbourhood and school (Bronfenbrenner, 1977).

4.4.1.1 Sub-theme 1: Individual level, Category 1: Maturity

Fourteen participants spoke of different forms of maturity in relation to sexual wellbeing. Maturity was consistently mentioned in discussions of when it is appropriate for an individual to have their sexual debut and was closely connected to the participants' perception of sexual wellbeing. Several (11) participants spoke of maturity in the sense of being able to take care of a child. The risk of falling pregnant was closely linked to having sexual intercourse, and sexual intercourse was closely connected to sexual wellbeing for most of the participants (18). Therefore, maturity was predominantly understood as being socially and financially mature.

"When you're financially stable, and you know where you're going… because having sex, be it protected, be it unprotected, it all results in the same thing - having a child. The minute the child is born, and you're still under your parents' care, then it becomes another

burden on your parents. So, when you're financially stable, you know, you're doing this, knowingly, that you can take care of your child." (P13)

For others, maturity referred to a mental and emotional maturity that was closely linked to the participants perceptions of sexual wellbeing.

"I'll actually say from my side, 20 or 18 upwards. I think at least you are logic enough to think for yourself. You are logical enough to know the risk and the consequences that come with sex." (P19)

For several participants, sexual wellbeing was also closely connected to a religious or spiritual maturity.

"Because we need to have sex with that person that you marry, you are one. So having a person that you're not married with, that's wrong." (P16)

"My views on sex? Ah, this is obviously different from people out there. Because for me, sex is a spiritual entertainment, and you need to be spiritually connected to the person with whom you're having sex with. So, you need to have that age… That's what I believe." (P3)

These findings confirm the findings from De Meyer's et al. (2021a) who argues that maturity is an important factor of sexual wellbeing for adolescents. It also demonstrates how the risk of pregnancy is strongly linked to sexual activities and how heterosexual intercourse is normative when discussing sexual acts, much like heteronormativity has dominated conversations around sex and sexuality throughout history (Christiansen & Fisher, 2016; Seidman, 2016; Steyn & van Zyl, 2009).

This finding highlights that adolescents' perceptions of maturity needs to be considered when exploring adolescent sexual wellbeing. The finding also confirms how heteronormativity impacts adolescents when they discuss sex and sexuality.

4.4.1.2 Sub-theme 1: Individual level, Category 2: Sexual self-concept

Half of the participants (10) considered sexual self-concept in the form of sexual self-efficacy and sexual self-esteem as an important factor of sexual wellbeing, especially in the context of communicating with others about their sexual preferences. The participants were not familiar with the term 'sexual self-concept', instead they spoke of confidence when arguing for communication, bodily autonomy, and agency.

"Because when you are able to speak about what you want or about what you feel about something and it's much better because we know that it's, it's safe or not." (P12)

"So sometimes you just have to have confidence of who you are and love yourself more. And respect your body." (P6)

"Like that whole sexual wellbeing, thing - it's quite positive for an individual because that also increases your self-esteem, in how you carry yourself around people and where you're going. Not keeping your feelings or the way we act in life within you." (P20)

The participants of this study argue for bodily autonomy, confidence, agency, and the importance of communicating your desires and sexual preferences which concurs with previous research arguing for sexual self-efficacy and sexual self-esteem as factors of one's sexual self-concept influencing sexual wellbeing in adolescence (De Meyer et al., 2021a; Fortenberry, 2013; Harden, 2014; Lorimer et al., 2019). Sexual self-concept is a sex-positive term that has grown in importance when considering sexual health during the last 20 years (Lorimer et al., 2019).

These findings indicate the importance of sexual self-concept when considering sexual wellbeing. The findings also inform us how adolescents value sex-positive approaches to sexual wellbeing.

4.4.1.3 Sub-theme 1: Individual level, Category 3: Sexual orientation and gender identity

The participants were not asked to disclose their sexual orientation; however, half of the participants (11) volunteered the information that they identified outside of the heterosexuality spectrum. Two participants identified within the gender diverse spectrum. Sexual orientation

was viewed by most participants (16) as an important aspect of sexual wellbeing. Gender identity was also considered an important factor of sexual wellbeing by 11 participants.

Umm… I'd say sexual wellbeing is when individuals are actually comfortable with themselves regarding who they are. Am I lesbian? Am I gay? Am I straight? And how do I perceive other individuals who are the same as me? Or is different as me? It's being happy with in that space - regarding, especially your sexual activities, sexual orientation… And if you are happy regarding what you guys are doing. So ja, and just having the feel of being able to express yourself in a positive manner." (P19)

"Anyhow, because I need to live my life, and my life is being gay, and, like, my life is to be happy." (P1)

"Be comfortable and confident with who you are. It doesn't matter whether if you're gay or lesbian, transgender, but be comfortable with who you are and the way you express yourself." (P3)

The findings confirm previous definitions of sexual wellbeing, where sexual orientation and gender identity is vital aspects of the concept of sexuality (Department of Social Development, 2015; World Health Organization, 2020). The term 'sexuality' often is included in descriptions of sexual wellbeing (De Meyer et al., 2021a; Harden, 2014; Tolman, 2016; World Health Organization, 2020).

The participants considered being comfortable, happy, and safe within their sexual orientation and gender identity as crucial for sexual wellbeing. This finding should therefore be considered when understanding sexual wellbeing in adolescence.

4.4.1.4 Sub-theme 1: Individual level, Category 4: Sexual experience

Almost all the participants (19) did not perceive themselves as having sexual wellbeing at the moment but were at the same time hopeful of developing sexual wellbeing in the future. Many of the participants (11) had not yet had their partnered sexual debut. All participants (20) understood the term 'sexual debut' and 'sexually active' as partnered sexual activities. Only two participants spoke of masturbation. Over half of the participants (11) explained that sexual

experience is important for the development of sexual wellbeing. Some of the participants argued that sexual experience is important from a cultural perspective, others argued for experience in a sense of better understanding one's preferences and to increase the possibilities for pleasure.

"I think it's important to to experience sex at this age… for example, in my culture you have to experience sex because when you're circumcised, like, I think, like, a penis has to be experienced of sex, because if you get horny when the penis is cut in the bush, you're gonna get soar and you're gonna have unhealthy right there… I think it's very important to have sex at this age." (P17)

"Maybe if my partner says it's this kind of sex, then I would know that this kind of sex is better, so I wouldn't put myself through what I don't even know." (P8)

These findings are in line with what Anderson (2013) argues for when explaining that sexual experience in adolescence seems to be closely connected to increased sexual satisfaction. Best and Fortenberry (2013) also explain how sexual experience is positively correlated to sexual satisfaction and sexual self-esteem. The possibility of having safe sexual experiences, shared or solitary, is considered fundamental to sexual wellbeing (WAS, 2019). Harden (2014) and Vrangalova and Savin-Williams (2011) argue that a late onset of partnered sexual activities may be associated with higher levels of sexual anxiety. In this study, sexual wellbeing was closely linked to shared sexual experiences, where solitary erotic experiences did not seem to be adequate for experiencing sexual wellbeing. The finding concerning the participants' sexual debut contradicts previous research predicting that over half of all 16-year-olds in South Africa are sexually active (Eaton, Flisher & Aarø, 2003).

These findings are important for several reasons. That almost all participants do not perceive themselves as having sexual wellbeing is concerning. The findings indicate that sexual experience is important for developing sexual wellbeing, which could explain why the participants did not perceive themselves as having sexual wellbeing at the moment because most of them do not have sexual experience. The findings also indicate that partnered sexual activities is perceived as being sexually active, where solitary sexual activities are not included.

This is important when understanding how adolescents understand the concept of sexual experience and normative sexual behaviours.

4.4.1.5 Sub-theme 2: Interpersonal level, Category 1: Safer sex

All (20) participants spoke of safer sex practices, mostly in the form of condom use. Most of the participants (17) found safer sex to be an important aspect of sexual wellbeing. Not using condoms were associated with risks of HIV, STIs, and unintended pregnancies. Most of the participants (15) viewed HIV, STIs, and unintended pregnancies as prohibiting sexual wellbeing.

“That's not love, if you're not going to protect the person that you’re having sexual intercourse with, that's not love.” (P16)

“And also, I think, like, having sex without using condoms, not a good idea! We have to use condoms so we can avoid, like, diseases, like STI, STDs… and HIV.” (P13)

“Boys bring babies. And also, it takes two to have sex. So, you’re gonna have a baby and you will be the one who made it. So, abstain it, or use protection!” (P6)

Even though the participants of this study argue that using a condom for sexual intercourse is important, most of them (16) do not think that their peers use condoms.

“So, like, they want to be in that fashion where they say nah, there's no time for condoms. I'll say it's kind of a trend, okay, outside amongst the teenagers, that a condom is just a waste of time.” (P12)

“They just have it and hope for the best, that they don't make a baby. That's why you got a lot of young children, they have babies these days in high school, because they don't protect themselves. They just don't care what happens. They love sex, sex is gold.” (P18)

The finding concurs with previous research stating that having safe sexual experiences is an important aspect informing sexual wellbeing (WAS, 2019). The finding also concurs with Muchiri et al. (2017), who found that inconsistent or absence of condom use is a risk factor for

HIV, STIs, and unintended pregnancies. This finding contradicts definitions where sexual wellbeing is perceived to be possible regardless of the presence of sexual health or sexual illness (Harden, 2014; WHO, 2020). The participants' perceptions of their peers not using condoms is consistent with the findings from previous studies where most South African youths have reported inconsistent condom use (Pettifor et al., 2005; Phillips & Malcom, 2006; Shai et al., 2014). The perception that one's peers are not using condoms could influence adolescents to not use condoms themselves (Best & Fortenberry, 2013).

This finding indicates that safer sex practices in the form of condom use is important for adolescents to achieve sexual wellbeing. The participants' perceptions that their peers are not using condoms could prohibit them to achieve sexual wellbeing in the future. The finding also indicates that the participants have limited understanding of safer sexual practices, other than using a condom during penetrative sexual acts.

4.4.1.6 Sub-theme 2: Interpersonal level, Category 2: Consent

Many of the participants (12) spoke about the importance of sexual consent, or to not be forced to engage in sexual activities (9). The participants argued for consent being an agreement between sexual partners on when to have sex and what kind of sexual activities to have. They also explained that consent is something that needs to be verbally discussed with your sexual partners. More important than receiving a verbal 'yes' seems to be to respecting a verbal 'no'.

"If your partner doesn't force you to do something that you're not willing to do, then you're happy. And if he understands, when say no, he takes you seriously, doesn't abuse you in some sort of way emotionally, physically and all that stuff, then probably you're all happy. In fact, you're happy." (P6)

"Like, both must agree, like, even a boy. For example, a girl wants to have sex and the boy is not ready - the boy first must agree for them to have sex." (P10)

"And consent is based within a relationship too, you can't just do things just to satisfy the other individuals whereby you yourself won't be satisfied. So, if you say no, the no is a no, you don't do it to please somebody else." (P19)

These findings concur with the findings from the U.S. where adolescents in a similar age group defined consent as a verbal agreement (Righi et al., 2021). Similar to the findings from the U.S., the participants in this study valued the absence of a verbal 'no' and respecting a 'no' (ibid.). Popova (2019) argues that legalistic approaches to how rape and consent is defined often reflects cultural attitudes and practises. This contradicts the findings from this study where a majority (18) of the participants could not think of any legislation regarding sexual activities, but they still regarded consent as an important aspect of sexual wellbeing. De Meyer et al. (2021a) have argued for the importance of including consent in research regarding adolescent sexual wellbeing and in CSE. These arguments are supported by the findings in this study.

This finding confirms the importance of consent as a vital aspect of sexual wellbeing in adolescence.

4.4.1.7 Sub-theme 3: Societal level, Category 1: Knowledge

When asked about sexual wellbeing, most of the participants (15) argued for the importance of knowledge about sex and sexuality. Almost all participants (18) perceived themselves as lacking adequate knowledge in order to experience sexual wellbeing. Nineteen participants wished for more sexuality education and dialogues in school, at home, at their after-school activities, or in their communities.

"Because I think if we knew about other types of sex we could have… we should not date boys that will make us pregnant and run away." (P14)

"I want them to teach us, because there are gays and there are lesbians and I want them to teach us to accept them for who they are. They don't teach us this kind of sh*… this kind of stuff… So, I want them to teach us about that, to accept every human being." (P2)

These findings are in line with the first objective of the *National Integrated Sexual and Reproductive Health and Rights Policy*, which aims to ensure that all people are equipped to make informed choices regarding their sexual and reproductive health (National Department of Health, 2019). Most of the contemporary research on sexual wellbeing in adolescence speaks of CSE as the number one aspect on a societal level (De Meyer et al., 2021a). The participants of this study speak not only of sexuality education in schools, but of sexuality knowledge in

general. This concurs with the findings of Kheswa and van Eeden (2018) who indicates that sufficient knowledge about sexuality promotes sexual wellbeing.

Sexuality knowledge is a recurring theme for many of the discussions in this study. This finding clearly speaks to the importance of knowledge in relation to sexual wellbeing.

4.4.1.8 Sub-theme 3: Societal level, Category 2: Freedom from discrimination

Many of the participants (17) spoke about being judged and discriminated against by their communities, friends, and families, and the importance of being free from discrimination to develop sexual wellbeing.

"There are people, like, are judgmental towards other people about how they should be or what, like, for example, like, if you are interested in boys, like, you wanted do sex to boys, they're going to judge, you know, they're gonna call you names and all that stuff. So, I think that's why people hide themselves from being bisexual or homosexual. I don't think most teenagers are happy." (P17)

"I thought it was gonna be awkward. But no, she [her mother] made it easy for me. So, like, okay, because… this one cousin of mine, she's a lesbian. So, and she's been dominating, she doesn't care. Like she just has an I don't care attitude, she is expressing her sexual wellbeing. So, I think they got used to her. So, when I came out it was nothing new." (P19)

The findings here support the *Constitution of the Republic of South Africa, Act No. 108 of 1996* (1996:chap2), that states that all people should be protected from discrimination on the ground of gender, sex, pregnancy, and sexual orientation. One's sexual and gender identity is innate, something that is outside of the individual's control (Haroian, 2000). Discrimination is a social construct, and therefore something that a society could work towards eliminating (Payne, 2021). These findings further correlate with previous research demonstrating how LGBTQIA+ youth are at high risk of societal stigma which heightens the risks for sexual abuse, sexual risk behaviours, substance abuse, victimization, and poor mental health (Diamond, 2013; Långström, 2016; Müller, 2016; Thurston et al., 2014).

These findings further highlight that being free from discrimination should be considered when understanding sexual wellbeing in adolescence.

The following section examines how the participants' experience the influence from family and household on their sexual wellbeing.

4.4.2 Theme 2: Factors influencing sexual wellbeing from a family and household experience

When analysing the data applicable to the second theme, one category named communication was identified, which further produced two subcategories, namely sexual information and culture and religion. The findings confirm that family and household are important factors in the adolescents' microsystem that can influence their perception of sexual wellbeing (Bronfenbrenner, 1977).

4.4.2.1 Theme 2, Category 1: Communication

All participants (20) addressed sex and sexuality communication within their household and 18 of the participants found the verbal and non-verbal communication influencing their perception of, and possibilities to, achieve sexual wellbeing. When asked from who or where the participants want to receive information about sex and sexuality, a majority (17) replied that they wish to have these conversations with their parents or other adults in their household. At the same time, most of the participants had never (10), or only on a few occasions (9), had this conversation in their household. Many of the participants (16) thought that their parents or caregivers avoided these conversations to protect them or out of fear that they would start having sexual relationships if they were informed about sex – something most of the participants (15) did not agree with.

"I think they kind of avoiding us thinking about having sex or actually thinking about the idea of actually… ja… I think they kind of live in ancient time and I don't think they actually recommend adults talking… to teenagers about sex." (P7)

"Yes, at home! My parents, I would have liked them to teach me about sex and stuff. Ja. But they don't… Maybe they think that they sending their children to do sex and stuff?

Yes, I think so. That's why they won't talk about it. Or they find it weird to talk about it." (P8)

"I would like them to speak up about relationships and sex. So that we can, my little brother and I, can decide when to have sex or not." (P2)

These findings support previous research indicating that a lack of communication in the family about sex and sexuality may inhibit sexual wellbeing (Abdullahi & Abdulquadri, 2018; Department of Social Development, 2014; Khuzwayo & Taylor, 2018; Mkwananzi, 2017; Mmari & Sabherwal, 2013; Thurston et al., 2014). The participants did not agree that by their parents avoiding communicating about sex and sexuality, it would prevent them from sexual activities. These findings are supported by Best and Fortenberry (2013) who explains how parents through open and responsive communication around sex and sexuality can delay the adolescent's first sexual intercourse, decrease the number of sexual partners, and increase condom use.

The findings acknowledge and emphasise the importance of sexuality communication in the adolescent's household as a contributing factor to sexual wellbeing.

4.4.2.1.1 Theme 2, Category 1, Subcategory 1: Sexuality information

Nine of the participants had experience of conversations with some adult in their household on at least one occasion. All of them (9) perceived the conversation as awkward, or uncomfortable, with a clear risk and danger perspective. The message from the adult family member was often to abstain from sexual intercourse (8), or to use a condom to avoid STIs, HIV, and unintended pregnancies (9). None of the participants (0) had ever had a conversation with an adult family member about any positive aspects of sex and sexuality.

"Most of the parents are very judgmental. That's why, okay, very judgmental. They're not there to advise, they are there to judge." (P14)

"Yeah, I think my uncle told me that I must not be disturbed by sex, because it can easily disturb you from your academics and stuff. He said I must be careful, and I must use a condom until I'm old enough." (P17)

“She was actually afraid because I’m her first born and the only son. I asked her why wait so long? We could have done this when I was 14. She said no, I was afraid. So, we sit down and speak about it. The only thing I got out of her was ‘use a condom’. I think most of parents are not equipped enough to know what to do, or how to talk to kids.” (P3)

The participants’ experience of lack of, or fear-based communication concurs with the findings of Maina, Ayanbekongshie Ushie and Kabiru (2020), who determined that most of the parents from their study in Kenya did not communicate about sex and sexuality, and the few that did, did so from a fear-based perspective, resulting in the adolescents feeling discouraged from disclosing their relationship status. The findings further support that fear of sexual risk behaviours are one of the most common drivers for parents initiating conversations about sex and sexuality (Usonwu, Ahmad & Curtis-Tyler, 2021). The participants in this study primarily want information about sex and sexuality from their parents or guardians. These findings confirm previous findings indicating that SRHR programmes should involve the adolescent’s family (Gavin et al., 2010; Wild & Swartz, 2012).

The findings inform us that the few parents or caregivers who do communicate about sex and sexuality with their adolescents do so from a risk and danger perspective, with focus on risk prevention. This creates a barrier for sexual wellbeing in adolescence since the participants deem sexuality information from parents and caregivers as important for their sexual wellbeing.

4.4.2.1.2 Theme 2, Category 1, Subcategory 2: Culture and religion

Most of the participants (17) were Christian and so were their families (20). Most participants (13) experienced their families cultural and religious views to have an impact on their sexual wellbeing. Half of the participants (10) agreed more or less with their family’s religious or cultural views on sex and sexuality. The other half (10) did not agree with their families.

“Because religion - a child is a child, so don't talk to children about adult stuff. So, I think it kind of impacts.” (P7)

“It's a religion thing about sex because our religion is Christian… It’s a shame of God, something like that. I must first have marriage and then kids.” (P5)

“My culture is their culture so, like, our culture doesn't believe, like, when they talking about sex… they talk about our religion, like, doesn't allow people to be gay and stuff… They don't talk about how my feelings are, like, how damaged my feelings are… I don't like when I'm forced to be another person.” (P1)

The findings mirror well previous research from sub-Saharan Africa where cultural and religious norms is perceived to create an uncomfortable environment that inhibits conversations between parents and adolescents about sex and sexuality (Usonwu, Ahmad & Curtis-Tyler, 2021). Much like previous research, the participants of this study provided different perceptions of their families cultural and religious believes, where some agreed with the family’s view on the importance of abstaining from sexual activities until marriage, while others instead hid their sexual experiences, thoughts, and feelings from their families (ibid.). This finding confirms that Bronfenbrenner’s (1977) understanding of the mesosystem is relevant for understanding adolescent sexual wellbeing when considering how religion and culture interrelates with how parents interact with their adolescents regarding sex and sexuality.

The finding highlights how culture and religion influence how parents speak to their adolescents about sex and sexuality. The findings are not adequate to determine if a cultural and religious influence could be considered predominantly positive or negative for adolescent sexual wellbeing.

The next section demonstrates how the participants perceive influence on their sexual wellbeing from peers, school, and after-school activities.

4.4.3 Theme 3: Factors influencing sexual wellbeing in the peer group, school, and after-school activities

In this section the data analysis of the participants’ experiences from their peer groups, schools, and after-school activities are presented. The analysis identified three main categories, namely peer pressure, school sexuality education, and after-school activity. In the analysis of the peer pressure category a further two subcategories were identified, namely sense of belonging and stigma, discrimination, and bullying. In the deeper analysis of the school sexuality education category a further three subcategories were identified, namely risk and danger perspective, risk prevention, and a need for sex-positive education.

4.4.3.1 Theme 3, Category 1: Peer pressure

All participants (20) spoke of peer pressure and how they perceive other adolescent to often be negatively influenced by peer pressure. Many of the participants (18) had experienced peer pressure, but most of them had not acted on it (17). On the other hand, the findings indicated that most participants (18) perceive their peers being pressured into sexual activities.

"I like, I thought about it, and I said to myself, what am I going to do now? Is it going to benefit me? And yes, it will benefit me, but it's not the correct age for me to have sex. And I told my older brother that I was feeling pressured to have sex, and he said no, you should listen to your inner peace - if I'm not ready for sex, I shouldn't try it at all. So, I didn't." (P12)

"Because most of the time it's peer pressure, I'd say so. Cause most of the time we would see our friends dating someone and she would think it's cool and that she also needs to be… but inside she's not really ready to be in a relationship." (20)

"See my other friend, like, he's dating, like, he's having sex at this time. So, I do feel pressured. Sometimes I overthink it, like, at night when I try to sleep - it's not a good thing. Because you can die at that early age and never have experienced it." (P5)

These findings confirm previous research indicating that peer pressure correlates with poor decision-making skills and risky sexual behaviours (Khuzwayo & Taylor, 2018), and that peer pressure can lead to adolescents initiating sexual behaviours before they feel ready to do so (Best & Fortenberry, 2013). These findings do not support Best and Fortenberry's (2013) argument that peer pressure seems to be more evident for adolescents who do not communicate with their parents about sex and sexuality. As demonstrated above, most of the participants did not have any communication with their parents about sex and sexuality, and even though some of them were emotionally affected by peer pressure, they did not perceive themselves as having acted on the peer pressure that they have identified.

The findings add further credence to the existing knowledge that peer pressure is common and can negatively influence adolescent sexual wellbeing.

4.4.3.1.1 Theme 3, Category 1, Subcategory 1: Sense of belonging

Most of the participants (16) explained the significance of peer pressure as a result of wanting to belong and fit in to the peer group.

"They just fear being left out. Let's say it's a group of girls, they say, yes I had sex with my boyfriend, all of them, and then you feel alone - like you're in the corner alone and being left out, I think so." (P10)

"Girls have this thing, if I do something, and you my friend, we both have to do it. Okay, and if you can't do it, then you're not my friend. So, they have that thing, or you're not good enough. You're not like us and all this stuff. So, everyone wants to fit in." (P6)

These findings correlate with developmental theories on adolescence and how adolescents' need to belong to social groups facilitates peer pressure (Landry, et al., 2017; Selikow et al., 2009).

The findings confirms that a sense of belonging to the peer group is of importance during adolescence and that this can create peer pressure in form of partaking in sexual activities before feeling ready to do so, which can negatively impact the experience of sexual wellbeing.

4.4.3.2 Theme 3, Category 2: School sexuality education

All participants (20) had experiences of some form of sexuality education in their schools, often performed by the Life Orientation teacher, focusing on contraceptives, risks, and the biological aspects of pregnancy.

"At school they taught us how to use a condom… And they taught us about HIV and AIDS, and STI also. It's like, if you like, if you're dating someone and you, and you do sex with, and someone, maybe the other, goes to have sex with another one - and then that's how, like, you spread the HIV." (P15)

"When someone have sex, if someone getting pregnant, the sperm go to the egg and the egg turns into a baby - that's what I remember." (P9)

“They spoke about menstrual cycle, sexual intercourse, effect of having sex, birth controls, contraceptives. Yeah, those are the main topics of the sex education.” (P18)

These findings support research on how adolescents in South African schools are mainly taught about dangers, diseases, and safe sex practices (Jearey-Graham & Macleod, 2017). The findings further support how children historically have been viewed as sexually innocent, where sexuality has been considered irrelevant for them to learn about but at the same time something they must be protected against (Robinson, 2016).

From these findings it is evident that the new CSE curriculum from the Department of Basic Education (2019a) has not yet been implemented in all South African schools. According to the lesson plan for grade 9, the focus should be on condom use and consent (Department of Basic Education, 2019b). The lesson plan for grade 10 has a focus on consent, self-confidence, self-efficacy, equality, and understanding sexual interests among other things (Department of Basic Education (2019c).

These findings confirm that the participants have been taught about sex and sexuality in school. The findings further implicates that the participants have not been taught from a CSE curriculum which inhibits their chances of developing sexual wellbeing.

4.4.3.2.1 Theme 3, Category 2, Subcategory 1: Risk and danger perspective

Most of the participants (17) spoke of how school sexuality education mainly focuses on abstaining from sexual intercourse and negative outcomes of sexual behaviours.

“They teach us the causes, the outcomes of doing sex, and the disease that you will have.” (P8)

“It's not always good information… Because they, they have the mindset that we're children. So, we should actually abstain from it.” (P7)

“Like, uhm, sex is not good for teenagers… Like it's dangerous for us to have sex.” (P4)

This finding supports previous research, demonstrating how societies are mostly working from a sex-negative approach with risk-danger messages and abstinence only programs in sexuality education (Bromberg & O'Donohue, 2013; Bullough, 2006; Halpern, 2010; Jearey-Graham & Macleod, 2017; Kågesten & van Reeuwijk's, 2021; Mayeza & Vincent, 2019; Robinson, 2016), which has been proven to not be effective at preventing sexual risks and does not promote sexual wellbeing (Jearey-Graham & Macleod, 2017; Kågesten & van Reeuwijk's, 2021). This finding concurs with previous findings from adolescents' perspectives on Life Orientation sexuality education as mostly focusing on virginity, abstinence, and condoms, and how the teachers are perceived as approaching the topic in a similar way as their parents – authoritative and conservative (Mayeza &Vincent, 2019).

This finding emphasises how the schools still make use of fear-based, risk and danger, and abstinence only perspectives even though these methods have been proven to not be effective in preventing risky sexual behaviours and negative outcomes of sexual activities. The finding demonstrates how this is perceived by the participants to inhibit sexual wellbeing.

4.4.3.2.2 Theme 3, Category 2, Subcategory 2: Risk prevention

Almost all participants (17) had at some point been taught about risk prevention in school, with a focus on condom use. The findings show that many of the participants (14) are aware of the risks with unprotected sexual intercourse and the wide spread of HIV infections and unintended pregnancies. Many participants (17) mentioned the importance of preventing STIs, but none of the participants (0) could name a specific STI or how an STI may affect them. All participants (20) had knowledge about condoms. Very few (3) of the participants mentioned other forms of contraceptives. None of the participants (0) had learnt about safer sexual activities. Even though risk prevention seems to be the main focus of the sexuality education they have received, most of the participants (16) did not experience themselves as having enough knowledge about risk prevention.

"When they talk about sex, they asked us to put condom when you have sex. Or do you know about HIV, STI? So, some details about diseases. And what's the consequences of sex. They also talk about, like, having babies, unplanned babies. (P5)

“They could talk more about sex. Because, like, I feel like a lot of teenagers, they weren't taught about these things… Because like in most high schools, there's a lot of teenagers… Like you see, last year, I think we had four, after we came back from this COVID quarantine of, like… I feel like they're not taught enough about sex and teenage pregnancy and how to prevent it.” (P10)

Safer sex, or protected sex, is considered an important factor for sexual wellbeing (Anderson, 2013; De Meyer et al., 2021a), which the participants of this study agree with. This finding supports the view on sexuality education in South Africa, where a risk- and danger perspective is not enough to prevent HIV, STIs, and unintended pregnancies (Francis, 2010; Jearey-Graham & Macleod, 2017; Mayeza & Vincent, 2019).

The finding informs us that the participants deem knowledge about risk prevention and safer sexual practices as important factors for promoting sexual wellbeing. The participants of this study have not received enough education on different forms of preventions and safer sexual practices in order for them to experience sexual wellbeing.

4.4.3.2.3 Theme 3, Category 2, Subcategory 3: A need for sex-positive education

Most of the participants (16) of this study want more sexuality education, and a wider focus including risk prevention, and understanding of sexual orientations, gender identities, healthy relationships, consent, and different forms of sexual activities.

“So yeah, I think they kind of need to be taught from a very young age about not touching other people's body without consent… The minute your child starts to respond to you, starts to talk, let me say 5 years old, they go to school, so I think it’s the right time to start telling them.” (P11)

“I don't think it's enough. Because now, even regarding sex itself, they are not specific on how it works… and regarding the sexual orientation of an individual, if you’re a lesbian. I don't recall being educated about that. So, I think it should have been best at that time, so that when an individual does grow up, at least they have an idea of who they are. And, if I'm not happy with something at least I can talk about it while I'm still young. So, I think that can be improved on.” (P19)

“Then, like, I want them to talk about, like, maybe sexual wellbeing. Like, I wouldn't want them to change, like, the whole thing… just one of them to talk about, a little bit about being happy of who you are, embracing yourself.” (P1)

“I want them to teach us more about sex. Because if they don't tell us more, the cases of HIV infection will raise, teenage pregnancies, infections, everything, so it's good. It's good, them telling us about it. So, we know what we're doing and how it’s going to affect.” (P5)

This finding supports current sex-positive research demonstrating how CSE positively correlates with adolescent sexual wellbeing (De Meyer et al., 2021a). This finding concurs with Francis’ (2010) research which argues for a sexuality education curriculum that focuses on both risk factors and the enjoyable aspects of sexual activities. This finding further supports the theory of adolescents wanting, and needing, a sex-positive CSE in their schools where they can learn how to accept themselves and others, develop a healthy and safe autonomy, and better understand consent (Anderson, 2013; Brickman & Fitts Willoughby, 2017; Ivanski & Kohut, 2017). The participants are also indicating a need to be empowered to make healthy decisions for themselves and apply critical consciousness in understanding sex and sexuality (Jearey-Graham & Macleod, 2017).

This finding further highlights the critical importance for implementing sex-positive CSE in South African schools and how it can contribute to the promotion of sexual wellbeing.

4.4.3.3 Theme 3, Category 3: After-school activity

All but one participant (19) had been taught by one or more facilitators at PPG about sex and sexuality. The information provided by facilitators seems to be similar to the information provided at school, with a dominant risk and danger perspective.

“When it comes to the weekend we have soccer matches, it's especially on Sunday. And the coach says we must not have sex on a Saturday because we have match on Sunday, then we will not play so good.” (P4)

“My netball coach always... I think every three months or every two months, it does come up. This is what happened, guys, she does see this in the township, it happens, that girls

get so drunk. And then you see them strolling literally dead, and then the guy's quite sober taking that girl home. It's quite dangerous, they live in such a location. She has to make us aware of what is happening outside, so that we can abstain from such things." (P19)

Half of the participants (11) had positive experiences from discussing sex and sexuality at PPG, and they experienced the information to be more inclusive of sex-positive information, even though it was still limited. The main difference from school seems to be that most of the participants (16) felt more comfortable talking to their facilitators about sex and sexuality than talking to a teacher.

"They do teach us, and I think they do a great job! Because we have classes like Monday, Wednesday, and Thursday. Before that, people were having to go to their classes like netball or drama. And then they were like, no, we have to put them together! We have to talk about everything that is happening in their lives as a teenager. So, sex is also part of the topic… Like, how to do it, the side effects, how does it feel… everything basically." (P11)

Similar to the school environment, most of the participants (17) wanted their facilitators to talk more about sex and sexuality from a sex-positive perspective.

"They should talk more about it, so everyone is comfortable. Because I believe this is the safest place where they should also encourage and uplift the kids of the community." (P2)
Previous research has indicated that participation in after-school activities where the adolescents can create positive bonds with adults outside of their families and where they can partake in meaningful activities could act as a positive influence on their sexual wellbeing (Abdool Karim, Meyer-Weitz & Harrison, 2009; Gavin et al., 2010). The findings from this study does not indicate whether previous research could be supported or not. However, the participants consider the sexuality education at PPG as valuable for their sexual wellbeing.

This finding focuses on the fact that the participants value sexuality education at their after-school activities as important for their sexual wellbeing.

The next section addresses influences on sexual wellbeing from a societal level.

4.4.4 Theme 4: Factors influencing sexual wellbeing in the community, the media, and wider society

In the analysis of the data applicable to this theme three categories were identified, namely community, media, and wider society. In the analysis of the community category a further two subcategories were identified, namely stigma and discrimination as well as interventions. In the analysis of the media category a further two subcategories were identified, namely social media and pornography.

4.4.4.1 Theme 4, Category 1: Community

The findings demonstrate that half of the participants (10) perceive sex and sexuality as a taboo subject in their communities.

“They don't speak about it, at all – they’re just in that elderly vibe I guess.” (P11)
“I think in our communities it's fairly rare to talk about sex, like they will gossip instead of telling you what's wrong and what's right.” (P15)

This finding reflects what research have focused on when arguing for the social construction of sex-negativity and how our social contexts teach us what the appropriate scripts are for sexual behaviour (Glickman, 2000, Fahs, 2014). The participants demonstrate a sexually taboo and sex-negative culture that is present in their communities, families, schools, and after-school activities. Bronfenbrenner (1977) described the macrosystem as the “blueprints” for society, including informal norms and how these inform the individuals within a society, or in this case within a community.

This finding further highlights that there are social norms within the participants’ communities that informs them that sex and sexuality is something that should be silenced, hidden, and private.

4.4.4.1.1 Theme 4, Category 1, Subcategory 1: Stigma and discrimination

Eleven of the participants experienced their community as a place of stigma and discrimination, where neighbours gossiping and shaming sexual behaviours is common. Some participants (8) found that the community also put pressure on adolescent males to date and engage in sexual activities.

“Well, I think it's bad because they will gossip about you. Yoh, that child! You see… And when they become pregnant, they say, this child was like this, was all over our boys.” (P8)

“Because people are afraid to be judged by other people. Because nowadays, people have stigma. And like, discriminate. And ja, people are really afraid of, like, showcasing their, like… they are very afraid to be open. Because people judge mostly at schools, in the environment, in the community. And it's really hard for a person to live their life because they are hiding their feelings. They are hiding who they are… And, like, it's not healthy for them to be, like, that way, because they are not happy… and they are not comfortable with who they are.” (P1)

“The people around us in the townships they start saying that you're not a man if you’re not having sex by now. How old are you? You're in high school now. Haven't had a girl yet? Who's your girlfriend? Like, all those provoking questions knowing that you're young, you will want to prove a point to your elders that, well I can do this. So, you go, you start exploring, so that's, that's those ages where you're not able to sit down and think and say no, I'm not ready for this, my time will come but not right now.” (P3)

This finding concurs with WHO’s (2018b) conclusion, that harmful traditions and norms hinder adolescent SRHR by forbidding discussions and education about sexuality and upholding unequal gender norms. The findings indicate that male adolescents are pressured to enter sexual relationships before they feel ready to do so and female adolescents are shamed for being sexually active when falling pregnant. These findings mirror how gender inequity is a barrier for preventing negative outcomes of adolescent sexuality (Bearinger et al., 2007; Department of Health, 2011; Haroian, 2000; Mkwananzi, 2017). At the same time, these findings confirm how the understanding of sex and sexuality are socially constructed, and how these perceptions can change over time (Payne, 2021).

These findings identified and acknowledged the presence of stigma and discrimination of sexual minorities, gender inequity, and a general sex-negative approach to adolescent sexuality in the community of Langa. The findings indicate that this community stigma and discrimination inhibits sexual wellbeing in adolescence at the same time as it also demonstrates how perceptions of adolescent sexuality is changeable over time.

4.4.4.1.2 Theme 4, Category 1, Subcategory 2: Interventions

Only one participant recognized that their community offered any form of interventions, such as SRHR services. However, the findings indicate that most of the participants (12) see potential for interventions in their communities - interventions that could help improve adolescent sexual wellbeing.

"I think they should open a programme about sex. Okay, telling more teenagers about sex… by getting into detail about sex.... I think some adults can go out on schools, since schools don't have, like, they don't go into detail about sex… they could also come here to Project Playground or open their own centre. And I think teenagers would be interested in going there." (P14)

"I feel that one thing they could do is to bring all of the teenagers together. And to make them understand… All the kids that are gay or lesbian, for example, most days don't feel that they can be in a relationship with another boy because they will be judged in the community, and lesbians don't want to be together with other girls because they will be judged, so I feel that they should have something, like, sort of like a project or something that they can bring people together and make them understand and accept people for who they are." (P20)

"I honestly feel it should be more of an awareness thing, the whole community should be there. Because it's no point talking to only teens about it. Because the people who rule the house are not the teens. So, I feel that it should be a collective thing, those monthly gatherings where people are taught about one's sexuality and one's preferences… where everyone is brought to the same page. To show that this does not dispute our cultural teachings, this does not dispute religious teachings. This is actually the same thing, but it's just that Adam this time is stuck in Eve's body." (P3)

These findings are in line with the Department of Health's (2011) report on how poorly managed district health systems are one of several barriers for preventing negative outcomes of adolescent sexual behaviours. These findings further concur with previous research indicating that societal openness to sexuality and sexual orientation and gender diversity, and sex-positive prevention programmes are important aspects for creating sexual wellbeing among adolescents

(Andersons, 2013; Brickman & Fitts Willoughby, 2017; De Meyer at al., 2021b). These findings also confirm how important it is to involve adolescents, community members, and service providers when developing, implementing, and evaluating SRHR programmes and services for adolescents (WHO, 2018b).

These findings spotlight how the participants sees potential for sex-positive prevention programmes within their communities, and how the participants' voices are important when developing, implementing, and evaluating SRHR programmes and services for adolescents.

4.4.4.2 Theme 4, Category 2: Media

All of the participants (20) agreed that different forms of media can influence sexual wellbeing in adolescence, mostly from a negative point of view, and how easy it is for adolescents to access sexually explicit material on the internet. Only two participants considered media to have positive influence on sexual wellbeing.

"Like, I would say that TV, there's a lot of sexual shows, sexual movies, that children are not supposed to watch, and you'll find most of the children watching those things. They will just put on the age, saying only 16 and up, but you will still find a 13-year-old watching that. Also, magazines - they sell them at the shops. A child can go and buy it." (P10)

"I think media impacts most teenagers. In a way… It's fine, it's nice, you should try it too. Media portrays it as something that is very very cool, that you can't live without it." (P7)

These findings concur with Steele's (2011) research that found that adolescents learn about sex and sexuality from sexually explicit media and how accessing information about sex and sexuality through media is normative amongst adolescents.

These findings noted that information about sex and sexuality and sexually explicit media is easily accessible for adolescents. Most evident were these findings when discussing social media and pornography.

4.4.4.2.1 Theme 4, Category 2, Subcategory 1: Social media

All participants (20) agree that social media can influence their perception of, and possibilities to achieve, sexual wellbeing. Most of the participants (17) saw this influence in a negative light. Bullying, stigma, discrimination, peer pressure, risk of violence, multiple sexual partners, and unprotected sexual intercourse were identified as risks on different social media platforms.

"I think mostly it's for boys. Like, I see post in Facebook saying, we have a dick, but you don't have sex? What a waste! Also, some people react, they put a laughing react." (P13)

"It's a lot happening. Yeah, it's a lot, because like, on Instagram, Facebook, our parents are not our friends or are following us. So, like, we can post anything that you want to post. Like, anything. So, like, I think when people post about it, like, 'yoh! it was a nice day under the blankets!' And you also want to know, what's under the blanket, so you end up doing sex." (P14)

"Yeah, especially social media. I don't know, they just love meet ups. They see a girl, they talk to the girl, even in the first meet up they have sex. They just want it, it's a desire. So, social media has affected sex in a bad way… They could even get kidnapped! The girls want to meet up, they say yes, they go to a place, they get kidnapped, all because of Facebook and the consequences are not going to be good." (P18)

These findings concur with previous research that found increased risk of risky sexual behaviours (Coyne et al., 2019; Landry et al., 2017) and increased casual sexual relationships (Vandenbosch & van Oosten, 2018) correlating with a high social media usage.

This finding demonstrates how the participants view social media as an inhibiting factor for sexual wellbeing. Similar factors as with peer pressure seems to be at play in social communication on the internet where bullying, stigma, and discrimination are present

4.4.4.2.2 Theme 4, Category 2, Subcategory 2: Pornography

Many of the participants (16) spoke of internet pornography as having a negative impact on sexual wellbeing in adolescence. One participant spoke of positive impacts on sexual wellbeing. The negative consequences of pornography were identified as risks of becoming addicted to it,

risks of being influenced to not use a condom during sexual intercourse, and risks of being influenced to have sexual intercourse before feeling ready for it.

“Because we can learn from it, we can learn the moves for when you’re older… But other videos are not good, because they don’t use protection. And you should only not use protection when you’re ready to have a baby.” (P9)

“It's basically your brain cannot function correctly. Like, I don't know how to explain it. But others become so addicted and so obsessed. So, it become a habit. So, you cannot control.” (P11)

“They download it, they watch it, they want to do it.” (P6)

These findings concur with the findings from Abdullahi and Abdulquadri (2018) and Best and Fortenberry (2013) who argue that exposure to internet pornography is related to multiple sex partners and increased sexual permissive attitudes and behaviours. These findings further support that viewing pornography correlates with decreased condom use (Vandenbosch & van Oosten, 2018). These findings also concur with Steele’s (2011) argument that there is a risk of the adolescents mirroring unsafe sexual practises such as not using a condom and engaging in sexual activities with multiple partners.

This finding further highlights how being subjected to pornography seems to be normative in adolescence and that this could negatively influence adolescents’ perceptions of their sexual wellbeing. Why adolescents watch pornography if they only perceive negative outcomes of it was not explained by the participants.

4.4.4.3 Theme 4, Category 3: Wider society

Most of the participants (17) had no knowledge of legislation, policies, or other forms of interventions from the government and wider society that could influence sexual wellbeing in adolescence. A majority of the participants (19) had no knowledge of any governmental SRHR clinics in their communities.

“Laws? Not any… They always say no sex under the age of 18, but I’ve never taken that serious.” (P18)

“No. Because it’s gonna be useless when putting, like, the government in charge of sex.” (P14)

This finding could indicate that current promotions of young people’s SRHR on a societal level are inadequate - similar to the findings from the Department of Social Development (2015). As a response to these inadequate promotions of SRHR, the *National Adolescent Sexual and Reproductive Health and Rights Framework* was developed to enforce a value system among adolescents with no gender stereotyping or discrimination and to establish a sense of mutual respect and increased self-esteem. The key partners for this framework were identified as schools, healthcare facilities, traditional leaders, community-based organizations, families, and government. In the *National Integrated Sexual and Reproductive Health and Rights Policy* one of the aims are to increase access to comprehensive SRHR services and improve the quality of care, with a priority for gender non-conforming persons, people living with HIV, adolescent girls, sex workers, and LGBTQIA+ persons (National Department of Health, 2019). Unfortunately, only one participant had knowledge of a governmental SRHR clinic in their community.

The suggested outcomes of the *National Adolescent Sexual and Reproductive Health and Rights Framework* and *National Integrated Sexual and Reproductive Health and Rights Policy* have clearly not reached the participants of this study. Half of the participants (11) felt that the wider society and adults in general had little understanding or interest in supporting adolescents’ development of sexual wellbeing.

“But as teens we feel we are not understood. We are a generation where things are changing. And you, the people older than us, do not allow or aren't flexible enough to understand that. As time goes, people are going to get interested in different things. Beliefs are going to change. We are not all going to, just because I'm born in a male body, I need to be a male. It doesn't work that way. What if emotionally, I’m not a man? So, that's what I feel the generation above us don't understand. So, people need to give the younger generation a chance to show them that they can also succeed but differently. So, I feel if

we're given a chance to allow and not discriminate the next gay president, the next bisexual president, maybe we'll be moving in the right direction as a country." (P3)

These findings indicate that the participants feel disconnected from the wider society in South Africa and that the wider society is not supporting their needs for SRHR, much like the Department of Health (2017) recognised when developing the *National Adolescent & Youth Health Policy*.

These findings put a concerning spotlight on how these adolescents do not see or understand potential interventions to promote their sexual wellbeing from a societal level.

4.5. Conclusion

In this chapter, the findings from this study have been presented according to the themes that emerged from the main research objectives. The findings demonstrate how adolescents perceive sexual wellbeing from a holistic approach, with individual, interpersonal, and societal factors influencing their perceptions.

When analysing the findings, the researcher notes that no data emerged regarding GBV or poverty, which are two factors that have been highlighted in previous research on sexual wellbeing in adolescence. The conclusions and recommendations of this study are presented in the final chapter.

5. CHAPTER 5: Conclusions

5.1 Introduction

In this final chapter the researcher's conclusions and recommendations are presented. The chapter finishes with a conclusion for the chapter and dissertation.

5.2 Conclusions

The conclusions from the research findings are presented in accordance with the main research questions for this study.

5.2.1 Question one: What do the participants understand sexual wellbeing to mean?

None of the participants had heard of the term 'sexual wellbeing' prior to this study. However, all participants could contribute with their perceptions of what it could mean to be healthy, happy, and comfortable with their sexuality. The findings demonstrated a multi-faceted understanding of sexual wellbeing. In the analysis of the findings, three sub-themes emerged: individual aspects, interpersonal aspects, and societal aspects.

5.2.1.1 Individual aspects of sexual wellbeing

On an individual level, the participants identified maturity, sexual self-concept, sexual orientation, gender identity, and sexual experience as aspects informing their understanding of sexual wellbeing.

The participants' understanding of sexual wellbeing was closely connected to being sexually active. Sexual activity was closely connected to heterosexual intercourse and the risk of unintended pregnancy. Due to these perceptions, maturity was considered essential for sexual wellbeing. The participants argued for the importance of being socially, financially, mentally, and emotionally mature to be able to care for a child. The participants argued that there could be no sexual wellbeing for an immature adolescent risking an unintended pregnancy. The participants further expressed the importance of spiritual and religious maturity for sexual wellbeing to be achieved. Many participants perceived partnered sexual activities as something that should only happen with in a marriage or with a partner whom you have a spiritual connection to. This reasoning meant that sexual wellbeing would only be attained in adulthood after marriage.

Sexual self-concept was an unknown term to most of the participants prior to the interviews. However, the participants argued for the importance of confidence, to be comfortable with your own sexuality, and the ability to communicate your desires and needs to potential partners. The importance of bodily autonomy and sexual agency also emerged from the findings.

From an individual level, one's sexual orientation and gender identity was deemed of importance when discussing the participants' perception of sexual wellbeing. This was understood to be more than just freedom from discrimination. The participants valued understanding and being confident in their sexual orientation and gender identity as part of experiencing sexual wellbeing. The participants further argued for the importance of a human rights approach to other's sexual orientation and gender identity. Supporting and accepting other people's sexualities was important for their own sense of sexual wellbeing. An interesting finding in this context was that even though the sample represented a diversity of sexual orientations and the participants spoke of the importance of accepting and respecting diverse sexual orientations and gender identities, most of the participants still demonstrated a heteronormative view on partnered sexual activities.

Most of the participants had not had their partnered sexual debut at the time of the interviews but spoke at the same time of the importance of sexual experience to be able to attain sexual wellbeing. This finding contradicts previous research indicating that over half of all adolescents have had their sexual debut at the age of 16. That the participants had not had their sexual debut yet could help explain their sense of not having sexual wellbeing. Sexual experience was deemed important from a cultural perspective and to better understand one's preferences and to increase the possibilities for pleasure. Solitary sexual experience was in general not discussed, and the few participants that did discuss it, did so from a shame and stigma perspective.

5.2.1.2 Interpersonal factors of sexual wellbeing

On an interpersonal level the findings revealed that safer sexual practices in the form of condom use was considered important for sexual wellbeing. At the same time, most of the participants did not think that their peers were practicing safer sex. The fear of contracting HIV and STIs were dominant among the participants, even though none of the participants could name a specific STI. Unintended pregnancies in adolescence were also something that the participants feared and understood as common within their communities. The findings further indicated that

the participants had little to no knowledge of sexual activities with lower or no risk of contracting HIV and STIs or unintended pregnancy.

Sexual consent was another important interpersonal factor of sexual wellbeing. Consent was understood as a verbal agreement to sexual activities. More important than agreeing was the respecting of a verbal 'no', and to not be forced into unwanted sexual activities. The findings were especially interesting in the light of the participants lacking knowledge about legislation on consent and rape. Consent was also deemed important within established relationships.

5.2.1.3 Societal factors of sexual wellbeing

From a societal level, the participants identified knowledge and freedom from discrimination as essential for sexual wellbeing. Sexual knowledge was understood to be knowledge of different types of sexual activities, sexual orientations, gender identities, and risk prevention. The participants were found to lack adequate knowledge about sexual wellbeing, and they wished for more education and communication in their schools, at after-school activities, in their communities, and foremost within their families. The findings demonstrated how sexual knowledge could help adolescents make informed and safe choices.

Freedom from discrimination was considered essential for sexual wellbeing. The participants spoke of how it is common to experience stigma and discrimination in their environment and how this inhibits sexual wellbeing.

5.2.1.4 A holistic approach to sexual wellbeing

The participants did not perceive themselves as having sexual wellbeing at the time of the interviews. This could be understood from the personal, interpersonal, and societal factors they presented. Most of the participants had not had their partnered sexual debut, they lacked sexuality knowledge which inhibited their sexual self-concept. The participants perceived their peers to not be practicing safer sex and they experienced stigma and discrimination in their environment. These factors all made sexual wellbeing impossible for the participants at the moment. However, they were all positive towards developing sexual wellbeing in the future and they deemed sexual wellbeing as important for adolescents and their overall wellbeing.

The findings of these different aspects informing adolescents understanding of sexual wellbeing from individual, interpersonal, and societal levels are in line with previous research (Anderson, 2013; Best & Fortenberry, 2013; De Meyer's et al., 2021a; Department of Social Development, 2015; Harden, 2014; Kheswa & van Eeden, 2018; Lorimer et al., 2019; Muchiri et al., 2017; Righi et al., 2021; Thurston et al., 2014; Tolman, 2016; WAS, 2019; WHO, 2020).

The following sections presents the conclusions for factors that could promote or inhibit sexual wellbeing in adolescence.

5.2.2 Question two: How do the participants perceive family and household to influence their sexual wellbeing?

The adolescent's family and household have a clear influence on their sexual wellbeing. The findings demonstrated how communication around sex and sexuality was an important factor, and how most of the participants wanted to have these conversations with their parents or caregivers. It was rare for parents or caregivers to discuss with the adolescents about sex and sexuality, and the few that did, did so from a predominant fear-based approach. The participants thought that their families avoided having these conversations with them either because they were deemed too young or out of fear that the adolescent would start having sexual relationships as a result of conversations about sex and sexuality. The participants interpreted this as their families trying to protect them but did not agree that the risk of sexual activity would increase from conversations about sex and sexuality. The fear-based, risk and danger conversations that some of the participants had experienced with an adult family member focused on abstaining from sexual activities and to use condoms to protect from HIV, STIs, and unintended pregnancies. Non-verbal communication in the household also provided a clear message that sexuality is something that is taboo and something the adolescents need to be protected from.

Culture and religion were identified as influencing how the participants' families addressed sex and sexuality in the household. Some participants explained that it was against the Christian teachings for an adult to speak to a child about sex and sexuality, and how sexual intercourse is something that should only happen within a heterosexual marriage. Some of the participants shared their families' religious and cultural views, others deemed it as inhibiting their sexual wellbeing.

Sexuality communication within the family and household has previously been emphasized as an important arena to consider when discussing promoting and inhibiting factors for sexual wellbeing in adolescence (Abdullahi & Abdulquadri, 2018; Best & Fortenberry, 2013; Department of Social Development, 2014; Fortenberry, 2013; Haroian, 2000; Khuzwayo & Taylor, 2018; Mkwananzi, 2017; Maina, Ayanbekongshie Ushie & Kabiru, 2020; Mmari & Sabherwal, 2013; Thurston et al., 2014; Usonwu, Ahmad & Curtis-Tyler, 2021).

5.2.3 Question three: What influence do the participants perceive school, after-school activities, and peer groups to have on their sexual wellbeing?

The participants identified how peer pressure, sexuality education in their schools, and how the facilitators at their after-school activities addressed sex and sexuality had an influence on their sexual wellbeing.

5.2.3.1 Peer pressure

Peer pressure was found to be an inhibiting factor for sexual wellbeing in adolescence. The findings demonstrated how the participants considered it common for their peers to be pressured into unwanted sexual activities. Even though many of the participants had experienced peer pressure, they had not themselves acted on it. The findings demonstrated how a sense of belonging, or a fear of not belonging, was a main contributing factor behind peer pressure.

5.2.3.2 Sexuality education

The sexuality education provided in the participants' schools was found to mostly focus on prevention of risky sexual behaviours and negative outcomes. The participants had been taught about condom use, HIV, STIs, and unintended pregnancies. The findings demonstrated how the participants did not find this sexuality education sufficient for them to develop sexual wellbeing. The participants argued for the implementation of a sex-positive CSE where they can learn about prevention strategies together with non-judgemental approaches to different sexual orientations and gender identities, healthy relationships, consent, and different forms of sexual activities. The findings further demonstrated how the participants experienced sex and sexuality information provided at their after-school activities as similar to the sexuality education provided in school. The information was often provided from a risk and danger perspective. However, many participants were more comfortable discussing sex and sexuality with their facilitators at PPG than with their teachers in school. They also deemed the

information provided as more sex-positive and inclusive, even though it was still lacking in that area. Many participants found that PPG is a safe space to have sexuality discussions and they argued for more sex-positive conversations about sex and sexuality.

The findings that peer pressure and sexuality education can have both positive and negative influence on sexual wellbeing in adolescence are in line with the findings from literature on adolescent sexual wellbeing and sexual health (Best & Fortenberry, 2013; Bromberg & O'Donohue, 2013; Bullough, 2006; Eaton, Flisher & Aarø, 2003; Halpern, 2010; Jearey-Graham & Macleod, 2017; Khuzwayo & Taylor, 2018; Kågesten & van Reeuwijk's, 2021; Mayeza & Vincent, 2019; Robinson, 2016; Thurston et al., 2014).

5.2.4 Question four: What influence do the participants perceive the community, media, and other societal factors have on their sexual wellbeing?

The findings demonstrate how community and media negatively influence adolescent sexual wellbeing. The participants could not identify any other wider societal factors that could influence their perceptions of sexual wellbeing.

5.2.4.1 Community

The findings revealed that sex and sexuality in adolescence were a taboo subject within the participants' communities. Neighbours would more often gossip about adolescents than speak to them and guide them in their psychosexual development. Stigma and discrimination were common, especially regarding sexual orientation and gender identity, and gender inequity was upheld within a sex-negative approach to adolescent sexuality. Even though the participants presented this predominantly negative view of their communities with factors inhibiting their sexual wellbeing, they still had ideas for how their communities could work together to promote sexual wellbeing and prevent risk factors with adolescent sexuality. Different forms of possible interventions were discussed with the common theme of involving adolescents, children, parents, schools, after-school activities, and community organisations.

5.2.4.2 Media

Social media and pornography were deemed as prohibiting factors for sexual wellbeing. The findings demonstrated how social media usage and access to internet pornography is normative in adolescence. Bullying, stigma, discrimination, peer pressure, risk of violence, multiple sexual

partners, and unprotected sexual intercourse were identified as possible risks from participating on social media platforms. The participants understood social media as operating under similar factors as peer pressure, where they would often be subjected to sexually explicit media, bullying, and conversations about sex that they understood as influencing their peers negatively. Pornography was also mostly viewed in a negative light. The participants explained how viewing sexually explicit media could influence adolescents to engage in sexual activities before they felt ready to do so and to not practice safer sex. The findings were particularly interesting when considering that viewing pornography was deemed normative but at the same time as something predominantly negative.

5.2.4.3 Wider society

The participants lacked knowledge of legislation and policies addressing sex and sexuality and they could not identify any further aspects of the wider society in South Africa, or the world, that could influence their sexual wellbeing. Previous findings from both international and national research have indicated GBV and poverty as main inhibiting factors for adolescent sexual wellbeing on a societal level. The researcher found it interesting that no findings emerged from this study speaking to these areas.

The findings confirmed previous research demonstrating how community and different forms of media can influence adolescent sexual wellbeing, and how governmental prevention programmes have not had any greater success as of yet (Abdullahi & Abdulquadri, 2018; Andersons, 2013; Bearinger et al., 2007; Best & Fortenberry; 2013; Brickman & Fitts Willoughby, 2017; Coyne et al., 2019; De Meyer at al., 2021b; Department of Health, 2011; Haroian, 2000; Landry et al., 2017; Mkwananzi, 2017; Seidman, 2016; Steele, 2011; Vandenbosch & van Oosten, 2018; World Health Organization, 2018b).

The following section presents the researcher's recommendations based on the analysed findings from this study.

5.3. Recommendations

The recommendations that emerged from the findings are presented in this section. The recommendations are divided into recommendations for promoting sexual wellbeing and recommendations for future research.

5.3.1 Recommendations for adolescents who want to enhance their sexual wellbeing

It is recommended that adolescents should consider several different strategies to enhance their own sexual wellbeing. Adolescents should wait with sexual activities until they feel mature enough for this. With maturity, understanding and acceptance of one's sexual orientation and gender identity, sexual experience, and sexuality knowledge, adolescents have an increased chance of developing sexual self-concept, that includes sexual self-efficacy and sexual self-esteem. This can help them make informed choices, negotiate safer sexual practices where protection against negative outcomes and practicing sexual consent are pivotal aspects of sexual wellbeing.

The researcher acknowledges that the participants of this study understand sexual experience as partnered penetrative sexual activities and that the participants understand sexuality knowledge as something they need to be taught from school, family, or other adults. The researcher would like to challenge these perceptions and advocate for solitary sexual experiences as healthy and normative and for adolescents to expand their sexuality knowledge by conducting their own research when the adults around them fail to provide the information they need. The researcher would further encourage adolescents to continue making their voices heard in matters that concerns them.

5.3.2 The researcher's recommendations for promoting sexual wellbeing among adolescents through comprehensive sexuality education

The findings demonstrate how the participants are asking for sex-positive CSE in schools. A sex-positive CSE has the capacity to provide adolescents with the sexuality knowledge they need to be able to make informed and safe choices regarding their sexuality. With CSE the adolescents would be provided with sex-positive comprehensive evidence-based knowledge about sex and sexuality that could support them in challenging peer pressure and information provided through media. Sex-positive CSE can further contribute to decreased stigma and discrimination for LGBTQIA+ youth, lowering the risk of HIV and STIs, and decreasing the risk of unintended pregnancies. A sex-positive CSE can challenge harmful gender stereotypes and help raise healthy, happy, and comfortable young people experiencing heightened sexual wellbeing.

According to the findings of this study, a sex-positive CSE should include, but not be limited to, knowledge about different forms of risk prevention and safer sexual practices, consent, understanding of the diversity of sexual orientations and gender identities, how to challenge and prevent peer pressure, pornography literacy, understanding of diverse sexual activities, and how to build sexual self-efficacy and sexual self-esteem. The South African Department of Basic Education (2019a) has presented a CSE curriculum and education guide which covers the aspects that the participants from this study are arguing for. The researcher recommends that all South African schools implement this curriculum and monitor and evaluate the implementation. The researcher further recommends that the Life Orientation teachers who provide the CSE receive adequate education and the support needed to implement the curriculum.

5.3.3 The researcher's recommendations for promoting sexual wellbeing among adolescents through community-based interventions

The findings from this study demonstrates how the participants deem their communities, peer groups, families, and after-school activities to have influence over their sexual wellbeing. Previous research has argued for youth prevention programmes where the adolescents and their environment are considered and involved (WHO, 2018b).

The young people of this study are arguing for the support from the adults in their lives when it comes to developing sexual wellbeing. At the same time, the participants consider the adults in their lives as lacking sexuality knowledge or fearing having open and honest conversations about sex and sexuality. The researcher therefore recommends that future sexual risk preventions programmes and sexual wellbeing promotion programmes should include the adolescents, their peer groups, their families, schools, and their communities. These recommendations are in line with international recommendations for sexual wellbeing promotion programmes (De Meyer et al., 2021a; Kågesten & van Reeuwijk, 2021; WHO, 2018b). The researcher's recommendations further speak to local policies and frameworks: *National Adolescent Sexual and Reproductive Health and Rights Framework* (Department of Social Development, 2015), *National Adolescent & Youth Health Policy* (Department of Health, 2017), and *National Integrated Sexual and Reproductive Health and Rights Policy* (National Department of Health, 2019). Considering that these policies and frameworks have not reached the participants of this study, the researcher further recommends the concerned

departments to evaluate the implementation of these policies and frameworks to identify where improvements are necessary to ensure all adolescents in South Africa are provided the SRHR services and information that they are intitled to.

The researcher recognises that the participants of this study experience their environment as predominantly sex-negative, where adults – both professionals and other important adults – lack knowledge, understanding, and self-efficacy to be able to support and educate adolescents in normative psychosexual development and sexual wellbeing. The researcher therefore recommends that all professions that are involved in these programmes should be provided adequate education in psychosexual development and how to support adolescents from a sex-positive approach.

The researcher strongly recommends that all future prevention and promotion programmes should rely on scientific research-based sex-positive knowledge where adolescents' sexual wellbeing is acknowledged as a vital factor in preventing HIV, STIs, unintended pregnancies, gender-based violence, gender inequity, and experiencing a quality of life.

5.3.4 The researcher's recommendations for involving adolescents in sexuality matters concerning them

A clear conclusion from the findings of this study is that adolescents have thoughts, feelings, and ideas about their sexual wellbeing and what they need to promote a healthy psychosexual development. Adolescents should participate in matters concerning them and their views must be considered (*Children's Act, No. 38 of 2005*, 2005:chap2). Adolescents themselves should be recognized as active decision-makers when developing SRHR research, policies, and prevention and promotion programmes (Bromberg & O'Donohue, 2013; Fahs & McClelland, 2016; Faulkner & Nott, 2002; Westerby & Harris, 2002). The sex-negative paradigm where adolescents are viewed as sexually innocent, who should be protected against everything sexual, needs to be eradicated. With the access to the internet, shaming neighbours, silent parents, pressuring peers, and fear-based sexuality education, adolescents are receiving information about sex and sexuality that is inhibiting their development of sexual wellbeing. To make sure we are raising healthy, informed, and confident young people, we need to involve them in sexuality matters that are influencing their quality of life.

5.3.5 The researcher's recommendations for future research

There is limited research on sexual wellbeing of adolescents in the international literature and there is even less research in this area in the South African context. This is the first published study in South Africa focusing on adolescents' perceptions of sexual wellbeing. It would, in the researcher's opinion, be valuable to focus further research on this topic on different populations in South Africa. This study focused on a small sample of mid-adolescent black Xhosa cisgender females and cisgender males in Langa, Cape Town. It would be valuable to investigate if the findings would differ between different racial groups, gender diverse adolescents, and adolescents from different socio-economic and cultural backgrounds. It would also be of value to further research age appropriately how children, younger adolescents and late adolescents understand sexual wellbeing.

This study did not intend to explore normative sexual behaviours in adolescence. However, findings did emerge indicating that the participants for this study viewed sexual behaviours from a heteronormative perspective with focus on sexual intercourse. The researcher recommends that future research further investigates what normative sexual behaviours are in adolescence to better understand adolescents' experiences.

The researcher recommends that future research make use of an ecological systems approach when aiming to understand the different factors influencing sexual wellbeing. It is clear from the findings of this study that many different aspects in the adolescent's micro, meso, exo, and macro systems have impact on their sexual wellbeing. Lastly, the researcher recommends for future research to continue using a sex-positive approach which includes all aspects of adolescent sexuality holistically and not only potential risks and negative outcomes.

5.4 Conclusion

This study explored the perceptions of sexual wellbeing among 20 adolescents in Langa, Cape Town, South Africa. The findings revealed the complex nature of sexual wellbeing in adolescence and how adolescents understand sexual wellbeing from an individual, interpersonal, and societal perspective. The participants discussed different promoting and inhibiting factors of sexual wellbeing from their household experience, from their peer groups, schools, and after-school activities, and from their communities and media. Despite the participants not experiencing sexual wellbeing at the time of the study, they displayed a hope

and a need for developing sexual wellbeing in the future. Several recommendations were given by the participants on how their social environment could promote sexual wellbeing and recommendations was also derived by the researcher from the findings of this study.

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APPENDIX A

Information sheet

Hi,

My name is Emeli Olsson and I am a Swedish social worker. I am currently completing my Master's Research towards my specializing degree in Clinical Social Work at the University of Cape Town. The title of my dissertation is "Adolescents' Perceptions of Sexual Wellbeing". I have worked as a social worker with young people since 2011 in the fields of social outreach, immigration, and counselling. In my work I have often come across issues concerning sexuality, and in my current work as a counsellor for Student Wellness Service at the University of Cape Town I often help young adults achieve sexual wellbeing.

Sexuality is a normal part of all human's development and a key aspect during the adolescent years. However, sexuality is often a topic that is taboo in many households and in society at large. Current research on adolescent sexuality in South Africa have mainly focused on risk factors and negative outcomes of adolescent sexuality such as teenage pregnancies, HIV and STI's, gender-based violence, and transactional sex. Very few studies have asked adolescents themselves about their perceptions. As a result, I have been drawn to and particularly interested in how adolescents view sexual wellbeing, meaning I want to learn more about the normal and healthy sexuality development that takes place in adolescence, and what factors that affects this development such as family, peers, school, and community.

I have decided to explore the phenomenon of sexual wellbeing amongst African adolescents aged 16-19 years old in Langa and Gugulethu. Project Playground has agreed to help me recruit 20 participants for my research.

Understanding sexual wellbeing from your perspective is my main area of focus. Your contribution could assist future research on adolescent sexual wellbeing and possibly how to reduce the risks and negative outcomes of adolescent sexuality, and how to promote sexual wellbeing in South Africa and how to reduce stigma surrounding sexuality.

Your participation in this research project is entirely voluntary and you have the right to decline or stop participation at any point. All information will be recorded anonymously,

meaning demographic data will be asked but identifying details will not be recorded and individuals' identity will not be disclosed in the research. Family will not be informed of who is taking part, nor will individuals' specific information be directed back to family or Project Playground. I will arrange a meeting time and place at Project Playground or online for your convenience. Interviews will be between you and myself only and will last for approximately 1 hour.

Should you wish to participate, please send me an email or WhatsApp. Furthermore, should you have any additional questions or concerns, please state so and I will clarify these areas before I start my research.

I can be contacted during working hours on 064 887 5097 or olseme001@myuct.ac.za.

I thank you in advance,

Emeli Olsson

APPENDIX B

Consent Form

Title of research project: Adolescents' Perceptions of Sexual Wellbeing

Name of principal researcher: Emeli Olsson

Research supervisor: Ron Addinall (ron.addinall@uct.ac.za]

Department/research group address: Department of Social Development

Phone: 0648875097

Email: olseme001@myuct.ac.za

Name of participant:

- I agree to willingly participate in this research project entitled "Adolescents' perceptions of sexual wellbeing".
- I have read this consent form and the information sheet and had the opportunity to ask questions about them.
- I agree to my responses being used for education and research on condition my privacy is respected, subject to the following:
    - I understand that my personal details may be included in the research will be used in aggregate form only, so that I will not be personally identifiable.
    - I understand that I am under no obligation to take part in this research.
    - I understand I have the right to withdraw from this project at any stage.
    - I understand that this research might be published in a research journal or book.
    - I understand that this dissertation research, will be available to readers in a university library in printed form, and possibly in electronic form as well.
    - I have not been offered any compensation for taking part in this research.
    - I have the details of the supervising academic at the University of Cape Town should I have any concerns around the research.

Signature of Project Playground's Director who is acting in loco parentis for any participant under the age of 18 years old: _____

Name of in loco parentis: _____

Signature of Participant: _____

Name of Participant: _____

Signature of person who sought consent: _____

Name of person who sought consent: _____

Signature of principal researcher: _____

Date: _____

APPENDIX C

SEMI-STRUCTURED INTERVIEW GUIDE

Identifying particulars

- Age
- Sex assigned at birth
- Gender identity
- Race
- Household
- School grade
- Religion
- Home language
- Activity at PPG

Introductory questions

- Do you know what wellbeing means?
- What does sex mean to you?
- At what age do you think most adolescents starts having sex?
- Please describe when you think people should engage in sexual activities?
- Where do you get information about sex and sexuality from?
- Do you think your religious/cultural believes could influence how your perceive sex and sexuality? Explain.

Main questions

1. **What are adolescents' understanding of sexual wellbeing and its meaning for them?**

- How would you describe sexual wellbeing?
- Please describe your own experience of sexual wellbeing.
- Please describe your thoughts on your possibilities for sexual wellbeing in the future.
- What do you think adolescents need in order to achieve sexual wellbeing?
- What do you think could influence your perceptions of sexual wellbeing?
- How do you think a person's sexual wellbeing could influence their overall wellbeing?

2. **How does family and household influence adolescents' perceptions of sexual wellbeing?**

- What is your experience of conversations about sex/sexuality/sexual wellbeing in your family?
- Why do you think your family talk/don't talk about sex/sexuality/sexual wellbeing the way they do?
- How would you want conversations about sex/sexuality/sexual wellbeing in your family to look like?
- How do you think your family members/household influences your understanding of sexual wellbeing?
- Do you share your family's views/opinions on sex/sexuality/sexual wellbeing?
- Describe how sexual and romantic interactions look like in your household.
- Do you think your family's religious/cultural believes have influence on how they view sex/sexuality/sexual wellbeing?
- Do you think that the information you get from your family about sex/sexuality/sexual wellbeing is trustworthy?

3. **What influence does school, after-school activities, and peer groups have on adolescents' perceptions of sexual wellbeing?**

<u>School</u>

- Describe how your school talks about sex/sexuality/sexual wellbeing.
- What have you been taught in school about sex/sexuality/sexual wellbeing?
- How do you think your school influences your understanding of sexual wellbeing?
- How could your school support adolescents to achieve sexual wellbeing?
- Do you think that the information you get from your school about sex/sexuality/sexual wellbeing is trustworthy?

<u>After-school activity</u>

- Describe how PPG talks about sex/sexuality/sexual wellbeing.
- What have you been taught at PPG about sex/sexuality/sexual wellbeing?
- How do you think PPG influences your understanding of sexual wellbeing?
- How could PPG support adolescents to achieve sexual wellbeing?

- Do you think that the information you get from PPG about sex/sexuality/sexual wellbeing is trustworthy?

  Peer group
- Describe how your peers talks about sex/sexuality/sexual wellbeing.
- How do you think your peers influences your understanding of sexual wellbeing?
- How do you perceive peer pressure in relation to sexual wellbeing?
- How could adolescents support each other to achieve sexual wellbeing?
- Do you think that the information you get from your peers about sex/sexuality/sexual wellbeing is trustworthy?

4. **Does the community, media, and other societal factors influence adolescents' perceptions of their sexual wellbeing?**

   Community
- Describe how your community talks about sex/sexuality/sexual wellbeing.
- How do you think your community influences your understanding of sexual wellbeing?
- How could your community support adolescents to achieve sexual wellbeing?

  Media
- Describe how media (news, TV, shows, internet, magazines, music, social media, pornography etc.) talks about sex/sexuality/sexual wellbeing.
- How do you think media influences your understanding of sexual wellbeing?
- How could media support adolescents to achieve sexual wellbeing?

  Wider society
- Describe how South Africa/your government talks about sex/sexuality/sexual wellbeing.
- Do you know of any laws/crimes or policies regarding sex/sexuality/sexual wellbeing?
- How do you think South Africa/your government influences your understanding of sexual wellbeing?
- How could South Africa/your government support adolescents to achieve sexual wellbeing?

5. End of interview

- Is there anything else you want me to know about adolescents and sexual wellbeing?
- Did you find the questions difficult to understand/answer?
- Did you find any questions embarrassing?
- Did you answer the questions honestly?
- Do you have any questions for me about what we have been talking about?
- How do you feel after this interview?

APPENDIX D

DEPARTMENT OF SOCIAL DEVELOPMENT
UNIVERSITY OF CAPE TOWN
AMENDED ETHCS REVIEW FORM

AMENDED ETHICS REVIEW FORM: JOINT STATEMENT BY STUDENT & SUPERVISOR
This form is filled in jointly by the student and the supervisor

NOTE: THIS IS ETHICS FORM IS AN AMENDMENT

PROCESS:

- Student and Supervisor need to read the UCT/FACULTY ETHICS GUIDELINES on the WEBSITE.
- The ethics pertaining to the profession of Social Work also needs to be taken cognisance of in relation to social work students/candidates carrying out research with human participants.
- Once this ethics review form has been completed it is submitted to the Departments' Post Graduate Committee which according to the Guidelines laid down should consist of all academics who will do the reviewing.
- Once the Department approves the proposal/ethics then only is it sent through to faculty.
- **This form should be completed by the research student and then co-signed by student and supervisor: Tick the YES or NO box, and write in details where appropriate. Please read the UCT Ethics Guidelines involving Human Subjects before completing the form. Ask your supervisor for clarification and help if needed.**

Student researcher name: Emeli Olsson

Student number: OLSEME001

Title of research project: Adolescents' Perceptions on Sexual Wellbeing

Degree: MSocSc (Clinical Social Work)

Supervisor: Ronald Addinall

Is this form being submitted for ethical approval as an amendment to the one previously approved by this committee?	**YES**		**NO**	**X**
Is your research making use of human subjects as sources of data?	**YES**	**X**	**NO**	

Title of the Research Project:
Adolescents' Perceptions on Sexual Wellbeing

Specify the Main Objectives of the Study?
The main objectives of the study are to explore adolescents' personal understanding of sexual wellbeing and its meaning for them and examine the influence of the family and household experience, peer group, school and involvement in extra-curricular activities on adolescents' perception of sexual wellbeing. The study also aims to determine the influence of the community, the media and wider societal factors on adolescents' perception of their sexual wellbeing.

1). METHODOLOGY

1.1. Has the research design changed from the previous submission?

Research methodology can take on a quantitative, qualitative or mixed method approach. Quantitative research generally focuses on producing statistical findings through precise and generalizable studies where the researcher attempts maximum objectivity with the help of predeterminant research procedures (Rubin & Babbie, 2016). The qualitative research approach is more flexible with the aim of producing deeper understandings of the meaning of human experience, rather than statistical findings (ibid.). The qualitative research is usually preferred when the researcher aims to understand and capture the meaning, perceptions and experiences people attach to specific phenomena's, especially when there is a need for flexibility in the study of a new or neglected phenomenon (ibid.). A small number of studies has documented positive outcomes of adolescent sexuality, with no studies published in South Africa (Bromberg & O'Donohue, 2013). Due to the neglection of this research area, an exploratory qualitative research design is most suitable for this study. Rubin and Babbie (2016) explains that exploratory research is typically used when studying new interests on a subject we know relatively little about and how qualitative research is more flexible when trying to produce deeper understandings of the meaning of human experience. The researcher for this study will make use of a qualitative, exploratory methodology.

The researcher has taken on a constructivist epistemology, meaning that the researcher does not believe in a single truth but rather that reality is socially constructed and therefor changeable. It is recommended that the researcher with a constructivist paradigm make use of newer forms of ethnography that aims to describe and interpret cultural behaviour through interviews and that the study report must be life like and give the reader a clear sense of how the participants view the topic at hand.

With this research design, the researcher hopes to uncover adolescent's perceptions of their own sexual wellbeing and what factors in their environment that may have an effect on their possibilities to attain sexual wellbeing.

The data for this study will be collected through face-to-face, semi-structed interviews, utilizing an interview guide constructed out of the research questions with predetermined but open-ended questions. Semi-structured interviews would be best suitable for the topic of this study because it will give the participants the possibility to speak freely about the topic with the help of organized questions to guide them, and it would give the researcher the possibility to follow-up on new questions that may arise from the interview.

1.2. Population and Sampling

1.2.1. Sampling Technique

This study will make use of purposive sampling, which gives the researcher the opportunity to choose participants that embodies the characteristics with typical attributes of the population. The researcher has chosen to recruit participants enrolled with an afterschool activity at the non-governmental organization Project Playground that operates in socio-economic poor areas where most of the population are black African. The researcher has previously collaborated with Project Playground and have already established a professional relationship with the management. Project Playground can therefore be considered as a gatekeeper.

1.2.2. Sample Characteristics

The study population for this research will be black African adolescents aged 16-19, living in the socio-economic poor areas of Langa or Gugulethu, attending some form of afterschool activity with Project Playground. A sample of 16 to 20 adolescents will be recruited. The sample size is based on the requirements for a minor dissertation following a qualitative research design, in the department of Social Development at the University of Cape Town, under whose auspices the study is being supervised.

1.2.3. Sampling Procedure [process involved in obtaining the sample]

The respondents will be recruited with the help of Project Playground's social workers. The social workers and management team will receive the approved research proposal together with proof of ethics clearance. The social workers will be briefed on the purpose of the study in order to assist in identifying and approaching potential respondents. The social workers will help with getting access to all the youth in the program (the study population) I n order for the researcher to meet with the whole study population in a private room without the social workers present. The researcher will explain the purpose of the study to the study population and specify the characteristics needed in respondents. Adolescents who meet the set criteria will be asked to contact the researcher privately if they wish to participate in the study. The researcher will then arrange to meet 16-20 of the adolescents, who have volunteered, individually and privately for interviews at Project Playground's venues.

2). INFORMATION PROVIDED ABOUT RESEARCHER AND RESEARCH TO BE UNDERTAKEN

2.1. Will participants (research subjects) in the research have reasonable and sufficient knowledge about you, your background and location, and your research intentions?	**YES**	**X**	**NO**	

2.2. Describe briefly how such information will be given to them. If there is any reason for withholding any information from participants about your identity and your research purpose, explain this in detail below.

All participants and social workers and management at Project Playground will be briefed verbally and receive a written presentation of the researcher and the intentions with the interviews and the research in its whole. The researcher will brief Project Playground's social workers of the intentions with the research before they start recruiting participants. The participants will receive a letter introducing the researcher and the research intentions. Each participant will have adequate time before the interview to once more receive a verbal explanation and ask any questions they may have.

3). HOW PERMISSION WILL BE SOUGHT

3.1. Will Participants will be fully informed when permission is sought from them to participate in the study?	**YES**	**X**	**NO**	

3.2. Describe the process of how this will be done [letter seeking permission & details of study purpose/objectives, will initial contacting take place?)

All participation in this research will be voluntary and informed consent will be collected in writing. Information to participants will include the purpose of the study, expected

duration of the interview and all possible advantages and disadvantages. With that information the participant will be informed that they can retract their consent at any time before, during and after the interview.

4). SOCIAL DISTANCING DURING COVID-19 PANDEMIC					
PLEASE NOTE: According to the Lockdown Alert Levels Guidelines published by the South African Government, NO research that requires physical human participant interaction in close proximity e.g. face-to-face interviews, focus groups, human sample collection is permitted.					
4.1. If the nature of your study is such that you can ONLY collect data using face to face methods, what measures will you take to ensure social distancing and safety measures for researchers and participants? Provide details below					
Face-to face interviews will be conducted in Project Playground's venues. Project Playground already have strict measures in place to ensure social distancing and safety for their staff members and participants. To further make sure that the safety of the researcher and the participants is prioritized, the researcher will make sure that both researcher and participants will be wearing face masks for the entire duration of the interview. Upon arrival, the participants will be provided hand sanitizer and their temperature will be recorded. The researcher will go through the same procedure. The chairs for the researcher and participants will be placed two meters apart to ensure social distancing. If researcher or participants are experiencing any symptoms of COVID-19, the interview will not be conducted at that time. The room where the interviews will be conducted, will be sanitized between interviews. If the lockdown alert levels will change, the researcher will act accordingly and considered remote interviews when necessary.					
4.2. If you plan to use REMOTE Methods of Data Collection, please indicate which of the following modes is to be used					
Telephone					
Zoom					
Microsoft Teams					
WhatsApp					
Skype					
Online Survey					
Other, Specify:					
4.3. Based on your selection above, please explain how you will ensure the following					
4.3.1 Confidentiality					
[Type here]					
4.3.2. Privacy					
[Type here]					
4.3.3. Anonymity					
[Type here]					
4.4. Please indicate how the data costs incurred by the participants will be covered when using the abovementioned remote tools					
[Type here]					
5). CONSENT					
5.1. Will you secure the informed written consent of all participants in the research?	**YES**	**X**	**NO**		
5.2. If your answer is yes, Describe how you will do this below					
For this study, the researcher intends to seek informed written consent from the participants and from Project Playground's acting director. The director will act in the status of in loco Parentis. The participants and the director of Project Playground will receive verbal and written information about the researcher and the researcher's intentions. The					

participants will be given adequate time to ask any questions or address any concerns regarding their participation.
5.3. If your answer is NO, give reasons below.
[*Type here]*
5.4. Do the respondents have the right to withdraw? Yes
5.5. If yes, explain how this would be obtained? The right to withdraw at any time before, during or after the interview will be explained verbally and will be included in writing on the consent form each participant will sign.
5.6. Will respondents be informed of the use of data post-data collection? Yes
5.7. If yes, how Information about the use of data post-data collection will be included in the written information letter and consent form that each participant will receive.
6). CONFIDENTIALITY, PRIVACY AND ANONYMITY

10. 1. Are you able to offer Confidentiality, Privacy & Anonymity to participants?	**YES**	**X**	**NO**	

10.2. If you answer YES then give details below as to what steps you will take to ensure participants' confidentiality. If there are any aspects of your research where there might be difficulties or problems with regard to protecting the confidentiality and rights of participants and honouring their trust, explain this in detail below
10.2.1. How will Confidentiality be ensured?
Confidentiality is the way that the private information shared by the participants in research is being handled, where the researcher should be the only one aware of the participant's identity. All information from interviews conducted for the scope of this study will be held strictly confidential. To ensure the confidentiality of the participants, all data collection will not contain names of the participants and the material will be stored securely in the researcher's home. Information may arise that the researcher needs to disclose to the parents or a social worker in order to protect the child from harm. In this case the researcher will encourage the child to disclose the information themselves and, in the case where the child would refuse to do so, the researcher will take necessary actions in accordance with the *Children's Act, No. 38 of 2005.* Any transcriber that may be part of the process of data collection will be asked to sign a confidentiality agreement.
10.2.2. How will Privacy be ensured?
Privacy is the individual's right to decide what information they wish to share. Strydom (2011) explains that sexuality would be considered private information by most but also states that most of the research in social science would never be researched if the privacy of people had not been investigated. All participants will be informed that they do not need to answer any questions in the interview that they would not be comfortable to answer. The interviews will be conducted in a private space at Project Playground.

10.2.3 How will Anonymity be ensured?

Anonymity in the research context usually refers to when no one, including the researcher, should be able to identify the individual participant. Pseudonyms will be used by the researcher to ensure anonymity. Absolute anonymity cannot be guaranteed by the researcher as she will know who said what, but anonymity will be maintained when the findings are presented in the research study. No identifying details about the participants will be used in the research.

6. RESEARCH INVOLVING CHILDREN

6.2. In the case of research involving children, will you have the consent of their guardians, parents /caretakers?	**YES**		**NO**	**X**

6.3. If your answer is YES, briefly describe how this consent will be secured?

[Type here]

6.4. If your answer is NO, give reasons below

The research intends to seek consent from Project Playground's acting director. The director will act in the status of in loco Parentis.
The World Health Organization (2018a) describes the conflicting difficulties with informed consent regarding minors in sexuality studies. On the one hand the Convention on the Rights of the Child state that children must have the right to express their views freely, and at the same time, in most settings around the world, children are not legally allowed to give consent to participate in research. The Southern African Marketing Research Association explains that current legislation does not provide adequate information to determine when parental consent is required in research (SAMRA, 2015). The *National Health Act, No. 61 of 2003* (2003:chap9) does state that research on a minor may only be conducted with the consent of the parent. SAMRA (2015) argues that since a child can legally consent to sexual activities from the age of 16, they should not need parental consent for participating in research regarding sexuality issues. The World Health Organization (2018a) also addresses the issue of interviewing adolescents on sexuality issues, stating that it sometimes might be feasible to waiver the parental consent due to the sensitivity of the subject studied, especially for minors aged 16 and older. The reason for this is that it could be difficult to find research participants if they need to disclose to their parents about their participation (ibid.).

6.5. In the case of research involving children, will you have the consent of the children as much as that is possible?	**YES**	**X**	**NO**	

6.6. If your answer is YES, describe briefly how this consent will be got from the children

The participants for this research will be 16 years old or older. Informed written consent will be attained from each participant. No child will be allowed to participate in the research without their informed and written consent.

6.7. If your answer is NO, give reasons below.

[Type here]

6.8. Will you use face to face data collection methods with children	**YES**	**X**	**NO**	
6.9. If yes, what measures will you take to ensure social distancing and safety measures for researchers and participants? Provide details below				
Face-to face interviews will be conducted in Project Playground's venues. Project Playground already have strict measures in place to ensure social distancing and safety for their staff members and participants. To further make sure that the safety of the researcher and the participants is prioritized, the researcher will make sure that both researcher and participants will be wearing face masks for the entire duration of the interview. Upon arrival, the participants will be provided hand sanitizer and their temperature will be recorded. The researcher will go through the same procedure. The chairs for the researcher and participants will be placed two meters apart to ensure social distancing. If researcher or participants are experiencing any symptoms of COVID-19, the interview will not be conducted at that time. The room where the interviews will be conducted, will be sanitized between interviews. If the lockdown alert levels will change, the researcher will act accordingly and considered remote interviews when necessary.				
7). POTENTIAL HARM TO RESPONDENTS				
7.1. Are there any foreseeable risks of physical, psychological or social harm to participants that might result from or occur in the course of the research?	**YES**	**X**	**NO**	
7.2. If your answer is YES, outline below what these risks might be and what preventative steps you plan to take to prevent such harm from being suffered.				
The researcher might learn private details about the participants' lives that they wish not to share with others and there could also be a risk of negative memories being recalled. To make sure that no harm will come to the participants of this study their confidentiality will be upheld and limitations of confidentiality will be addressed with the participants before commencing any interviews. Information may arise that the researcher needs to disclose to the parents or a social worker in order to protect the child from harm. In this case the researcher will encourage the child to disclose the information themselves and, in the case where the child would refuse to do so, the researcher will take necessary actions in accordance with the *Children's Act, No. 38 of 2005.* If the participants would need debriefing or counselling as a result of the interviews, they will be referred to Project Playground's social worker.				
8). POTENTIAL FOR HARM TO UCT OR OTHER INSTITUTIONS				
8.1. Are there any foreseeable risks of harm to UCT or to other institutions that might result from or occur in the course of the research? e.g., legal action resulting from the research, the image of the university being affected by association with the research project, or a school being compromised in the eyes of the Education Ministry.	**YES**		**NO**	**X**
8.2. If your answer is YES, give details and state below why you think the research is nonetheless worthwhile.				
[Type here]				
8.3. Are there any other ethical issues that you think might arise during the course of the research? (e.g., with regard to conflicts of interests amongst participants and/or institutions)	**YES**		**NO**	**X**
8.4. If your answer is YES, give details and say what you plan to do about it.				

[Type here]

SUPERVISOR: I have carefully considered all the ethical issues pertaining to this study as reflected in the proposal and at this stage cannot see any ethical obstacles

Supervisor Signature:

STUDENT: I have discussed the ethical issues with my supervisor and am forwarding this review form to the department's ethics committee for further consideration

Student Signature: Emeli Olsson

DSD ETHICS REVIEW COMMITTEE CHAIR (to sign)	Review meeting: Time spent	Date of completion of review
Chair : Dr Khosi Kubeka	30 minutes	29-09-2020

Departmentally approved (YES/NO) YES

APPENDIX E

olseme001:Final_Dissertation_Submission_OLSEME001.docx

ORIGINALITY REPORT

12%	11%	4%	4%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	open.uct.ac.za Internet Source	1%
2	hdl.handle.net Internet Source	1%
3	Submitted to University of Cape Town Student Paper	1%
4	uctscholar.uct.ac.za Internet Source	1%
5	www.tandfonline.com Internet Source	<1%
6	uir.unisa.ac.za Internet Source	<1%
7	repository.up.ac.za Internet Source	<1%
8	vital.seals.ac.za:8080 Internet Source	<1%
9	researchspace.ukzn.ac.za Internet Source	<1%