ADOLESCENTS' ATTITUDES AND PERCEPTIONS TOWARDS SEXUAL HEALTH EDUCATION IN THE HEALTHCARE FACILITIES AT SEBAYENG IN THE LIMPOPO PROVINCE, SOUTH AFRICA

by

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DEDICATION

I would like to dedicate this mini-dissertation to my mother Makgala Pricilla Sehoana, my husband, my children and my sister who showed me unconditional love and support during the years of my studies.

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I would like to extend my sincere gratitude to the following people:

- I would like to thank God for the academic achievement.
- A special thanks and appreciation to my supervisor Ms Maphakela and co-supervisor Prof Maimela for their contribution and commitment in supervising my research.
- All adolescents who participated in this study.

DECLARATION

I declare that **ADOLESCENTS' ATTITUDES AND PERCEPTIONS TOWARDS SEXUAL HEALTH EDUCATION IN THE HEALTHCARE FACILITIES AT SEBAYENG** is my work and all the sources that I have used acknowledged through complete references. This work has also never been submitted for any degree at any institution.

....

Sehoana Matapa Cathrine Date

ABBREVIATIONS:

AIDS	Acquired Immunodeficiency Syndrome
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
SHE	Sexual Health Education
STI	Sexually Transmitted Infections
SDG	Sustainable Development Goal
UNAIDS	United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational Scientific and Cultural Organization
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

ABSTRACT

Background: Adolescence is a stage marked by sexual health challenges that adolescents are faced with. Early sexual debut contributes to these challenges. Sexual health education is important in equipping adolescents with knowledge and skills to deal with these challenges. South Africa has made efforts to combat the challenges by introducing the Integrated School Health Policy. Through this policy, adolescents are educated about sexual health in schools. The adolescent-friendly approach was also implemented for the adolescents to access sexual health education in healthcare facilities. This study seeks to explore adolescents' attitudes and perceptions towards sexual health education in healthcare facilities at Sebayeng.

Objectives: To determine adolescents' perceptions towards sexual health education in healthcare facilities at Sebayeng, Limpopo Province, South Africa.

To determine factors that influence adolescents' access to sexual health education at Sebayeng. To explore adolescents' experiences regarding sexual health education in the healthcare facilities of Sebayeng.

Methods: The study comprised of twelve (12) male and female participants who were at their adolescent stage and had attended sexual health education programme in health facilities at Sebayeng. We used the qualitative research approach in this study. For data collection, semi-structured interviews were utilised. Face to face interviews were used as a form of interaction between researcher and participants through interview guide schedule. Twelve (12) participants were sampled, and the researcher interacted with them until data was saturated. Data was recorded using an audiotape and filed notes during the interviewing process. For analysis of qualitative data, Thematic Content Analysis was used.

Results: There is an inadequate provision of sexual health education to the adolescents. They receive education mainly from health facilities, and there is reluctance from parents and teachers in school. Those who have attended the programme believe that it is important for shaping their sexual life. The adolescents argue that they have benefitted from the sexual health education programme, which influenced their healthy sexual behaviour. There are barriers relating to how sexual health education programmes are provided, and this contribute to adolescents' sexual

health challenges. Even though our study did not generalise the overall adolescents' attitudes and views regarding sexual health education, as a qualitative research, the study findings are vital and provides important information to the adolescents of Sebayeng.

Conclusion: Sexual health education programmes are sources of information for adolescents' sexual health, who should be supported and equipped with knowledge regarding sexual health education. However, more interventions are still needed to improve adolescent's sexual health knowledge, and to increase the availability, as well as accessibility of sexual health education programmes beyond the parameters of health facilities.

Keywords: adolescents, attitudes, perceptions, sexual health education

DEFINITION OF CONCEPTS

Adolescents

According to the World Health Organization (WHO), an adolescent is an individual or person between the ages of ten and nineteen (WHO, 2015). This is a period where a person transition from childhood to adulthood" (WHO, 2015). In line with the above definition, adolescents in our study where between the ages of Ten to nineteen.

Attitudes

Rai, Tyrrell, Carey & Tiwari (2019) refers to attitude "as an individual's predisposed state of mind regarding a value, and is precipitated through a responsive expression towards a person, place, thing, or event which in turn influences the individual's thought and action". In this study, attitudes will refer to a predisposed state of mind in adolescents towards sexual health education offered at healthcare facilities at Sebayeng which can be positive or negative.

Perceptions

Perception refers to a scenario whereby an individual analyse a situation or a problem and derive conclusions to take actions against the situation or problem encountered (Hailegebreal, Seboka, & Ahmed, 2021) In this study, perceptions will be the way in which adolescents view, understand and interpret sexual health education offered at healthcare facilities at Sebayeng.

Sexual health

As stated by World Health Organization (WHO), sexual health can either be a mental, physical, emotional or social well-being with relation to sexuality. However, sexual health does not necessarily mean the absence of disease, infirmity or dysfunction. It refers to the combination of emotional, intellectual, somatic as well as social aspects of sexual being in positive enriching ways and ways that improve communication, love and personality. Furthermore, the right to sexual information and right to pleasure are fundamental to the concept of sexual health (WHO, 2021). In our study, WHO's definition of sexual health will be used as defined above.

Sexual health Education

Sexual health education is the understanding of emotional, social, cognitive, interactive, and physical aspects of sexuality. The aim of sexual health is to improve the equip young people with skills, knowledge, principles and attitudes to empower them. Through empowering them, they will have advanced respectful social or sexual relationships (UNESCO, 2018). For the purpose of this study, the UNESCO definition will be adopted as defined above.

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CHAPTER 1: OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

Sexual health education came into existence as modern society started grappling with sexually transmitted infections (STIs) in the 1900s. However, it was only in the 1960s that sexual health education became a health strategy to prevent STIs and unintended pregnancies (Hube & Firmin, 2014; WHO, 2017a). During this era, sexual health education in developed communities was introduced in schools (WHO, 2017a). It was only in 1974 that the World Health Organization defined sexual health education and developed strategies to help prevent and reduce the STIs and teenage pregnancies across the globe (WHO, 2017a).

Sexual health education (SHE) has been considered by "the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Educational Scientific and Cultural Organization (UNESCO) and the United Nations International Children's Emergency Fund (UNICEF) to be a tool that can assist adolescents attain a balanced sexual and reproductive health" (UNESCO, 2018). Sexual health education is a systematic process that provides adolescents with relevant and essential skills, and knowledge to reduce misinformation regarding their sexual health and to enable them to make safe sexual and reproductive choices (Vanwesenbeeck, Westeneng, de Boer, Reinders & van Zorge, 2016).

The South Africa government made progress in terms of improving and increasing the use of sexual health services through policies, legislations and guidelines. The Adolescents and Youth Friendly Service (AYFS) approach was adopted and implemented in healthcare facilities (James, Pisa, Imrie, Beery, Martin, Skosana & Delany-Moretlwe, 2018). However, some studies have shown that many rural clinics face challenges in implementing the AYFS due to inadequate human resources and infrastructure (Campbell & Stein, 2014).

Limpopo Province is among some of the provinces that are struggling to implement AYFHS in rural communities, particularly the hard to reach communities. In these communities, many adolescents are finding it difficult to

access sexual and reproductive health care services, particularly in rural communities (James et al., 2018). They are often exposed to limited and sometimes conflicting information about sexual health from different sources, which they use to navigate their own sexuality and sexual behaviours (Campbell & Stein, 2014; WHO, 2017b). These challenges could threaten and limit adolescents' future academic opportunities and employment due to girls' withdrawal from school (Darroch, Woog & Bankole, 2016). Lack and inadequate information about sexual health exposes adolescents to STIs and other infections. Adolescents who contract STI's can also contract other infections and sexually transmitted diseases such as the Human Papillomavirus (HPV), Human Immunodeficiency Virus (HIV), as well as Hepatitis B (Willan, Ntini, Gibbs & Jewkes, 2019).

Although there are sexual health programmes in healthcare facilities, some adolescents avoid them as they are uncomfortable with discussions related to sexuality (Chokprajakchad, Phuphaibul & Sieving, 2018). According to Sychareun, Vongxay and Houaboun (2018), some adolescents are scared of being the laughing stocks of the communities if others found out that they had attended sexual health education or services. Some youth avoid visiting the healthcare facilities and delay getting the treatment they needed even if they suspect to have contracted STIs (Sychareun et al., 2018).

Having taken into consideration the youth fears about accessing sexual health education, the study will monitor or study adolescents' attitudes and perceptions regarding sexual health education in healthcare facilities at Sebayeng. There might be challenges that adolescents face in accessing the sexual health education at these facilities.

1.2. RESEARCH PROBLEM

Quality and comprehensive sexual reproductive health services have been introduced in many countries, including South Africa. This is to ensure that adolescents are provided with accurate information relating to sexual and

reproductive health. These services were introduced in order to "achieve the Sustainable Development Goal (SDG) Goal 3 target 3.7. The main goal of SDG, is to make sure everyone has access to reproductive and sexual healthcare services by 2030 (WHO, 2017b). World Health Organization (WHO) introduced guidelines to guide member countries towards achieving the set targets (WHO, 2017b). Efforts were made nationally and internationally to provide comprehensive reproductive health services and educational programmes to adolescents to ensure this goal is achieved by 2030. However, adolescents continue to get pregnant and contract HIV and Sexually Transmitted Infections (STIs) in many countries (Mehta & Seeley, 2020).

The South African National Integrated Sexual and Reproductive Health and Rights Policy (2019) created conditions under which adolescents can be able to enjoy quality sexual reproductive health (SRH) services, but many young people still lack access to these services, particularly in rural areas. In these communities, sexual health challenges among adolescents are on the increase (UNICEF, 2016).

The Limpopo Province Profile and Analysis District Developmental model 2020 indicated that HIV and AIDS is one of the major causes of death for young women and men between the ages 15 and 24" in the Capricorn District where Sebayeng is located (South Africa, 2020). The researcher works in one of the healthcare facilities at Sebayeng, and is often approached by parents who raise concerns regarding their adolescent children's sexual behaviour and early sexual debut despite the guidance they give them and sexual health education they receive from the healthcare facilities and community based organisations in the community. Despite all the efforts made by government to teach young adults about sex education, there is a high rate of pregnant adolescents infected by HIV and AIDS. This enticed researcher's interest. Hence, the decision to conduct a research study for insights into adolescents' attitudes and perceptions towards SHE in health facilities at Sebayeng in Capricorn District, Limpopo Province and similar settings.

1.3 AIM OF THE STUDY

The aim of the study was to explore adolescents' attitudes and perceptions towards sexual health education in healthcare facilities at Sebayeng, Limpopo Province, South Africa.

1.4. OBJECTIVES OF THE STUDY

- To determine adolescents' perceptions towards sexual health education in healthcare facilities at Sebayeng, Limpopo Province, South Africa.
- To determine factors that influence adolescents' access to sexual health education at Sebayeng.
- To explore adolescents' attitudes regarding sexual health education in healthcare facilities at Sebayeng.

1.5 RESEARCH QUESTION

What are adolescents' attitudes and perceptions towards sexual health education in healthcare facilities at Sebayeng, Limpopo Province, South Africa?

1.6 LITERATURE REVIEW

The main aim of literature review is to describe and summarize academic studies such as articles, books, online sources, etc to assist the researcher to investigate the topic under study. A review of the literature provides a critical evaluation of the research problem being investigated, and gives the research an overview of sources that were explored during the research of a certain topic. This chapter assists the researcher to identify gaps in existing literature and assist the researcher to avoid repeating what has already been studied. The review assists the researcher to decide on the best methodology to guide the study and, therefore, the quality data that will be collected (McComes, 2019).

According to Valdes (2020), literature review is a formal academic writing which summarise academic information on a particular study. It is used in various study fields such as Health, social, humanities sciences. A literature review is a formal

academic writing used in the sciences, social sciences and humanities. It organises and presents existing research. It is more than a list of sources consulted as it summarises and critically evaluates those sources. The importance of literature review is to help the researcher to justify the research that is about to be undertaken and to give the researcher a chance to demonstrate expertise in the topic being researched". A detailed literature review is provided in Chapter 2.

1.7 RESEARCH METHODOLOGY

According to Rudolph (2018), "research methodology is a unique technique or procedures used to process, select, identify and analyse information about a certain topic". It further discusses approach, study setting, design, population, data collection method, design trustworthiness, credibility, transferability, dependability and confirmability, data analysis and ethical consideration.

This study utilised the qualitative approach to explore adolescents' attitudes and perceptions towards sexual health education in health facilities at Sebayeng. Qualitative research focuses on understanding the behaviour, answering questions about participants' experiences and perspectives, and how they make meaning of a particular phenomenon, and everyday practices (Hart, 2018). This approach was chosen to produce knowledge on a phenomenon (sexual health education) from the participants' (adolescents) perspectives within a context (health facilities) to improve understanding or interpreting the phenomenon as well as the meaning that participants bring to it (Creswell, 2017).

1.8 SIGNIFICANCE OF THE STUDY

Sexual health education is an important subject as it plays a pivotal role in preventing risky sexual and reproductive behaviour and the consequences thereof. In exploring adolescents' attitudes and perceptions, the study may provide an in-depth account of their points of view regarding sexual health education. The study is significant in terms of health and correlates with SDG 3, which relates to access to sexual health education (SDG 3) and contributes to the existing body of literature on sexual health education (Tewdwr-Jones, 2015).

The findings could assist Sexual Health Education Programme Developers to expanding adolescent-friendly sexual health education programmes that aim at improving the sexual health of adolescents at Sebayeng and other similar settings.

1.9 OUTLINE OF CHAPTERS

Chapter 1

This chapter discusses in brief the introduction, background and the role of theory of the study.

Chapter 2

A brief discussion of the literature in line with the research topic, problem, aims and objectives of the study.

Chapter 3

Brief various research methods used in the study will be outlined.

Chapter 4

The findings in relation to the literature review will be discussed.

Chapter 5

Summary of the results, limitations, recommendations and conclusion in the context of the aim and objectives of the study will be discussed.

1.10 CONCLUSION

In Chapter 1, "the researcher provides an introduction to the background of the study, research problem, research aim, research question and also research objectives. Furthermore, literature review and research methodology will be introduced as well as discussing the significance of the study". In the next chapter (chapter 2), a detailed presentation and discussion of literature which is related to the phenomenon under study will be given.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

Previously (chapter 1), the researcher provided an overview of the study, focusing on introduction, research problem, literature review, purpose of the study, research question, objectives, methodology and significance of the study. Chapter 2 will present an overview of the literature on the following: the need for adolescents' sexual health education globally; common sexual health problems among adolescents; adolescents' friendly health interventions; and barriers related to implementing health interventions among the adolescent population.

2.2 THE NEED FOR ADOLESCENTS' SEXUAL HEALTH EDUCATION GLOBALLY

According to WHO (2016), "sexual health education is about learning about the emotional, social, cognitive, interactive and physical aspects of sexuality". Whereas, sexuality education on the one hand is aimed at "developing and strengthening and empowering adolescents and young adults so that they can make careful and better choices with regard to sexuality, sexuality, emotional and physical health" (UNFPA, 2016).

Globally, adolescents account for 1.2 billion, with females between the ages of fifteen and nineteen years accounting for 11% of all births (WHO, 2018). The Global Strategy for Women, Children's and Adolescents' Health indicates that adolescents are confronted with many health and sexual health challenges that need comprehensive strategies. The sexual health challenges faced by adolescents include negative health outcomes of early pregnancy, STI's and maternal death, economic, including high unemployment rates and social, such as stigma, rejection and violence by peers, partner or parents. This often leads to high rates of school dropouts, particularly among girls (WHO, 2017). Hence, adolescents' sexual and reproductive health constitutes an integral part of universal burden of health (Morris & Rushwan, 2015). There is, therefore, a need for strategies that will assist adolescent health providers and adolescents alike to

develop plans that will assist in the prevention of the adolescents' challenges (Shannon & Klausner, 2018).

A particular specific target of the Sustainable Development Goal 3 (SDG 3), is to ensure "universal access to sexual and reproductive healthcare services, including family education, planning and information for all by the end of 2030" (WHO, 2018). However, a report on the progress of SDG 3 indicates some delays in meeting some of the set targets, and some signs that suggests slow progress in this regard. Fortunately, a global action plan was requested by government officials from countries such as Germany, Norway and Ghana to WHO in 2018. The plan was requested to guide and assist member countries to speed up work towards the set targets, and to achieve them as adolescents are the future. Failure to deal with their challenges now might be catastrophic (Voss, Marten & Gulati, 2019).

Wanje, Masese, Avuvika, Baghazal, Omon and Scott (2017) state that in SSA countries, SHE is often limited at home, and parents focus on negative consequences of sexual health such as loss of virginity, and possible pregnancy. Bhana, Crewe and Aggleton (2019) state that teaching "sexual health in South Africa is gendered and framed in traditional values with some parents shifting this responsibility to family relatives such as aunts and uncles". The National Adolescents and Youth Health Policy indicates that besides strategies to meet adolescents' sexual health needs, the rendering of appropriate relevant services across all levels of health sector starting with public health clinics to hospitals is important (South African National Adolescent & Youth Health Policy, 2017).

In the year 2003, South Africa launched its National School Health Policy (NSHP) with the aim to correct the unequal health services established before 1994 (South African National Adolescent & Youth Health Policy, 2017). In 2017, (Beksinska, Pillay, Milford & Smit) highlighted that (NSHP) was established to promote health and preventive school- based initiatives for the youth. However,

nurse to school ratios, low service provision were found to be challenged associated with the implementation of NSHP.

2.3 COMMON SEXUAL HEALTH CHALLENGES AMONG ADOLESCENTS

2.3.1 Adolescent unintended pregnancy

The United Nations programme on HIV/AIDS (2017) reported that an estimated "12 million births occur in girls of age 14 to 18 years and the majority live in low and middle-income countries" (UNAIDS, 2017). A spotlight on adolescent girls and Women (2019) report indicate that in SSA countries, 50% of young women between 15 to 19 years become pregnant before their 18th birthday (UNAIDS, 2019). Yakubu and Salisu (2018) indicate that in SSA countries, pregnancies among adolescents contributes to them dropping out of school and being abandoned by their partners.

According to STATS SA (2018), in a demographic and health survey report, "an estimated 71 births per 1000 were attributed to adolescent girls' pregnancies in 2016. The births occurring between adolescents 15 to 19 years were down to 11% in 2017" (STATS SA, 2018). Inyang, Makondelele, Thobile and Makgopa (2018) did a study in Limpopo, Vhembe district and noted that "peer pressure and curiosity contributed to adolescents' unplanned pregnancies".

2.3.2 HIV and STI's

UNICEF (as cited in Slogrove, Mahy, Armstrong & Davies, 2017), found that an "estimated 2 million adolescents were living with HIV worldwide. From the 2 million, 25% are residing in Sub-Saharan Africa. The UNAIDS (2016) reported that "adolescents in SSA countries reckoned to be 37% of new HIV infections in 2015'. Shannon and Klausner (2018) indicate that unlike HIV, data level and trends on other STI's are limited. Although data from the middle to low-income countries is limited, there is a high incidence of STI infections among adolescents (Taylor, Alonso-Gonzalez, Gomez, Korenromp & Broutet, 2017).

Pettifor, Filiatreau and Delany-Moretlwe (2019) indicate that HIV infected adolescents in South Africa have shown an increase in healthcare seeking. Pettifor et al. (2019) further explain that many adolescents living with HIV delay initiating treatment. Slogrove et al.'s (2017) study concurs, citing challenges among adolescents and youth in the utilisation of ART and HIV services in South Africa. Nyundu and Smuts (2016) state that among South African adolescents and youth, the convey of accurate information about HIV has been impeded by the continuous AIDS myths and lack of credible knowledge relating to the pandemic.

2.3.3 Adolescent-friendly health interventions

The WHO (2015) has initiated an approach to ensure that all health services are effective and appropriate (adolescent-friendly). Hindin et al (2016), highlighted that "the 2030 Agenda for Sustainable Development and the United Nations Global strategy for women, adolescents and children's health came into effect in 2016 to inform and catalyse the collaborative and global efforts on adolescents' sexual and reproductive health".

South African initiatives, such as the Integrated Adolescent Youth Policy (2017) and the Integrated School Health Policy (2013) were developed to focus on provision of adolescent-friendly health services to school-going adolescents, as well as encouraging them to attend health facilities for SHE (Geary, Webb, Clarke & Norris, 2015). The South African National Strategic Plan for HIV, TB and STI's (2017-2022), which is aimed at ending AIDS by 2030, focusses on preventing HIV infections among adolescent girls and young women (AGYM) (Jonas et al., 2019). Moreover, in 2016, the South African Department of Health (DOH) launched the She Conquers campaign aimed at reducing HIV infections and improving adolescents and youths' overall health (South African Medical Research Council, 2018).

2.3.4 Barriers related to implementing health interventions among adolescents

The (WHO, 2015) reported that about 12% of women between 15-49 years had unmet contraception needs, with Eastern and Southern Africa recording the fastest decline in these unmet needs (WHO, 2015). The WHO developed guidelines to prevent early pregnancy and poor reproductive outcomes in developing countries (Liang et al., 2019). These efforts concentrated on raising awareness and the provision of much-needed contraceptives (UNESCO, 2018). However, the effective care to pregnancy and support to adolescent girls on their return to education or finding employment post pregnancy has less recognition (Neal,Channon, & Chintsanya, 2018).

Kung, et al., (2016) indicate that in SSA countries, barriers to execution of the interventions is the lack of infrastructure and overburdened health facilities and systems. Furthermore, supply and demand have side barriers which restrict adolescents access to crucial information needed about sexual health (Starrs et al., 2018). Lince-Deroche, et al., 2019, indicated in a study conducted in Soweto that adolescents were aware of where to obtain services but their experiences of unsupportive health service providers prevented them from accessing and using the service (Lince-Deroche, et al., 2019). In South Africa, adolescents continue to encounter lack of confidentiality and privacy, long waiting time, the distance of clinic and fear of their parents finding out about their clinic visits (Achora et al., , 2018).

2.4 CONCLUSION

The literature shows that common sexual health challenges among adolescents living in SSA countries are on the increase and are high in comparison to developed countries. Adolescents' sexual health problems are huge and within the SSA countries, the challenges continue despite the existing efforts made to reduce them. Several reasons have been cited for this discrepancy, which include adolescents' early sexual debut, inadequate knowledge, and lack of access to resources. Many countries in the SSA region have introduced youth-friendly services in clinics and health centres aimed at meeting adolescents' sexual health

needs. However, these dedicated units are not well attended and not effective in improving adolescents' sexual health. To facilitate an increase in the utilisation and effectiveness of sexual health services, a combination of complementary approaches needs to be embraced. These include welcoming facilities, community outreach to increase the demand, and well-trained staff committed and dedicated to working with adolescents.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

Previously, chapter 2, literature on adolescents' attitudes and perceptions towards sexual health education were discussed. The current chapter will focus on research design and methodology as done in the study, as well as setting of the study, population, data collection method, design trustworthiness, credibility, transferability, dependability and confirmability, data analysis and ethical consideration.

3.2 RESEARCH DESIGN

As per Durrheinm (2006), research design is a strategic plan for action which serves as a bridge between research question and the implementation of the research". The researcher used the exploratory descriptive design to attain rich and thick data using participants' words and language to explore adolescents' attitudes and perceptions towards sexual health education in health facilities (Parahoo, 2014). This assisted in closing any knowledge gaps aimed at understanding, clarifying and providing explanations for adolescents' attitudes and perceptions towards SHE in a systematic way. The exploratory descriptive design was used to explore participants' attitudes and perceptions towards sexual health education in health facilities at Sebayeng, Limpopo Province, South Africa.

3.3 STUDY SETTING

Sebayeng Clinic and Tiangmaatla Multi-Purpose Centre at Sebayeng, which is a fast-growing community in Capricorn District Municipality in Limpopo Province was used to conduct our study. According to recent data collected by STATS SA (2018), this district is one of the areas where "HIV and AIDS has the highest death cause in young women and men between the ages 15 and 24". Sebayeng is located about 37 km east of the city of Polokwane on the R81 road, and has an estimated population of 13,826, with females constituting 52%(STATS SA, 2018). Figure 1 shows the map of Sebayeng.

According to Statistics South Africa (STATS SA) 2011 census, about 68% of the population of Sebayeng are young people below the age of 35 years. The languages spoken in the area are Northern Sotho at 92.6%, Xitsonga 3.0% and Other 4.4%. The population growth in the area is an average of 1.6% per year (STATS SA, 2011). The majority of low-income people depend on public transport and the middle-income are dependent on private transport. According STATS SA (2011) census, adolescents (10-19 years) constitute 21.7% of the Sebayeng population, and was estimated at about 2994 in 2011. Due to lack of other reliable statistics, the 2011 statistics will be used in this study. Sebayeng Clinic is the main clinic that deals with health issues in Sebayeng community. For health issues related to adolescents, the clinic is supported by a non-profit organisation called Tiangmaatla Multi-Purpose Centre. The study was conducted in both healthcare facilities, that is, Sebayeng Clinic and Tiangmaatla Multi-Purpose Centre.

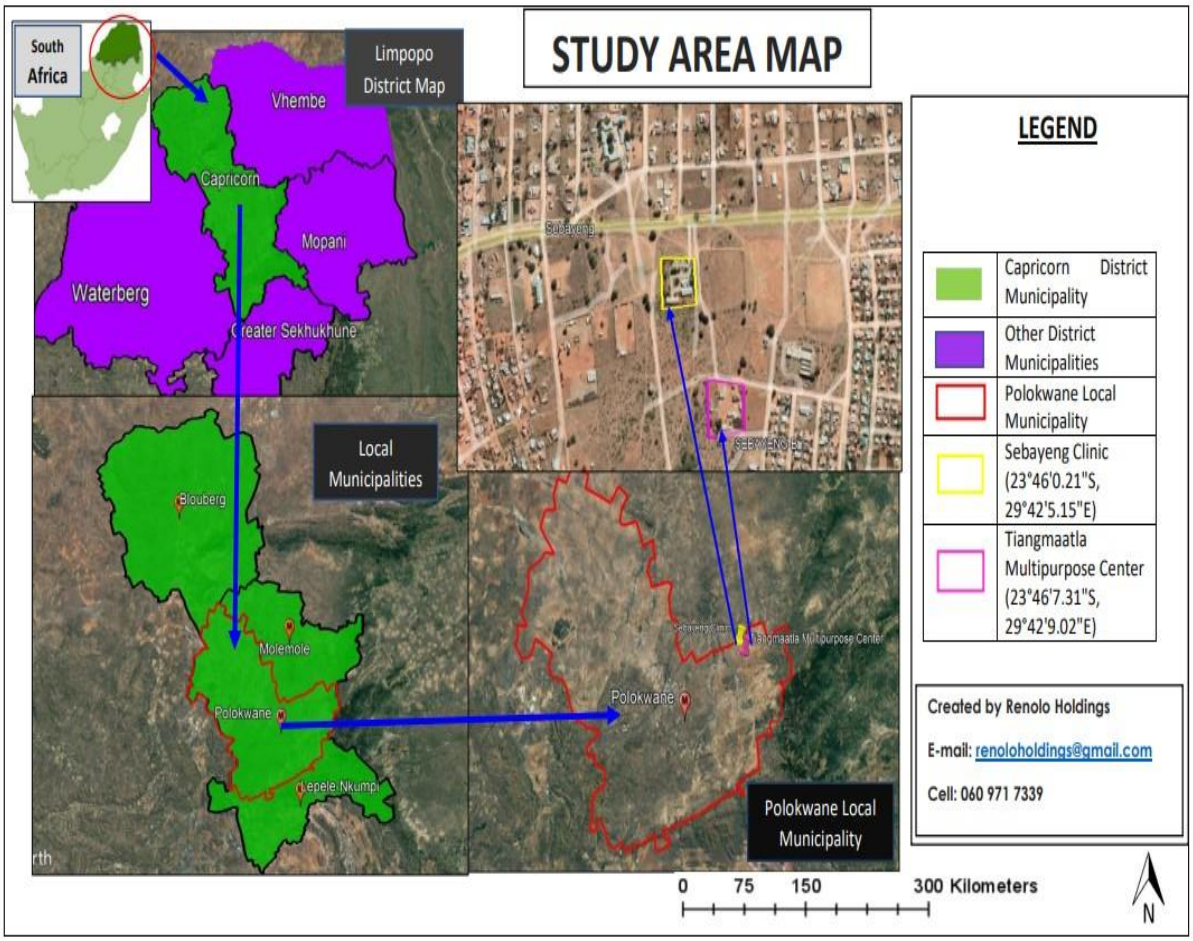

Figure 1: Sebayeng Map

3.4 POPULATION OF THE STUDY

Brink (2011), refers to a population as “a collection or groups of persons which the study will entirely focus on”. The population of this study were adolescents aged 10 to 19 years old, residing at Sebayeng as well as having attended at Sebayeng healthcare facilities for sexual health education. The adolescents were determined through attendance registers at the facilities. This age limit is based on the WHO’s (2015) definition of adolescents, which indicates that adolescents are young people in the transitional stage between childhood and adulthood aged between 10 and 19 years.

3.5 RECRUITMENT APPROACH

The researcher recruited adolescents between the ages of 10 and 19 years who have attended health facilities at Sebayeng Clinic and Tiangmaatla Multi-Purpose Centre. The researcher contacted adolescents who have attended the clinic and requested them to participate in the study. The Tiangmaatla Multi-Purpose Centre manager was requested to assist with recruitment within the centre. A presentation was made, and the invitation was extended to adolescents who were available and who had interests to participate in the study.

3.6 SAMPLING

Sampling is a way of selecting a certain population which will define the whole population and allow conclusions to be made about the entire population as argued by (Polit and Beck, 2008). To gain valuable insights into the phenomenon (sexual health education), purposive sampling was used for this study. Purposive sampling is a cost and time-effective sampling strategy that allows for the use of a small study population (Ayhan, 2011). Cresswell (2017) highlights that sampling is also referred to as “judgmental, selective or subjective sampling, and relies on the researcher’s judgment when choosing members of the population to participate in their research”. In line with purposive sampling requirements, the following criteria were used to identify participants who were sampled (selected) to participate in this study: participants have attended sexual health education for more than two programmes offered by the healthcare facilities. Sexual health

education programme attendance registers were used to identify and recruit participants.

3.6.1 Sample Size

Qualitative research does not require a large sample as found in many quantitative studies. Roland (2016) argues that qualitative research "requires a detailed understanding of the topic being investigated". In this study, the sample size depended on data saturation, as Polit and Beck (2008) points out: "data saturation occurs when no new information is obtained after additional interviews, with only repeated data as collected previously". The sample size was 12 adolescents aged between 10 and 19 years who resided at Sebayeng and who have attended sexual health education at one of the Sebayeng healthcare facilities. This allowed the researcher to have a balanced representation of all categories and gender. It also assisted the researcher to attain a thorough examination of the characteristics in the research question and to achieve the aim of the study, which explored attitudes and perceptions among adolescents.

The selection of participants was based on the three categories of adolescents as identified and described by WHO (2011), namely: "early adolescents which refers to young children between the ages of 10 and 13 years old; middle adolescents which refers to young adults ranging between the ages of 14 to 17 years; and late adolescents which refers to young adults between the ages of 18 to 19 years of age". Three categories were used to select Adolescents from healthcare facilities as following; Four early adolescents were selected from Tiangmaatla Multi-purpose Centre (2 males and 2 females), four middle adolescents and four late adolescents were selected from Sebayeng Clinic (4 males and 4 females).

3.6.1.1 Inclusion Criteria

According to Brink (2011), inclusion criteria refer to "participants that a researcher decides whether they should be part of the population". To be permitted in this

study, the adolescents should be between the age 10 and 19 years, have lived at Sebayeng and attended the healthcare facilities at least twice at the village.

3.6.1.2 Exclusion criteria

Brink (2011) argues that exclusion criteria refer to participants that the researcher would exclude from the study. The adolescents excluded in this study were those that were living at Sebayeng and had attended at least two sexual health programmes at the healthcare facilities in the village, but are too sick to participate in the interviews, and those that were not at Sebayeng during the time of the study.

3.6.2 Instrument for data collection

For interviews, semi-structured interview guide (Appendix C) was used. The interview guide uses open and closed ended questions with followed-up with questions (Adams 2015). Hence, semi-structured interview is an ideal guide to explore perceptions and attitudes. Open-ended questions were used to attain rich and deep data and to allow the interviewer to observe verbal and non-verbal communication.

3.6.3 Data collection

Data collection is the systematic and precise way of collecting information crucial in research problems through using methods such as narratives, interviews and discussions (Brink 2011).

3.6.4 Data Collection approach

For this study, semi-structured face to face interviews were used for data collection as the method is best suited for a qualitative data collection process and to a study in which the researcher will not get more than one chance of conducting interviews (Jones, Munoz, Spiegel, Heininger, Zuber, Edwards, Lambach, Neels, Kohl, Gidudu, Hirschfeld, Oleske, Khuri-Bulos, Bauwens, Eckert, Kochhar, Bonhoeffe & Heath, 2016). The researcher requested a language translator to assist in translating the interview tool to Sepedi and Xitsonga as these are the spoken languages at Sebayeng to prevent language

barriers. The participants were given time to share their experiences and to express themselves using the language in which they understood. The estimated time for each scheduled interview was between 45 and 60 minutes to ensure all questions were answered or until data saturation was reached.

3.6.5 Data Collection Process

A quiet room was secured in each facility where the interviews were conducted. The researcher made appointments with the participants to ensure that they were able to come at the time that was suitable for them. The interviews were conducted using an interview guide. The researcher probed the participants to ensure that they respond deeply to questions asked and explain in detail their experiences relating to the matter under investigation. Participant's information was captured through audio recordings. Permission was asked by the researcher from participants prior to recording of interviews. Before the interview, all participants signed an informed consent forms after the researcher has given a full explanation about the project and reasons for asking them to participate in the study. The consent forms were stored in a sealed envelope to ensure that they are safe.

Although the researcher aimed to ask similar questions to all participants, the first question to reach saturation was left out with the next participant. This was done with the rest of the questions until the researcher decided that data saturation had been reached. Data saturation refers to the stage when "there's no longer new and appropriate data obtained from data collection" (Brink, van de Walt & van Rensburg, 2012).

A drop box was used as data storage software. The researcher ensured that another appropriate backup such as USB and hard drive is in place. The purpose of utilising a personal cloud storage service is that it allows the user to synchronise their files within the server. The cloud ensures flexible accessibility from anywhere, on any device, and at any time (Wilkinson et al., 2016).

3.7 DATA ANALYSIS

Grove, Burns & Gray (2013) refer to data analysis as “analysis and interpreting of data to gain the understanding of obtained data”. For our study, thematic analysis was used to analyse the collected data. Nowell et al., (2017) argue that “thematic analysis is a good method for describing, analysing, organising and reporting information as obtained in the data set”. According to Creswell (2017), the thematic analysis process includes the following:

Step1 Familiarisation

This step involves getting to know the data. Here, the researcher carefully went through the content of the text, took notes, and scanned or zoomed the data so that she can clearly understand its meaning. In other words, the researcher studied the transcripts, listened to the audio and wrote some notes in order to familiarise herself with the data.

Step2 Coding

Coding involves “highlighting sentences, patterns and transcripts to come up with shorter patterns and generating themes” (Creswell, 2017).

Step3 Themes

Themes were used to analyse all data collected. This was done by translating data into themes and sub-themes in par with the objectives and aims of the study. Both theme and sub-themes emerged from the data.

Step4 Reviewing theme

The data set was compared to themes to ensure accurate representation of data (Creswell, 2017).

Step5 Defining themes

Defining themes relies on formulating definitions of each theme as well as figuring how themes assist in the understanding of data (Creswell 2017).

Step6 Use of a neutral coder

The researcher ensured that she uses a neutral coder during the process of analysing data. This was to determine if the research results or findings are the same or similar.

Step7 Writing the report

To correctly use thematic analysis, "an introduction is required to assist in the establishment of research question, aims and approach. It has a methodology section that explains how the data was conducted and how analysis was done" (Creswell 2017). The researcher continuously verified this process with the supervisors to ensure accuracy, trustworthiness, and dependability of the collected data.

3.8 TRUSTWORTHINESS

Trustworthiness is "the degree to which others are convinced that the findings can be trusted. It is used in the assessment of validity and reliability of qualitative data" (Creswell, 2017). To ensure trustworthiness, the researcher abided by all the principles of quality criteria such "credibility, transferability, dependability and confirmability".

3.8.1 Credibility

The researcher enhanced credibility by asking questions in a similar order using age-appropriate language, checking interpretations with participants, persistent observation and research triangulation. The latter is a method used by researchers to analyse data, present the results to others and understand the experience of a common phenomenon (Nowell et al., 2017).

3.8.2 Transferability

Transferability refers to "the degree to which qualitative research results can be made more widespread to be linked to various other settings or settings" (Creswell, 2017). Transferability was enhanced by using purposive sampling, by ensuring meaningful findings and by describing them in detail.

3.8.3 Dependability

Creswell (2017) argues that the criterion of dependability is vital in qualitative research as it establishes whether the research results are “consistent and repeatable” (Creswell, 2017). Dependability was enhanced by continuously re-examining the data using insights that emerged during analysis and having the research audited to ensure that the process is logical, traceable and documented.

3.8.4 Confirmability

Confirmability refers to the process in which results could be agreed to by others. This is established by ensuring that analysis as well as findings are from investigated data, and is recognised when dependability and credibility are obtained” (Creswell, 2017).

3.9 BIAS

In qualitative research, bias “occurs when a researcher has impact on the results of the study in order to get the results that the researcher wants” (Creswell, 2017).

3.9.1 Interviewer bias

In qualitative research, interviewer bias occurs when an interviewer subconsciously influences responses of participants. It relates to aspects of the interviewers and the way in which questions are asked, content and wording of questions (Creswell, 2017). The researcher as an instrument can be a threat to the study if adequate time is not spent preparing adequately. To avoid interviewer bias, the researcher took the following steps: asking open-ended questions, maintaining a neutral stance, avoiding implying that there are right and wrong answers, mirroring the responses back to the participants to ensure they are correct, and considering every response (Shah, 2019).

3.9.2 Confirmation bias

Confirmation bias result due to the interpretation of data by the researcher to support his or her hypotheses (Shah, 2019). If data does not favour their hypotheses, researchers may omit that data. In this study, all obtained data was analysed with a clear and unbiased mind. Furthermore, all impressions and

responses were re-evaluated as well as ensuring that all assumptions are kept at bay.

3.9.3 Acquiescence bias

In some studies, participants tend to agree with the moderator for the sake of agreeing in-order to complete the interview. Mainly due to fatigue. This scenario is referred to as Acquiescence bias (Shah, 2019). In this study, open-ended questions were used to allow participants freedom to express their freedom and feelings without the influence of the researcher.

3.10 ETHICAL CONSIDERATION

Doody & Noonan (2013) states that ethics are guidelines stipulating that a researcher must secure free, prior informed consent from participants and emphasize that no harm will be brought to the safety, dignity and privacy of the participants. The researcher adhered to the following ethical standards:

3.10.1 Ethical clearance and permissions

The researcher made a presentation of the proposal to obtain ethical clearance from the Departmental Research Committee, the School Research Committee (SREC) and Turfloop Research Ethics Committee (TREC). Permission was also requested from the Department of Health and Tiangmaatla Multi-Purpose Centre. The data collection process commenced once the relevant ethical clearances and permissions were attained.

3.10.2 Informed consent (Appendix D & E)

The researcher obtained consent from participants (adolescents) and their parents or caregivers before the study commenced. As some participants were under the age of 18 years, assent was followed. This is “a relational process where children's actions and adults’ responses, taken together, reflect the children's decisions to participate in the study” (Jonsen, Fendt & Point, 2018). Prior to data collection, the researcher informed the participants of the study's aim, objectives, right to abstain or withdraw from the consent, and that all participation is voluntary.

3.10.3 Confidentiality

To ensure confidentiality, all participants were given code names such as P1, P2, P3, etc. Furthermore, the tools for data collection were stored safely and not shared with any third party and were used for study purposes only.

3.10.4 Anonymity

Saunders, Kitzinger, and Kitzinger (2015) define anonymity as "a condition in which the researcher does not reveal participants' identity". The principle of anonymity in the study was guaranteed by not revealing the names and details of the participants in all processes of this study. This ensured that the collected information was not traced back to individuals.

3.10.5 Privacy

Saunders et. al., (2015) points out that the principle of privacy demands that researchers must "not share any information used in the study unless they share it in a scientific manner or in a specific form to protect the participants involved. Our collected data was used to make recommendations towards sexual health services based on our findings not to cause harm or problems to the participants.

3.11 CONCLUSION

In this chapter, a detailed research methodology on the study on adolescents' perceptions and attitudes towards sexual health education in health care facilities at Sebayeng. The sampling method, exclusion and inclusion criteria, data collection and data analysis method were all detailed. The measures put in place to ensure trustworthiness and ethical consideration were also discussed. The following chapter will focus on the presentation of results.

CHAPTER 4: DISCUSSION AND PRESENTATION OF FINDINGS

4.1 INTRODUCTION

Previously, research methodology as used in the study was covered. The current chapter will present all the findings of the study. These included findings gathered from research interviews with adolescents selected to participate in the study. The research findings are presented and discussed in the form of themes guided by the objectives and questions from the interview guide.

4.2

4.2.1 DEMOGRAPHICS

A total number of 12 adolescents as drawn and sampled from Sebayeng Clinic and Tiangmaatla Multi-Purpose Centre were used in the study. All participants were interviewed individually using an interview schedule as a guide and managed to participate until the end of the interview session. Part of the interview required general information from the participants, such as their gender, age, educational institution, level (grades) and marital status. In line with the above-mentioned information, the tables below represent general information of the participants.

Table 4.1 Gender, Age and Sexual Orientation

Participants	Institution	Age	Sexual Orientation	Gender
Early adolescents	Multipurpose Center	< > ages 10 and 14	Heterosexual	2 females
				2 males
Middle and late adolescents (young adults)	Sebayeng Clinic	< > ages 15 and 17	Heterosexual	4 females
				4 males
			Total	12 Participants

The table 4.1 above represents the institution, age, sexual orientation and of adolescents who participated in the study. Out of the 12 participants, six were males and six were females. A gender balance was displayed among

participants during the face-to-face interviews. The study reveals that of the 12 participants, the majority (8) were between the age of 15 and 19 years, and only four were between the ages of 10 and 14 years.

The study also revealed that the participants were from primary and secondary schools. Out of 12 participants, three participants reported to be receiving their education at a primary school, whereas a total of nine were receiving their education at a secondary school.

4.3 DISCUSSION AND INTERPRETATION OF FINDINGS

Obtained results are presented with a brief analysis, and according to the research approach used. The findings are discussed according to the aims and objectives of the study. The aim is to explore the attitude and perceptions of adolescents towards sexual health education at Sebayeng and objectives are: to determine adolescents' perceptions towards sexual health education in healthcare facilities; to determine factors that influence adolescents' access to sexual health education; and to explore adolescents' experiences regarding sexual health education in healthcare facilities at Sebayeng.

Adolescents in this study indicated to have understanding of sexual health education. They have acknowledged it as important although they have never tested for sexual transmitted infections such as HIV. They regard sexual health education program as important for learning about their sexual health and preventing unwanted pregnancies. The adolescents' reluctance in attending the sexual health education programs is due to the attitude of health professionals, lack of confidentiality and lack of parents' support.

The findings in this study indicate that adolescents in the early stage are not engaging in sexual relationships. Adolescents engage in sexual relationships from the middle to late adolescent stage. Three females in the late adolescent stage had sexual relationships, one had her first child during the middle stage and the other in late adolescent stage. Two males in the middle adolescent stage and two males in the late adolescents' stage have never impregnated a female and are in sexual relationships.

Three themes were generated from the data, namely; inadequate source of sexual health knowledge; benefits and views accrued from sexual health education programmes; and barriers to the provision of sexual health education programmes. Thirteen sub-themes emerged from the three main themes. The themes and sub-themes are discussed below.

Table: 4.2 Themes and sub-themes

Themes	**Sub-themes**
Theme1: Inadequate source of sexual health knowledge	1.1 Sexual health education predominantly offered by health professionals in the healthcare facilities. 1.2 Reluctance of teachers in the provision of sexual health education. 1.3 Reluctance of parents in the provision of sexual health education.
Theme: 2 Benefits and views accrued from sexual health education programmes	2.1 Adolescents learn about HIV prevention. 2.2 Life skills gained on how to manage peer pressure. 2.3 Life skills gained on how to delay sexual debut 2.4 Effects of contraceptive use are discussed and demystified 2.5 Knowledge and skills imparted on sexual health risk reduction

Theme 3: Barriers in the provision of sexual health education programmes	3.1 Lack of approval from parents to attend the programme. 3.2 Lack of privacy when attending the programme. 3.3 Disregard of adolescents' conduct when attending the programme. 3.4 Impolite and judgemental conduct of health professionals. 3.5 Sexual health education only limited to health facilities.

4.3.1 Theme 1: Inadequate source of sexual health knowledge

As per WHO adolescents are a group of people who have different needs for their development (WHO, 2018). WHO (2018) further states that adolescents need to be provided with skills and knowledge to help them transit from childhood and adolescents into adulthood. This knowledge would help them to face the challenges they will encounter. Theme 1 was more interested in determining whether adolescents were receiving sexual health education. Three more sub-themes emerged as data was collected and analysed and discussed in detail below.

4.3.1.1 Sub-theme I: Sexual health education predominantly offered by health professional in the health care facilities

The study revealed that participants have a better understanding of sexual health education. The participants associated sexual health education with the prevention of pregnancy, HIV/AIDS and sexual-related illnesses. This is what they had to say:

> *"Sexual health education talks about the prevention of pregnancy and HIV/AIDS (P1)."*

"It is education on girl's pregnancy, peer pressure and adolescents' sexual behaviour (P3)"

"It talks about the unwanted pregnancy and unhealthy sexual activities of adolescents (P8)."

"Sexual health education talks about the prevention of pregnancy and HIV/AIDS (P9)."

Other participants associated sexual health education with sexual behaviour and relationships. Below are some of what the participants had to say:

"It involves issues related to sexual relationships and prevention of pregnancy (P2)."

"It talks about sexual relationships and encourages adolescents not to engage in sexual activities (P12)."

The above findings show that adolescents have basic knowledge of sexual health education. For example, most of their arguments are in line with WHO's definition of sexual health education. According to WHO (2018), sexual health education includes, among others, the improved knowledge about "the emotional, cognitive, interactive and physical aspects of sexuality". This is the environment where adolescents learn about how they could better support their sexual development and protect themselves from unnecessary harm (e.g., STIs, unwanted pregnancies, etc). The Ethiopian Public Health Institute (2019) states that when adolescents understand "the content of sexual health education, its importance and service delivery points, chances are that they will be comfortable with using sexual health services that are recommended".

4.3.1.2 Reluctance of teachers in provision of sexual health education

The study revealed that there is reluctance in providing sexual health education from teachers in schools. Participants mentioned that they have received less education on sexual health at school. A participant indicated that they receive education only on puberty.

"Adolescents often tell each other lies and is better to get information from the nurses. Some parents are not teaching us and at school they teach only about puberty (P3)."

Another participant shared that sexual health education is not explained in detail at school.

""It is important because at the school and at home they don't explain sexual health in details like in the clinic (P2)."

Another participant also confirmed that they only received education on puberty and further indicated that it was better to go to centre for sexual health education as they get the education at school.

"Because people may lie when you ask them about sexual health education. They don't teach more about it school so it is better to come to the centre and talk with the facilitators (P1)."

The findings are in line with (Aransiola et al., 2017), who stated that "health information about reproduction is limited and only focus on puberty". Therefore, the information provided in schools is inadequate. Thus, a "curriculum that is scientific accurate and well detailed about sexual education should be provided to all adolescents in schools" (UNESCO, 2018).

4.3.1.3 Reluctance of parents in provision of sexual health education

Findings indicated that parents are not easily approachable, as such, children struggle to communicate with them about sexual health. Furthermore, parents hardly communicate with their children about sexual health. One participant indicated that their parents think that they may encourage them to engage in sexual relationships. This is what the participant had to say:

"Some parents don't talk to us about sexual health because they think it will encourage the adolescents to have sexual relationships (P2)."

Other participants agreed with the sentiment and indicated that religion and culture are the reason their parents do not talk to them about sexual health education.

"Some parents don't discuss the sexual health issues with their children because of their belief and that makes it difficult for adolescents to attend the programme (P8)."

"Parents are not talking to us about sexual health issues because in our culture parents don't talk about such issues with children (P3).'

Ahinkorah et al., 2019, state that "poor parenting, poverty, strict rules and inability to discuss sexual related issues are key socio-cultural risk factors linked to high pregnancy among adolescents".

4.3.2 Theme 2: Benefits and views accrued from sexual health education programmes

The study revealed that some participants benefit from attending the sexual health education programmes. They learn about HIV prevention and contraceptive use, and have used the knowledge and skills to enhance their sexual behaviour. Below are sub themes that emerged from theme 2.

4.3.2.1 Sub-theme I: Adolescents' learn about HIV prevention.

Most participants agreed that being taught about HIV/AIDS is critical as it might encourage them to use protection, get tested, know their status, and to have better understanding of this illness. They believed that sexual health education would help them to know more about HIV/AIDS, and thus not be afraid to associate themselves with those who are infected. Below are comments from some of the participants:

"Some of the information they tell us include HIV/AIDS, they encouraged us to know our status. Some adolescents get infected without knowing their status and they get surprised when they have physical changes. I have tested for HIV when I was pregnant (P1)."

"I think we need the teaching because HIV has negative physical health effects and a person may take treatment for the rest of his/her life. I have never required any treatment for HIV or STI's (P2)."

Although almost all the participants seem to have positive attitudes towards HIV/AIDS education lessons, it is worrisome that some adolescents had never tested for HIV/AIDS.

"They need the teaching so they can continue using protection and avoid pregnancy. I have been taught about HIV, that I should know about the status of my boyfriend and he should also know about my status so that we may not infect each other. I have never tested for HIV. I don't know about STI's (P3)."

"Adolescents need the teaching so they can take treatment when infected and don't be afraid to associate with people who are infected. I got information about HIV from attending the programme, they informed us that HIV is transmitted when having sex without condom. I have never tested for HIV (P11)."

Findings from a recent study in South Africa by Richard (2020) reveals that all the participants argued that "they never had discussions with friends or family about HIV". Moreover, high level of knowledge, prevention and attitude among adolescents regarding HIV/AIDS was found to be insufficient.

4.3.2.2 Sub-theme I: Life skills gained on how to manage peer pressure.

The findings revealed that programmes in health facilities are vital as they provide adolescents with skills to avoid pressure from their friends. The participants highlighted that these kinds of programmes are important as they assist them in making informed choices regarding their friendships and informed decisions about their sexual life. Below is what they said:

"I think sexual health education is relevant because as adolescents we need the information to be able to make good sexual health decisions. The sexual health education helps us to know that as an adolescent I must not conform to peer pressure (P5)."

"I learned from the programme and able to make sexual health decisions that will shape my future. They give us advice on how to live our lives and choose friends wisely (P4)."

Other participants expressed that sexual health education also assists them to differentiate between correct and incorrect information that they get from friends regarding sexual health.

"The programmes are helping adolescents to make good choices about their sexual health. Adolescents need the facts to avoid making mistakes of relying on wrong information (P1)."
"The sexual health education is offered at the clinic. It helps me as adolescent to know the truth rather than listening to what my friends tell me (P6)."

The above findings are supported by those by Kumah et al., 2017, who conducted a study that investigated "the perception of students on sex education programmes and their effect on adolescent sexual behaviour". The researchers found that sexual health education programmes play an important role and thus contributes to positive sexual behaviour of these adolescents and young adults.

4.3.2.3. Sub-theme II: Life skills gained on how to delay sexual debut

The findings revealed that the programme assists adolescents to gain confidence in their sexual life. This life skill gained plays a significant role in the lives of adolescents as it helps them to make informed choices such as using protection during sex, or alternatively, postpone sexual desires and abstain from sexual activities. Majority of participants reported positive experiences and argued that the programme is informative as it helps them to delay sexual debut and to focus on their education. Below are some views of the participants:

"The sexual health education informs us to say no to sexual relationships as we are still young and should focus on our education (P8)".

"It warns adolescents not to have sexual relationships at an early age as they could get pregnant and the boyfriend would run away (P7)".

The other participants mentioned that the life skill gained also helped them to avoid the sexual health challenge of unwanted pregnancy that would have caused them to drop out of school.

"I understand that they help us to make the right sexual health decisions about our lives, not to fall pregnant at young age as that may cause us to drop out of school" (P3).

"I choose to listen to what they tell me about my sexual health, it helps me to know about things I did not know. I know that I should not have sex at young age as I may fall pregnant and drop out of school (P10)."

The participants' arguments are in line with the findings by Jamaica Youth Advocacy Network (2018), which reaffirms that "sexual health training increase knowledge and skills for better decision making, delayed sex or reduced sexual intercourse as well as safe sex".

4.3.2.4 Sub-theme III: Effects of contraceptive use are discussed and demystified

The participants see the importance of being taught about prevention of pregnancy and the use of contraceptives. They argue that being taught about contraceptive use is of utmost importance and reduces the chances of unplanned pregnancies or contracting diseases such as HIV/AIDS. One participant had to say:

"I think it is important so that as adolescents we don't fall pregnant at this stage because we will not be able to take care of the child and could drop out of school if we don't have support from our families. I know about contraceptives, they taught about the use of pills and condoms (P1)."

The other participant agreed and indicated that without teaching about the prevention of pregnancy, teenage pregnancy will continue to rise.

"It is a good thing because if we don't get the teaching, teenage pregnancy will continue to increase. The information about the contraceptives, HIV/AIDS we get from the programme and they told us about the consequences of unprotected sex. I have never used morning pill or thought about termination of pregnancy (P2)."

Another participant indicated that knowledge of contraceptive use is also important to those that are not engaging in sexual relationships.

"I think it is important so that we don't have children at young age. They told us about the contraceptives, the pill and needle that prevent pregnancy. I'm not engaging in sexual activities but I'm informed about the choices I have to take when I begin dating. I know about the morning after pill and termination of pregnancy (P10)."

The above arguments from participants are consistent with the findings of earlier research in South Africa by Jewkes, Morrell and Christofides (2019), which found that empowering youth on their rights and risks of sexual intercourse can play a significant role in reducing unwanted pregnancies among adolescents and young adults. Sexual health education lessons in health facilities are very important as they empower adolescents with meaningful knowledge regarding the prevention of pregnancy and the use of contraceptive methods.

4.3.2.5 Sub-theme IV: Knowledge and skills imparted on sexual health risk reduction

This study revealed that participants believe that sexual health education has benefitted their lives. They have been imparted with knowledge and skills through the programme. Sexual health education plays a significant role in the lives of adolescents as it affords them an opportunity to learn how they may protect themselves from sexual-related illnesses and diseases. It also introduces them to more knowledge about the availability of different contraceptive use/methods to counter unintended and unwanted pregnancies**.** One participant highlighted

that these kinds of programmes empower them to avoid engaging in risky sexual relationships. This is what some of them they had to say:

"They warn the adolescents on inappropriate behaviour of risky sexual relationships and *having many boyfriends* (P3).''
"The programme empowers us to protect ourselves and avoid engaging in risky sexual activities (P8)."

The participants further articulated that they learned about side effects of unprotected sex as well as empowerment to decision making with regards to their sexual behaviour.

"Sexual health education assists me to know which choices I have to make about my sexual life. I can make the choice of using protection and taking pills as prevention of pregnancy (P1)".
"I learned from the programme and able to make sexual health decisions that will shape my future. They give us advice on how to live our lives and choose friends wisely (P5).''
"It is important to teach us not to allow other people to touch our sexual parts without our concern and not have sex to avoid making girls pregnant (P10)."

These findings correlate with UNESCO's (2018) findings that sexual health education is crucial as it prepares adolescents and young adults "to live with better knowledge in a world filled with unplanned pregnancy, HIV and AIDS, gender-based violence which still pose risks to their future". A more recent study by Lopez et al., 2021, also supports the views of participants and describes sexual health education as " a key prevention method that will assist healthy and responsible sexuality".

4.3.3 Theme 3: Barriers to the provision of sexual health education programme

Adolescents encounter barriers in terms of access to sexual health education programmes. They revealed that they do not have approval from their parents, they are judged by the health professionals and their behaviour is a barrier to the provision of sexual health education. They also indicated that healthcare facilities are not adolescent-friendly. These barriers contribute to their sexual health challenges. Below are sub-themes that emerged.

4.3.3.1Sub-theme I: Lack of approval from parents to attend the programme

Findings revealed that parents seem not eager to information-sharing regarding matters of sexual relationships and do not encourage their adolescent children to seek sexual health education. As a result, topics related to sex are prohibited. This makes it difficult for adolescents to seek help in healthcare facilities. Below are some comments from the participants:

"Adolescents don't want their parents to know about their behaviour, so if they visit the clinic, their parents will want to know what they were doing. Some parents don't talk to their adolescents about sexual health" (P2).

"I think the adolescents don't come to attend deliberately, some of their parents are not encouraging them to attend and they don't want them to know about sexual health education (P12)."

One participant indicated that some cultural beliefs from parents may discourage adolescents from attending the programme.

"I think the adolescents are getting pressure from their friends not to attend the programme and to engage in sexual activities. They receive false information from their friends and their family members. Some families do not believe in coming to the clinic, they prefer to consult traditional healers hence their adolescents don't come to the clinic (P6)."

This is consistent with findings by Geofrey and Kungu (2020), who stated that "factors such as religion, poor parenting, peer pressure are major socio-cultural determinants triggering adolescent sexual and reproductive health".

4.3.3.2 Sub-theme II: Lack of privacy when attending the programme

Issues relating to 'lack of privacy' and 'confidentiality' is part of the reason why adolescents are slow when responding to calls to attend sexual health related programmes. Privacy and confidentiality are in relation to both the location and physical layout of the facility as well as treatment by health professionals. Below is what they said:

"I think they offer the services to protect the adolescents'. Some are shy to attend when there are other patients in the clinic as they don't want their family members to know about their visit to the clinic. The health professionals are not the same, some are harsh and some are not (P1)."

"The programmes are run in the clinic and are helpful in decision making. Sometimes adolescents don't come, they are afraid other people may wonder what they are doing in the clinic. The health professionals sometimes talk badly to us; they shout when we make mistakes (P2)."

Another participant argued that in their nearby health facility, there was no visual privacy in the consultation area as they had previously expected.

"The sexual health education is good, I attended the programme at the clinic. The nurses provide us with information for our own lives, they are not the same as some talk to us nicely and others shout at us. The clinic is always busy with patients and sometimes is uncomfortable to be in that setting (P6)."

In other countries in Africa, namely; Malawi, Ghana, Burkina Faso and Uganda, they reported that adolescents preferred going to public clinics where they will be treated with respect and offered confidentiality (Maria et al., 2017). This was in related to our findings.

4.3.3.3 Sub-theme III: Disregard of adolescents' conduct when attending the programme

The findings of this study revealed that some adolescents' conduct may influence them not to attend the sexual health education programme. They think that health professionals are taking decisions on their behalf and not giving them a chance to express their needs. Adolescents view some of their conduct as barriers to the effective use of sexual health education. This what they said:

"The adolescents attending the programme are willing to learn although some think that the nurses are imposing on their lives (P3)."

"The adolescents attending the programme are different, some are listening and some don't. They are saying they can't be told what to do (P5)."

Other participants added that some adolescents are not taking the programme seriously as they laugh during the sessions and continue to engage in risky sexual relationships.

"Some adolescents attending the programme are not taking the information serious. They laugh during the lessons (P7)."

"The adolescents attending the programme are not taking the programme serious as some continue having risky sexual relationships (P8)."

According to Kanku (2017), "providing information only to motivate behaviour change is often insufficient. Having accurate required information can give an individual a responsible and informed choice (Kanku 2017). Furthermore, having good role models and good education system contributes positively to empowering and improving the behaviour of youth.

4.3.3.4 Sub-theme IV: Impolite and judgemental conduct of health professionals

The study revealed that the utilisation of sexual health education programmes and services among adolescents remains low and unsatisfactory due to the judgemental attitude of health professionals. This might discourage them from attending the programmes. Below are some of the comments of the participants:

"Some of the nurses are harsh and impatient with adolescents' hence others don't come for other lesson when they get this treatment (P1)."
"The facilitators attitudes are different, some are talking nicely and other are loud and shout when talking to the adolescents (P5)."

Although other participants reveal positive attitudes of facilitators, it is concerning to learn that some healthcare professionals have negative attitudes towards adolescents seeking sexual health education. Some participants expressed fear of being reminded of their mistakes.
"They make adolescents feel afraid when they been rude and judgemental about the things that the adolescents have already did (P7)."
"The adolescents feel afraid and think that the facilitators will be rude and strict for them. They don't want the facilitators to tell them about their mistakes (P12)."

A study investigating the "attitude of healthcare providers towards adolescent sexual and reproductive health services in developing countries" discovered that lack of professionalism by health care workers and no health related youth services inhibit adolescents from gaining access to sexual health services" (Chilinda et al., 2014). Adolescents sampled in Republic of Vanuatu argued that "the unprofessional attitude by sexual health workers was a major concern as most of them were made to feel embarrassed for attending sexual health by health providers" (Pandey et al., 2019).

4.3.3.5 Sub-theme V: Sexual health education only limited to health facilities
The findings indicated that sexual health education is limited to health facilities. Adolescents expressed the need to expand the programme to their communities. One participant reported that adolescents might feel uncomfortable about addressing sexual health issues in a clinic, but might not know where or how to gain access to a youth-friendly place. Their comments are presented below:

"There are no sufficient resources at the clinic to accommodate all of us. I think they should go to schools to inform the adolescents about the programme or run the programme in schools. Some of us associate the clinic with illness and we

don't feel comfortable there and would not have anywhere to consult with our issues (P2)."

"Adolescents know that the sexual education will assist them to make better decisions about their lives. The programme is available in the health care facilities and some adolescents never want to be at that place because it is not friendly (P10)."

Another participant indicated that health professionals need to extend their sexual health education programmes to their communities, and encourage parents and community members to talk about sexual health within their homes.

"Adolescents should know that they must use protection when they engage in sex and that they must learn about their sexual health. This information is lacking in our communities. Healthcare workers need to visit communities and teach about sexual health. They must not wait for us to go to them. And the parents and the community must encourage the adolescents to talk about the sexual health challenges at home and in the churches (P11)."

Punjani et al., (2020) argue that the nature of healthcare facilities might be a barrier towards access to sexual health services. They reveal that many facilities "do not have evening, weekend, or adolescent-friendly hours''. To guide the efficient use of limited resources, "cost effective evaluation of intervention packages are crucial as such needed to help improve the knowledge capacity as well as having sexual health services which are adolescent friendly" (Denno et al., 2020).

4.4 CONCLUSION

Chapter 4 presented the summary of how data was analysed, interpreted and discussed in detail. Three (3) themes were generated. From each theme, sub-themes emerged and presented in detail. Theme 1 had three sub-themes emerging, five sub-themes from theme 2 and five sub-themes from theme 3. In

the next chapter, the researcher presents the summary, makes recommendations, and identifies possible limitations of the study.

CHAPTER 5: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

The aim of the study was to determine adolescents' perceptions of sexual health education, determine factors that influence their access to sexual health education at Sebayeng and explore their experiences of sexual health education in healthcare facilities at Sebayeng. The qualitative research method discussed in the third chapter intended to explore adolescents' attitudes and perceptions towards sexual health education in healthcare facilities at Sebayeng, Limpopo Province, South Africa. This chapter conclude with the summary, conclusions and recommendations based on the findings in the fourth chapter and literature review conducted in chapter 2.

5.2 SUMMARY OF FINDINGS

Qualitative approach was used for the study. Furthermore, to manage and organize data, thematic analysis was used. Theme 1 focused on inadequate source of sexual health knowledge. The following sub-themes were discussed: sexual health education predominantly offered by health professionals in health care facilities; reluctance by teachers in the provision of sexual health education and reluctance by parents in the provision of sexual health education. The second theme focused on the benefits and views accrued from sexual health education programmes. The following sub-themes were discussed: adolescents learn about HIV and life skills gained on how to manage peer pressure; life skills gained on the delay of sexual debut; the effects of contraceptive use; and knowledge and skills imparted on sexual health risk reduction. The last theme focused on barriers in the provision of sexual health education. The following sub-themes were discussed: lack of approval from parents to attend the programme; lack of privacy when attending the programme; disregard of adolescents' conduct when attending the programme; impolite and judgemental conduct of health professionals; and sexual health education limited to health facilities.

Adolescent understand what health professionals are offering in sexual health education and acknowledge it as important. There is reluctance from

schoolteachers to educate them about sexual health and from parents to talk to them about sexual health issues. The adolescents' learning about HIV is limited as they acknowledge it to be important, but the majority have not tested for HIV. The adolescents indicated that sexual health education gain is important. It reduces the risk of early sexual debut and helps in managing peer pressure and making the right decisions about their sexual health. They believe that sexual health education helps them know about contraceptive use as they had insufficient knowledge of it.

Adolescents do not attend the sexual health education programme because they do not have approval from parents to attend it. The study showed that it's difficult for children to approach their parents and parents don't make efforts to discuss about sexual matters with their children". Although some adolescents attend the programme, they have their own views about sexual behaviour, which may lead them to continue encountering sexual health challenges. Confidentiality when providing service and friendly staff is the key cause of adolescents' access to sexual health services. Healthcare facilities may not be able to achieve their goals of providing sexual health education if there are no changes in the attitudes of healthcare workers and layout of the health facilities. The provision of sexual health education is limited as it is mainly offered in health care facilities. This may decrease the number of adolescents in need of sexual health education.

5.3 CONCLUSION

The study revealed that adolescents see sexual health education as playing an important role in providing them with trustworthy knowledge when it came to sexual health as well as eliminating different sexual health challenges being encountered. Parents and teachers are reluctant to provide sexual health education in detail. The education on unwanted pregnancy prevention appeared to have helped adolescents as they reported to have gained knowledge about contraceptive use, improved their ability to manage peer pressure and delayed their sexual debut. Although adolescents still need some education on HIV prevention and management, there are some barriers to the provision of the sexual health education programme mainly because of lack of support from

parents, negative attitudes of health workers, concerns about privacy issues and adolescents' conduct when attending the programme. These barriers contribute to some of the challenges encountered by adolescents.

5.4 RECOMMENDATIONS

Adolescents should know that they are responsible for their own learning with regard to their sexual health. They should use sexual health education programmes as sources of information. The programmes will assist them to eliminate chances of encountering sexual health challenges. Adolescents should focus on their education so that they may not get distracted easily.

Adolescents spend most of their time without doing anything. This may lead them to engage in risky sexual behaviours. Participation in educational activities will educate them to distance themselves from sexual behaviours. Sexual health education ought to be provided to the community. When parents are knowledgeable about sexual health, they will be able to teach their children. Sexual health education ought to be branched to different sectors such as churches and social gatherings to attract more people.

5.5 LIMITATION OF THE STUDY

Our study gave insights into the sexual health challenges faced by adolescents. The views presented come from adolescents at Sebayeng, and therefore, cannot be generalised to adolescents in different areas. Detailed in-depth interviews were used to collect participant data. However, there's a possibility different outcomes could have been found if different methodology or a larger sample size was used. The participants who did not feel comfortable when recording the data. Filed notes were taken as another way to capture the full details of data presentation in which certain information could have been missed out.

5.6 CONCLUDING REMARKS

On this last chapter, conclusion, summary, limitations and recommendations of the study were outlined. All crucial findings were outlined adolescents' attitudes and perceptions towards sexual health education in health facilities at Sebayeng.

Recommendations as emphasised in the study will contribute greatly to the improvement of sexual health education programmes.

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APPENDIX A: INTERVIEW GUIDE

Study Title: Adolescents' attitudes and perceptions towards sexual health education in the healthcare facilities at Sebayeng in the Limpopo Province, South Africa.

Aim of the study: To explore adolescents' attitudes and perceptions towards sexual health education in health facilities at Sebayeng.

SECTION A: DEMOGRAPHIC DETAILS OF PARTICIPANTS

1. Gender: Female ☐ Male ☐
2. Age (in year): ----------
3. Education level: ----------
4. Which of the following educational institutions do you attend?
   - 4.1 Primary school ☐
   - 4.2 Secondary/High school ☐
   - 4.3 College ☐
   - 4.4 University ☐
   - 4.5 Not attending any institution ☐
5. Are you Married: Yes ☐ No ☐
6. Have you ever been pregnant or made someone pregnant? Yes ☐ No ☐
7. How old were you when you had or your girlfriend had your first pregnancy? ----------
8. How many children do you have? ----------
9. How old were you when you had your first child? ----------
10. Do you currently have a boy/girl friend? Yes ☐ No ☐
11. Number of boy/girlfriends you currently have? ----------
12. In your lifetime, how many sexual partners did you have? ----------
13. How many sexual partners do you have now? ----------
14. How old were you when you had your first sexual intercourse (sexual debut)? ----------

15. How would you classify your sexual orientation? Straight ----- Lesbian ----- Gay -------- Bisexual ------ Queer ------ Transgender ---------
16. Number of sexual health education programmes/lessons you have attended at Sebayeng health facilities ----------
17. Have you ever attended a sexual health education programmes/lessons in other places outside the health facilities of Sebayeng Yes ☐ No ☐

SECTION B: KNOWLEDGE ABOUT SEXUAL HEALTH EDUCATION AT SEBAYENG HEALTH FACILITIES

1. What is your understanding of sexual health education?
2. Why is it important for adolescents to receive sexual health education?
3. How did you know about sexual health programmes that are offered at the health facilities of Sebayeng?
4. What is your understanding of sexual health education that is offered at the health facilities at Sebayeng?
5. Why is it important for adolescents at Sebayeng to receive sexual health education?
6. Why is it important for adolescents at Sebayeng to receive sexual health education at the health facilities?

Tell me more about it.

SECTION C: ADOLESCENTS' VIEWS RELATED TO SEXUAL HEALTH EDUCATION PROGRAMMES OFFERED IN HEALTH FACILITIES AT SEBAYENG

7. What is your view about the sexual health education programmes offered in health facilities at Sebayeng?

(Probe on their relevance, equitable and acceptable).

8. How do you feel about sexual health education offered in health facilities? (Probe on their accessibility, appropriate, confidentiality, attitudes of health professionals)
9. In your view, what must be included in the Sexual Health Education programme that is offered by the health facilities of Sebayeng?

(Probe on how should it be offered, by whom, time and where, content of sexual health programme that adolescents prefer).

10. What are your views about adolescents being taught about prevention of pregnancy?

(Probe on contraceptive use, morning after pill, termination of pregnancy, HIV/AIDS, counselling and education on sexual health in a health facility)

11. What are your views about adolescents being taught about HIV, AIDS and STI's?

(Probe if they have ever received information on HIV/AIDS & STIs or tested for HIV or required treatment for HIV/STI's in health facilities)

12. Can you please share your experiences of attending sexual health education programme in the health facilities of Sebayeng.
13. How would you describe the attitudes of the facilitators of sexual health education at Sebayeng towards adolescents that attend their programme?
14. How would you describe the attitudes of the adolescents attending sexual health education at Sebayeng towards programme?
15. If you were given a chance to change the sexual health education programme at Sebayeng what would you change and why?

SECTION D: ADOLESCENTS' VIEWS OF BARRIERS THAT PREVENT ADOLESCENTS AT SEBAYENG FROM ACCESSING SEXUAL HEALTH EDUCATION

16. In your view, what could be hindering or preventing adolescents at Sebayeng from accessing sexual health education that is available in health facilities?

    (Probe for social and cultural barriers that prevent adolescents at Sebayeng from accessing sexual health education in health facilities).

17. In your view, are the health facilities at Sebayeng offering sexual health education programmes? **Please tell me more about it.**
18. What is it that the health facilities do to encourage adolescents to attend sexual health education at Sebayeng health facilities? **Please tell me more about it.**
19. What is it thin health facilities do that prevent or discourage adolescents from attending sexual health education at Sebayeng health facilities?
20. In your view, what could prevent or make it difficult for health facilities at Sebayeng from implementing sexual health programmes for adolescents? (Probe on how adolescents' needs can be met, issues/challenges related to the following: adolescent themselves; parents, community, culture, religion, politics)
21. What is your understanding of adolescent-friendly sexual health education?
22. In your view, what is it that is offered by the health facilities at Sebayeng adolescent-friendly sexual health education? **Tell me more about it.**
23. In your view, what must the health facilities at Sebayeng do to ensure or strengthen their adolescent-friendly sexual health education programmes? **Tell me more about it.**

APPENDIX B: INTERVIEW TRANSCRIPT
PARTICIPANT 2

Study Title: Adolescents' attitudes and perceptions towards sexual health education in the healthcare facilities at Sebayeng in the Limpopo Province, South Africa.

Aim of the study: To explore adolescents' attitudes and perceptions towards sexual health education in health facilities at Sebayeng.

SECTION A: DEMOGRAPHIC DETAILS OF PARTICIPANTS

1. Gender: Female [x] Male [ ]
2. Age (in year): ----19----------
3. Education level: Grade 12
4. Which of the following educational institutions do you attend?

   4.1 Primary school [ ]
   4.2 Secondary/High school [x]
   4.3 College [ ]
   4.4 University [ ]
   4.5 Not attending any institution [ ]

5 Are you Married: Yes [ ] No [x]

6 Have you ever been pregnant or made someone pregnant? Yes [x] No [ ]

7 How old were you when you had or your girlfriend had your first pregnancy?

I was 18 years old.

8 How many children do you have?

I have one child.

9 How old were you when you had your first child?

I was 18 years old.

10 Do you currently have a boy/girl friend? Yes [x] No [ ]

11 Number of boy/girlfriends you currently have?

I have one boyfriend.

12 In your lifetime, how many sexual partners did you have?

I had 2 sexual partner.

13 How many sexual partners do you have now?

I have one sexual partner.

14 How old were you when you had your first sexual intercourse (sexual debut)?

I was 17 years old.

15 **How would you classify your sexual orientation?** Straight -x---- Lesbian ----- Gay -------- Bisexual ------ Queer ------ Transgender ---------

16 **Number of sexual health education programmes/lessons you have attended at Sebayeng health facilities** -------4---

17 Have you ever attended a sexual health education programmes/lessons in other places outside the health facilities of Sebayeng? [ ] [x]

SECTION B: KNOWLEDGE ABOUT SEXUAL HEALTH EDUCATION AT SEBAYENG HEALTH FACILITIES

18. **What is your understanding of sexual health education?**

"It involves issues related to sexual relationships and prevention of pregnancy."

19. **Why is it important for adolescents to receive sexual health education?**

"It is important so that we don't make mistakes of falling pregnant at young age and contract illnesses such as HIV/AIDS."

20. **How did you know about sexual health programmes that are offered at the health facilities of Sebayeng?**

"The nurses came to school, informed us about sexual health and invited us to attend the programme."

21. **What is your understanding of sexual health education that is offered at the health facilities at Sebayeng?**

"I understand that as adolescents' we should take the programme serious, they teach about our sexual health. It involves teaching on teenage pregnancy and prevention of illnesses."

22. **Why is it important for adolescents at Sebayeng to receive sexual health education?**

"It is important because teenage pregnancy at Sebayeng is high and adolescents need to know about ways to protect themselves from falling pregnant."

23. **Why is it important for adolescents at Sebayeng to receive sexual health education at the health facilities?**

    Tell me more about it.

"Adolescents often tell each other lies and is better if to get information from the nurses. Some parents are not teaching us and at school they don't give information in detail."

SECTION C: ADOLESCENTS' VIEWS RELATED TO SEXUAL HEALTH EDUCATION PROGRAMMES OFFERED IN HEALTH FACILITIES AT SEBAYENG

24. **What is your view about the sexual health education programmes offered in health facilities at Sebayeng? (Probe on their relevance, equitable and acceptable).**

"I think they are important and help many adolescents' to not get into challenges of early pregnancy and contracting illnesses. The lessons are good especially for young adolescents because some don't know about healthy sexual relationships."

25. **How do you feel about sexual health education offered in health facilities? (Probe on their accessibility, appropriate, confidentiality, attitudes of health professionals)**

"The programmes are run in the clinic and are helpful in decision making. Sometimes adolescents don't come, they are afraid other people may wonder what they are doing in the clinic. The health professionals sometimes talk badly to us; they shout when we make mistakes."

26. **In your view, what must be included in the Sexual Health Education programme that is offered by the health facilities of Sebayeng? (Probe on how should it be offered, by whom, time and where, content of sexual health programme that adolescents prefer).**

"I think more boys should be recruited and included in the programmes. The nurses should continue to offer the programmes in the clinic and they should sometimes come to the school for those who don't want to come to the clinic. They should continue teaching on prevention of pregnancy."

27. **What are your views about adolescents being taught about prevention of pregnancy?**

    (Probe on contraceptive use, morning after pill, termination of pregnancy, HIV/AIDS, counselling and education on sexual health in a health facility)

"It is a good thing because if we don't get the teaching, teenage pregnancy will continue to increase. The information about the contraceptives, HIV/AIDS we get from the programme and they told us about the consequences of unprotected sex. I have never used morning pill or thought about termination of pregnancy."

28. **What are your views about adolescents being taught about HIV, AIDS and STI's?**

    (Probe if they have ever received information on HIV/AIDS & STIs or tested for HIV or required treatment for HIV/STI's in health facilities)

"I think we need the teaching because HIV has negative physical health effects and a person may take treatment for the rest of his/her life. I have never required any treatment for HIV or STI's."

29. **Can you please share your experiences of attending sexual health education programme in the health facilities of Sebayeng?**

"They inform us on many things like unprotected sex and its consequences. They warn the adolescents on inappropriate behaviour of risky sexual relationships."

30. **How would you describe the attitudes of the facilitators of sexual health education at Sebayeng towards adolescents that attend their programme?**

"The facilitators sometimes appear to be impatient with the adolescents. They make unpleasant remarks about those that encountered the challenges of teenage pregnancy."

31. How would you describe the attitudes of the adolescents attending sexual health education at Sebayeng towards programme?

"The adolescents attending the programme are willing to learn although they get influenced by friends not attending the programme when they tell them lies about pregnancy and sex. Some don't take the lessons serious and think that the nurses are imposing on their lives."

32. If you were given a chance to change the sexual health education programme at Sebayeng what would you change and why?

"Nothing, I think the sexual health education they offer is appropriate for the adolescents."

SECTION D: ADOLESCENTS' VIEWS OF BARRIERS THAT PREVENT ADOLESCENTS AT SEBAYENG FROM ACCESSING SEXUAL HEALTH EDUCATION

33. **In your view, what could be hindering or preventing adolescents at Sebayeng from accessing sexual health education that is available in health facilities? (Probe for social and cultural barriers that prevent adolescents at Sebayeng from accessing sexual health education in health facilities).**

"Adolescents don't want their parents to know about their behaviour, so if they visit the clinic, their parents will want to know what they were doing. Some parents don't talk to their adolescents about sexual health."

34. **In your view, are the health facilities at Sebayeng offering sexual health education programmes? Please tell me more about it.**

"Yes, they are offering the programmes to the adolescents. I usually come on Wednesday or Friday afterschool."

35. **What is it that the health facilities do to encourage adolescents to attend sexual health education at Sebayeng health facilities? Please tell me more about it.**

"They come to our schools and inform us of the importance of attending the programme."

36. **What is it thin health facilities do that prevent or discourage adolescents from attending sexual health education at Sebayeng health facilities?**

"Sometimes the nurses are rude to adolescents and some adolescents don't come back to attend the programme due to their attitude. You find that the

adolescents come to the clinic only when she has already experienced problems like getting infected by HIV or pregnancy."

37. **In your view, what could prevent or make it difficult for health facilities at Sebayeng from implementing sexual health programmes for adolescents? (Probe on how adolescents' needs can be met, issues/challenges related to the following: adolescent themselves; parents, community, culture, religion, politics)**

"They should go to school to inform the adolescents about the programme or run the programme in schools. Some associate the clinic with illness and they won't come for prevention. Parents should encourage their adolescents to attend the programmes. Parents and community leaders can discuss sexual health issues in the community meetings."

38. **What is your understanding of adolescent-friendly sexual health education?**

    "Is that adolescent will receive the services when they request them at the clinic."

39. **In your view, what is it that is offered by the health facilities at Sebayeng adolescent-friendly sexual health education? Tell me more about it.**

"Sometimes the services are not adolescents friendly as that I once came for services on school day and the nurses refused to give me the sick note to show at my school and told me that sick notes are for employed people. So they should treat adolescents the same way as adult people and provide services to them."

40. **In your view, what must the health facilities at Sebayeng do to ensure or strengthen their adolescent-friendly sexual health education programmes? Tell me more about it.**

"They should talk to us like other people and give us the same treatment as them. They should refrain from been rude to adolescents."

APPENDIX C: INDEPENDENT CODER CERTIFICATE

Co-coding Report for Sehoana Matapa Cathrine

Qualification: Master in Public Health

To whom it may concern.

This letter serves as a confirmation that **I PAMELA MAMOGOBO,** have co-coded the transcripts for **SEHOANA MATAPA CATHRINE (200726913)** entitled: **Adolescents' attitudes and perceptions towards sexual health education in the healthcare facilities at Sebayeng in the Limpopo Province, South Africa.**

The independent coding was shared with the principal investigator to compare and share similarities and differences of 3 themes and 13 sub-themes.

By: Prof. P M Mamogobo

Cell Number: 0791343285

E-mail: pamela.mamogobo@ul.ac.za

2022/08/02

Signature **Date**

APPENDIX D: ETHICAL CLEARANCE

University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3935, Fax: (015) 268 2306, Email: anastasia.ngobe@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE

ETHICS CLEARANCE CERTIFICATE

MEETING: 23 February 2022

PROJECT NUMBER: TREC/12/2022: PG

PROJECT:

Title:	Adolescents' Attitudes and Perceptions towards Sexual Health Education in the Healthcare Facilities at Sebayeng in the Limpopo Province, South Africa.
Researcher:	MC Sehoana
Supervisor:	Prof. XT Maluleke
Co-Supervisor/s:	N/A
School:	Health Care Sciences
Degree:	Master of Public Health

PROF P MASOKO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: **REC-0310111-031**

Note:

i) **This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.**

ii) **Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.**

iii) **PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.**

Finding solutions for Africa

APPENDIX D: REQUEST TO LIMPOPO PROVINCE DEPARTMENT OF HEALTH TO CONDUCT A STUDY

UNIVERSITY OF LIMPOPO

TURFLOOP CAMPUS

SCHOOL OF HEALTH CARE SCIENCES

DEPARTMENT OF PUBLIC HEALTH

LIMPOPO DEPARTMENT OF HEALTH

POLOKWANE

0700

DEAR SIR/MADAM

RE: REQUEST TO CONDUCT A STUDY AT SEBAYENG CLINIC

I Sehoana Matapa Cathrine Student No: 200726913, a Master of Public Health student at University of Limpopo hereby apply for permission to conduct a study at Sebayeng Clinic. The aim of my study is to explore adolescents' attitudes and perceptions of sexual health education in health facilities at Sebayeng. Processes and procedures shall be adhered to in relation to undertaking of the study. The data gathered will remain confidential and be used for academic purposes only.

Your approval will be greatly appreciated.

Respectfully

Sehoana M.C

Cell Number: 081 2849528

E-mail: Matapa43@gamil.com

APPENDIX E: RESPOND FROM LIMPOPO DEPARTMENT OF HEALTH

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

Department of Health

DEPARTMENT OF HEALTH
CAPRICORN DISTRICT
EXECUTIVE MANAGER
12 APR 2022
PRIVATE BAG X9530
POLOKWANE 0700
TEL: 015 290 9000 FAX: 015 291 5917

Ref : LP-2022-03-023
Enquires : Ms PF Mahlokwane
Tel : 015-293 6028
Email : Phoebe.Mahlokwane@dhsd.limpopo.gov.za

SEHOANA MATAPA CATHRINE

PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES

Your Study Topic as indicated below;

Adolescents' attitudes and perceptions towards sexual health education in the healthcare facilities at Sebayeng in the Limpopo province, south Africa

1. Permission to conduct research study as per your research proposal is hereby Granted
2. Kindly note the following:
   a. Present this letter of permission to the office of District Executive Manager a week before the study is conducted.
   b. The approval is **ONLY** for **Sebayeng Clinic**
   c. In the course of your study, there should be no action that disrupts the routine services, or incur any cost on the Department.
   d. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
   e. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
   f. The approval is only valid for a 1-year period.
   g. If the proposal has been amended, a new approval should be sought from the Department of Health
   h. Kindly note that, the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated

Head of Department 25/04/2022 **Date**

DEPARTMENT OF HEALTH
CAPRICORN DISTRICT
RECEIVED
03 MAY 2022
DISTRICT EXECUTIVE MANAGER
PRIVATE BAG X9530 POLOKWANE 0700

Private Bag X9302 Polokwane
Fidel Castro Ruz House, 18 College Street. Polokwane 0700. Tel: 015 293 6000/12. Fax: 015 293 6211.
Website: http/www.limpopo.gov.za

The heartland of Southern Africa – Development is about people!

APPENDIX F: RESPOND FROM SEBAYENG CLINIC

LIMPOPO

PROVINCIAL GOVERNMENT

REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

CAPRICORN DISTRICT

POLOKWANE MUNICIPALITY

SEBAYENG CLINIC

GA- DIKGALE

ATT: Sehoana M.C

The clinic management acknowledges the approval of your request from Department of health (NHRD) to conduct the study in the clinic and approve that you may commence with your study.

Regards

NYAMA M.J

Clinic Manager

DEPARTMENT OF HEALTH
CAPRICORN DISTRICT
SEBAYENG CLINIC
2022 -05- 06
015 267 9458
LIMPOPO PROVINCE

APPENDIX G: REQUEST TO TIANGMAATLA MULTI-PURPOSE CENTRE TO CONDUCT A STUDY

UNIVERSITY OF LIMPOPO

TURFLOOP CAMPUS

SCHOOL OF HEALTH CARE SCIENCES

DEPARTMENT OF PUBLIC HEALTH

TIANGMAATLA MULTI-PURPOSE CENTRE

SEBAYENG

Dear SIR/MADAM

RE: REQUEST TO CONDUCT A STUDY AT TIANGMAATLA MULTI-PURPOSE CENTRE

I Sehoana Matapa Cathrine Student No: 200726913, a Master of Public Health student at University of Limpopo hereby apply for permission to conduct a study at the centre. The aim of the study is to explore adolescents' attitudes and perceptions of sexual health education in health facilities at Sebayeng. Processes and procedures shall be adhered to in relation to undertaking of the study. The data gathered will remain confidential and be used for academic purposes only.

Your approval will be greatly appreciated.

Respectfully

Sehoana M.C

Cell Number: 081 2849528

E-mail: Matapa43@gamil.com

APPENDIX H: RESPOND FROM TIANGMAATLA MULTI-PURPOSE CENTRE

TIANGMAATLA MULTI-PURPOSE CENTRE
STAND NO: 4005
SEBAYENG
0964

Dear SIR/MADAM

RE: REQUEST TO CONDUCT A STUDY AT TIANGMAATLA MULTI-PURPOSE CENTRE

I Sehoana Matapa Cathrine Student No: 200726913, a Master of Public Health student at University of Limpopo hereby apply for permission to conduct a study at the centre. The aim of the study is to explore adolescents' attitudes and perceptions of sexual health education at health facilities in Sebayeng. Processes and procedures shall be adhered to in relation to undertaking of the study. The data gathered will remain confidential and be used for academic purposes only.

Your approval will be greatly appreciated.

Respectfully
Sehoana M.C
Cell Number: 081 2849528
E-mail: Matapa43@gamil.com

approved
15/03/2022

TIANGMAATLA MULTIPURPOSE CENTRE
4005 SEBAYENG VILLAGE
BOX 4801 SOLOMONDALE 0964
CONTACT: 015 590 2376
MOBILE: 073 953 8642

APPENDIX I: PARENT CONSENT FORM FOR CHILD PARTICIPATION IN RESEARCH

University of Limpopo

School of Public Health

Master of Public Health

Researcher: Sehoana M.C

Study Title: Adolescents' attitudes and perceptions towards sexual health education in the healthcare facilities at Sebayeng in the Limpopo Province, South Africa.

Dear Parents/ Guardian

My name is Matapa Cathrine Sehoana, a Master of Public Health student at the University of Limpopo. The purpose of this form is to provide you with information to ensure you make an informed decision to allow your child to participate or not in the study. The study aims to explore adolescents' attitudes and perceptions of sexual health education. The study's participants are adolescents between the age of 13-19 years and as your child is under the age of 18 years, your consent is required for your child's participation in the study. Read the information provided below and feel free to ask any questions you might have regarding the study before you decide on your child participating in the study. Please note that if you decide to let your child participate, the consent form will be used to record your permission.

Your child's participation

The child's participation is voluntary. Your child will be informed about what they will be asked before beginning with the study and be allowed to ask some questions during the study. Your child may refuse to continue participating in the study at any time during the study and you are allowed to withdraw your child's participation.

Your child's task

The task of your child in the study would be to answer some questions regarding adolescents' perceptions and attitudes towards sexual health education.

Your child's confidentiality

Your child's responses will be kept private and will not be disclosed. The researcher will have access to the responses. In the event of a research publication, your child's identification will not be disclosed.

Compensation for participation

There will be no compensation for participation in the study for you or your child.

If you permit your child to participate in the study, please sign the form and give it to the researcher.

I have read the above information and give my consent for my child to participate in the study.

Additional consent, where applicable

I hereby provide consent to:

Audio- recorded my child's interview **YES/NO**

I permit my child (child's name) …… to participate in the study.

Parent's name ……..……..…….

Signature …… Date…….

Witness……

Signature…… Date…….

APPENDIX J: CONSENT TO PARTICIPATE IN A STUDY

University of Limpopo

School of Public Health

Master of Public Health

Researcher: Sehoana M.C

Study Title: Adolescents' attitudes and perceptions towards sexual health education in the healthcare facilities at Sebayeng in the Limpopo Province, South Africa.

Thank you for agreeing to participate in the study. My name is Sehoana Matapa Cathrine, a Master of Public Health student at the University of Limpopo. The aim of this study is to explore adolescents' perceptions and attitudes towards sexual health education. Interviews will be used to collect data, your participation in the study is voluntary and you are allowed to withdraw from the study at any stage should you want to discontinue.

If you have any queries, you are allowed to contact me

Sehoana Matapa Cathrine 081 284 9528

Participant

The researcher explained the aim and objectives of the study and allowed asking some questions. The aim is clear to me and I am not pressurised to participate in the study.

I understand that participation from me is voluntary in this study and I may withdraw anytime during the study should I want to, without supplying any reasons.

I know that this study has been approved by the University of Limpopo Research Ethics committee. I have been explained that the result will be used for scientific purposes and may be published. I agree to this provided my privacy is guaranteed.

Additional consent, where applicable

I hereby provide consent to:

Audio-recorded my interview **YES/NO**

Participant's Name…. ……Signature……

Date……

Statement by the researcher

I provided verbal information regarding this study. I agree to answer future questions regarding the study.

Name of researcher …… Signature…… Date……

APPENDIX K: LETTER FROM THE EDITOR

507 Caledon Village, Cell +27794848449, Email: kubayij@yahoo.com

29 August 2022

Dear Sir/Madam

SUBJECT: EDITING OF DISSERTATION

This is to certify that the mini-dissertation entitled 'Adolescents' attitudes and perceptions towards sexual health education in the healthcare facilities at Sebayeng in the Limpopo Province, South Africa' by Ms MC Sehoana has been copy-edited, and that unless further tampered with, I am content with the quality of the dissertation in terms of its adherence to editorial principles of consistency, cohesion, clarity of thought and precision.

Kind regards

Prof. SJ Kubayi (DLitt et Phil)